**Annual Review Guidance and Templates**

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# **At a glance guide**

Health and Social care professionals must be invited to attend the review meeting and/or provide a written report where there is involvement at least 2 weeks prior, though best practice would recommend 6 weeks before.

Children aged over 14, with learning disabilities, should have an annual health check with their GP.

All information obtained, including child/parent views, and the EHC plan with recommended amendments to be circulated at least 2 weeks prior to the meeting.

**Within 2 weeks of the meeting**, the word version of the EHC plan, all information obtained for the review and the annual review report should be emailed to the main [EHCP mailbox](mailto:EHCP@milton-keynes.gov.uk?subject=23-24%20Annual%20Review%20Report), parents and those invited to the meeting. The email subject should be: **Annual Review Report**

Outcome data (Whole school)

Your school will be requested to submit all outcome data so please keep this on one document (template provided) for all CYP with EHCP’s ready to be submitted at one of the three data collection points in the academic year. It is important this data is gathered as the Review Team will be analysing this looking for areas where targeted support may be required.

Amending the plan:

Change the front page from Final/Amended Final to **‘Recommended Amendments to’**

Rename the document to ***YYYY.MM.DD\_Surname\_Initial\_Recommended Amendments***

**Additions** – bold type

**~~Deletions~~** – bold type with strikethrough

Please **do not** use track changes; you can however add comments if you wish to (see Review tab in MS Word).

Consider the progress towards all outcomes and show this using **(E)** for emerging, **(D)** for developing or **(S)** for secure.

# **Annual Review Guidance - Detailed**

Change the front page from Final/Amended Final to **‘Recommended Amendments to’**

## **Contact Details**

Parent/carer contact details **must** be confirmed at the meeting, including email addresses as these are more regularly changed and are the first contact point; the contact details sheet may be sent out ahead of the review to enable any changes prior to the meeting (template provided).

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## **Section A**

Update the Circle of Support as required.

Copy tables across from pupil and parent/carer views in bold and add date of review. Strikethrough any previous views.

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## **Section B – Summary of Needs**

**Background and Summary** – this should only state ‘**Summary’** please amend as required. The Summary should give an overview in 3 to 4 paragraphs of the CYP and should not need to be updated regularly. Do not use ages or phrasing that may cause distress to the CYP when reading the document (this may be at a future point) or in sharing it.

**Sections for specific areas of need** should be updated to reflect the review of outcomes, this section should give main, key points and not be too detailed; it would be best to strike through everything and start afresh.

The education setting is best placed to report on current strengths and difficulties. Reports from professionals should not be copied into the plan but used to inform the key points. Reports should be referred to as appropriate by school/education setting and will form part of the annual review appendix, that will be sent to all involved with the CYP/EHC plan.

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## **Section C - Health**

Update this, using bold and strikethrough, based on current health reports received for the Annual Review if applicable (template invitation letter for health professionals provided). Information can only be included where there is a professional report/letter of involvement. Health professionals **must** provide a short written report two weeks ahead of the review to enable the school to add to the proposed amended plan.

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## **Section D – Social Care**

Update this, using bold and strikethrough, based on current social care report received for the Annual Review if applicable (template invitation letter for health professionals provided). Where there is current social care involvement the allocated worker **must** be invited, and this section updated or confirmed as being still relevant. Social Care professionals **must** provide a short written report two weeks ahead of the review to enable the school to add to the proposed amended plan.

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## **Sections E, F, G, H - Outcomes and Provision**

Consider the progress towards all outcomes and show this using **(E)** for emerging, **(D)** for developing or **(S)** for secure.Where an outcome is secure this should be struck through and new outcomes considered, reflective of Section B and the CYP/parent/carer aspirations.

Where a long-term outcome is emerging or developing, considerif it is still appropriate, e.g. if it was written in year 2 and CYP now in year 6 new outcomes should be considered as above.

Long term outcomes should be written thinking about the next 3-5 years or next point of transition e.g. year 6, 11, adulthood.

Long term outcomes should be numbered to allow links to be made to short term outcomes.

Short term outcomes are ordinarily to be achieved within a year and therefore something should change.

If the outcome has not been achieved and it is going to remain, then consider how to make the outcome smarter (e.g. rather than a broad statement across all areas of learning could a smaller step within a particular area be considered?).

Consideration will also need to be given to the provision or **‘what help will I need?’** section as provision may need to change to support the CYP in achieving the outcome.

Short term outcomes should be smaller steps to allow the CYP to achieve the long-term outcome and should be numbered with a letter to show this, e.g. 1a, 1b and so on.

*Long term outcome:*

1. *By the time she is 14, Bea will enjoy a meal in a café or restaurant with her family once every two months.*

*Short term outcomes:*

*1a. In 6 months time, Bea will use her PECS book to choose her lunch at school and at home, every day*

*1b. In 12 months, the number of Bea’s epileptic seizures will have reduced by 50%*

When a new outcome is added the new provisions or **‘what help will I need?’** **must** be included in bold in Section F and those provisions that are no longer necessary **must** be struck through.

Specific programmes/external provisions should be evidence based and should not be named directly, except as possible examples of a specific type of intervention.

e.g. …an evidence based intervention/programme of support such as Circle of Friends or Socially Speaking may be appropriate…

Provision that is recommended within a professional’s report should be considered and included in Section F where this is ordinarily available within school/educational setting. Any provision/resources that would require additional funding should not be included, but instead be detailed within the summary of discussion and this would then be discussed at SEND Forum.

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# **Templates**

Where appropriate please amend letters/invites and remove the ‘[Contents](#_top)’ link prior to sending to parents/professionals or returning to the LA.

## **Child / Young Persons Views**

**The table below will be transferred into Section A of the EHC plan in bold.**

|  |
| --- |
| **What are the things you feel most pleased you have achieved this year?** |
|  |
| **Things I want you to know about me** |
|  |
| **Who I live with** |
|  |
| **What people like about me and think I am good at** |
|  |
| **What is important to me** |
|  |
| **How to help me** |
|  |
| **The things that are going well for me** |
|  |
| **The things that I find hard:** |
|  |
| **What would you like to be able to do in the future?** |
|  |

Please note whether this form was completed by the child or young person themselves or through observation. Please see the Gaining Young People’s View Guidance.

|  |  |  |
| --- | --- | --- |
| Child / young person | Through observation | Scribed by adult |

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## **Invitation letter to parent/carers**

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Dear Parent/Carer

Child’s Name DOB

You are invited to the Annual review of Child’s name’s Education, Health and Care (EHC) plan on DATE at TIME.

This is a chance for us to look at progress towards the agreed outcomes in the EHC plan over the last year. Together, we can recommend any changes to the EHC plan that might be needed.

I have attached the parent/carer contact sheet so that we can make sure the details are correct on the EHC plan together with a form for you to record your views. Please return these as soon as possible and at least 3 weeks before the meeting.

We like to include children in their review meetings as their thoughts, feelings and aspirations are very important, therefore their views will be gathered in school prior to the meeting. They will be encouraged to attend the meeting for as little, or as long, as they wish to be there.

Information gathered from professionals involved with your child, will be sent to everyone invited to the meeting, along with your completed views and recommended amendments to the EHC plan, at least two weeks before the meeting so you can think about all of the information and feedback before the meeting.

You are welcome to bring a friend or an advisor to the meeting. You may wish to get in touch with the Milton Keynes SEND Information Advice and Support Service on 01908 254518 who will be able to offer advice to you.

Please return the slip below to confirm you will attend.

Yours sincerely

Headteacher

Name of School

I /we wish to confirm that I/we can / cannot attend the annual review for Child’s Name on DATE.

I/we will be bringing a friend/relative/independent supporter with me/us.

Name…………………………………………………………………………………

Signed………………………………….………………. Date………………………………

**Parent / Carer’s Views**

**This table will be transferred into Section A of the EHC plan in bold.**

|  |
| --- |
| **What are the things you feel most pleased your child/young person has achieved this year?** |
|  |
| **What is important to us?** |
|  |
| **How to support us as a family:** |
|  |
| **What is working well for your child/young person?** |
|  |
| **What do you want for your child/young person in the future (think 1 year, 5 years, adulthood)?** |
|  |

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**Parent / Carer’s Current Contact Details**

I/we confirm that the details on the current EHC plan are correct.

If there are any changes, please update them below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent/Carer 1** | | | | | |
| Title: |  | Forename: |  | Surname: |  |
| Address and postcode: | | |  | | Can this address be printed on EHC Plan?  Yes  No |
| Preferred Contact numbers: | | |  | | |
| Email: | | |  | | |
| \*Parental Responsibility? | | | Yes  No | | |
| Relationship to pupil | | | Mother  Father  Foster Carer  Other – please state: | | |
| **Parent/Carer 2** | | | | | |
| Title: |  | Forename: |  | Surname: |  |
| Address and postcode: | |  | | Can this address be printed on EHC Plan?  Yes  No | |
| Preferred Contact numbers: | | |  | | |
| Email: | | |  | | |
| \*Parental Responsibility? | | | Yes  No | | |
| Relationship to pupil: | | | Mother  Father  Foster Carer  Other – please state: | | |
| **Comments** | | | | | |
|  | | | | | |
| **Is the pupil Looked After (LAC)?** If yes, please complete the following: | | | | | |
| Social Worker’s Name: | | |  | Local Authority: |  |

\* Please Note: paperwork will only be sent to Parent/Carers with parental responsibility. Parental addresses will be printed on the Education, Health and Care Plan (EHC Plan) unless specified.

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## **Invitation letter to social care professionals**

Best practice is to send 6 weeks before meeting date

Date

Dear Colleague

CYP Name DOB

You are invited to the Annual Review of CYP’s EHC plan on: DATE at TIME

This is a chance for everyone to look at progress towards the agreed outcomes in the EHC plan over the last year. Together, we can recommend any changes to the EHC plan.

We would really appreciate it if you could send your latest report to reach us three weeks before the meeting date so that reports can be circulated two weeks prior.

Please return the slip below.

Yours sincerely

Headteacher

Name of School

Annual Review for : CYP name

I will / will not be attending the Annual Review

I enclose my latest report/letter dated ……………………………………………………

Signed…………………………………………... Date…………………………………….

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# **Social Care/Early Help Advice Template**

**If you have received this document from a school/college/educational setting, please refer to the template on the intranet/Children’s services/Policies and Procedures as it provides the appropriate guidance.**

**For further support you can contact the Practice Development Leads in the Quality Assurance team – qualityassurance@milton-keynes.gov.uk**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CHILD/YOUNG PERSON’S PERSONAL DETAILS:** | | | | |
| **NAME** |  | | **Preferred name:** |  |
| **Date of Birth:** |  | | | |
| Lead professional and telephone number | |  | | | |
| LCS//EHM Number | |  | | | |
| Other social care professionals involved with this child/young person/family | |  | | | |
| **Summary of Social Care/Early Help involvement**  Is the child/young person known to Children’s services?  If yes, since when?  Which team is the child/young person open to?  What type of plan is the child/young person being supported by?  Are there any safeguarding concerns? | | Yes/No  Insert date  Insert name of team  Insert type of plan  Yes/No | | | |

|  |  |
| --- | --- |
| **A** | **SUMMARY** the views, interests and aspirations of the **CHILD/YOUNG PERSON** and of the **PARENTS/CARERS**  **For Children in Care the allocated social worker should also complete Section A as the Corporate Parent – your views, interests, and aspirations for the child/young person.** |
| **Views** | |
|  | |
| **Interests** | |
|  | |
| **Aspirations** | |
|  | |

|  |
| --- |
| **D - Social Care needs which relate to the SEND** |
| **Strengths** |
|  |
| **Needs** |
| This section should detail the **Social Care needs relating to the disability or special educational needs** and the **impact** of those needs on the child/young person.  We understand that needs and circumstances change. The family can request a further assessment of need at any time. Information about the universal offer can be found on the Local Offer. |

|  |
| --- |
| **E – Social Care Outcomes** |
|  |

|  |
| --- |
| **H1 – Any social care provision which must be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act (CSPDA) 1970** |
|  |

|  |
| --- |
| **H2 - Other Social Care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having special educational needs** |
|  |

**Social Care advice completed by**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Team** | **Date** |
|  |  |  |  |

**Social Care advice authorised by Team Manager**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Team** | **Date** |
|  |  |  |  |

|  |  |
| --- | --- |
| **Date Advice template returned to SEND team:** | **Date Advice template sent to family:** |
|  |  |

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## **Invitation letter to health professionals**

Best practice is to send 6 weeks before meeting date

Date

Dear Colleague

CYP Name DOB

You are invited to the Annual Review of CYP’s EHC plan on: DATE at TIME

This is a chance for everyone to look at progress towards the agreed outcomes in the EHC plan over the last year. Together, we can recommend any changes to the EHC plan.

We would really appreciate it if you could send your latest report to reach us three weeks before the meeting date so that reports can be circulated two weeks prior.

Please return the slip below.

Yours sincerely

Headteacher

Name of School

Annual Review for: CYP name

I will / will not be attending the Annual Review

I enclose my latest report/letter dated ………………………………………………

Signed……………………………………………….. Date…………………………………….

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## **Request for GP advice to support the development of an Education, Health Care Plan for a young person (16-25 years)**

**CONTEXT**

This information is sought in accordance with the Children and Families Act 2014. The Local Authority is seeking advice as part of an Annual Review of an EHC plan.

Please ensure this information is submitted as soon as practicable and at least 3 weeks prior to the meeting, so that it can be circulated 2 weeks prior to the meeting date.

**Young Persons Details**

|  |  |
| --- | --- |
| Young Person’s Full Name: |  |
| Date of Birth: |  |
| Young Person’s Address: |  |
| Phone number: | Email address: |
|  |  |

|  |  |
| --- | --- |
| **NHS Number:** |  |

|  |
| --- |
| **Please provide details of any health condition that may impact on the young person’s education:**  (e.g. due to limited mobility, pain, attention and concentration, sleep, mental health, communication difficulties)  This needs to be brief and in plain English. Explain medical terms if you need to use them. Only disclose medical conditions that affect the Young Person’s learning. Please do not simply list the diagnosis, state the impact it has on the young person and their learning. |
| **Current medication and important side effects:**  Please indicate if the young person will require support to administer medication in an educational setting. Only mention medication that is likely to have an impact on learning (not a full medications list). |
| **Allergies**   * No known allergies * Known allergies: (specify) |
| **Summary of involvement**  **This advice relates to the following “ preparing for adulthood” theme**   * employment * independent living * community inclusion * health   **What is the long-term outcome agreed from your involvement with the young person? (over the next 2 years)**  **What is the short-term outcome agreed from your involvement with the young person? (1 year)**  **What support is needed? Who will do it and when?**  (to include any current investigations, referrals made and involvement of other healthcare services) |

**GP Details:**

|  |  |
| --- | --- |
| **Name:** | **GP Practice:** |

Signed:

Date:

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