

This checklist sets out what legally **must** be included as a minimum in any education, health and care plan (“**EHC plan**”) issued by a local authority (“**LA**”) under Part 3 of the Children and Families Act 2014 (“**the Act**”) (section 37) and the statutory guidance contained in the [Special Educational Needs and Disability Code of Practice 2015](#) (“**the Code**”). The checklist is also based on the Special Educational Needs and Disability Regulations 2014 (“**the SEND Regs**”).

The sections we have used are required by the law and **must** be kept separate and referred to by alphabetical reference. They do not have to appear in alphabetical order. Practically, all EHC plans should include basic details of the child, young person and their parents such as name, date of birth etc.

If an EHC plan does not contain **all** of the sections which are required¹ then it will not be legally compliant.

We suggest that this checklist can be used by:

- Parents/young people who are being consulted on the contents of a draft EHC plan, or are supporting their LA in developing a standard format for an EHC plan for their area;
- Independent Supporters, Information, Advice & Support Services and anyone else guiding parents or young people through the process of statutory assessment potentially leading to an EHC plan;
- Schools receiving or advising on the contents of new EHC plans;
- LAs to ensure that their EHC plan format is compliant with the minimum legal requirements.

The four underpinning principles

The preparation process and the contents of the EHC plan must reflect the four key statutory principles which LAs are required to have regard to:

- (a) the views, wishes and feelings of the child and his or her parent, or the young person;
- (b) the importance of the child and his or her parent, or the young person, participating as fully as possible in decisions relating to the exercise of the function concerned;
- (c) the importance of the child and his or her parent, or the young person, being provided with the information and support necessary to enable participation in those decisions;
- (d) the need to support the child and his or her parent, or the young person, in order to facilitate the development of the child or young person and to help him or her achieve the best possible educational and other outcomes.

(Section 19 of the Act.)

EHC plans should also be “*clear, concise, understandable and accessible to parents, children, young people, providers and practitioners*” (paragraph 9.61 of the Code).

The law requires needs and provision to be “*specified*”, which case law has established means they should not be vague, especially in the provision sections.

¹ Not all will be needed in every case; for example, not every parent/YP will want a personal budget or direct payments. In that case, the unnecessary sections should simply be left blank or marked ‘not applicable’.

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<p>SECTION A:</p>	<p>The views, interests and aspirations of the child and their parents, or of the young person</p>	<p>Reg 12 requires the LA sets out the views, interests and aspirations of the child and his parents or the young person. This could include:</p> <ul style="list-style-type: none"> • Details about the child or young person’s aspirations and goals for the future (but not details of outcomes to be achieved – see paragraphs 9.64 – 9.69 of the Code for more on outcomes for guidance). When agreeing the aspirations, consideration should be given to the child or the young person’s aspirations for: <ul style="list-style-type: none"> ○ paid employment; ○ independent living; and ○ community participation. • Details about play, health, schooling, independence, friendships, further education and future plans including employment (where practical). • A summary of how to communicate with the child or young person and engage them in decision-making. • The child or young person’s history. <p>If written in first person, the plan should make clear whether the child or young person is being quoted directly, or if the views of the parents or professionals are being represented.</p>	<ul style="list-style-type: none"> • The plan is a formal legal document. Some plans call this section ‘All about me’. We query whether writing in the first person is appropriate unless specifically requested by the child/young person. • As the heading indicates, where the EHC plan is for a child the aspirations of the parents should be recorded as well as that of the child.
<p>SECTION B:</p>	<p>The child or young person’s special educational needs</p>	<p>All of the child or young person’s identified special educational needs (“SEN”) must be specified (section 37 of the Act).</p> <p>SEN may include needs for health and social care provision that are treated as special educational provision because they educate or train a child or young person (see section 21(5) of the Act and paragraphs 9.73 of the SEN Code onwards).</p>	<ul style="list-style-type: none"> • A SEN is a learning difficulty or disability which requires special educational provision. Special educational provision is educational or training provision that is additional to, or different from, that made generally for others of the same age in mainstream schools or other settings, or any educational provision for a child under two. • Each and every SEN must be specified, whether it is to be provided for by the early years

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			<p>provider/school/FE college, the LA, the health service or any other provider.</p> <ul style="list-style-type: none"> • If the child or young person needs health or social care provision that educates or trains them (such as speech and language therapy), then the need for that provision must be specified in this section. • If the same broad area of need requires more than one type of provision (e.g. physical difficulties may require both physio and occupational therapy) it must be split into more than one need, e.g. gross motor difficulties, fine motor difficulties. A judge has compared this section to a list of symptoms, each of which must be answered by an item in the list of special educational provision.
<p>SECTION C:</p>	<p>The child or young person’s health care needs which relate to their SEN</p>	<p>Reg 12 requires that the EHC plan must specify any health needs which relate to the child or young person’s SEN. Some health care needs, such as routine dental health needs, are unlikely to be related (paragraph 9.69 of the Code).</p> <p>The Integrated Care Board (ICB) (previously the Clinical Commissioning Group (“CCG”) until July 2022) may also choose to specify other health care needs which are not related to the child or young person’s SEN (for example, a long-term condition which might need management in a special educational setting).</p>	<ul style="list-style-type: none"> • Section C concerns needs for health care. Educational needs arising from health issues are listed in Section B. • Despite the comment in the Code, some children and YP with SEN may need to use dentists or other health professionals trained for people with SEND for their dental or other health needs. Parents should try to ensure that these needs at least feed into the Joint Strategic Needs Assessments by LAs and ICBs so that commissioners of services are aware of the demand. This need could be specified in section C of an EHC plan.

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SECTION D:	The child or young person’s social care needs which relate to their SEN or to a disability	<p>Reg 12 requires that the EHC plan must specify any social care needs which relate to the child or young person’s SEN.</p> <p>The Code states any social care needs which require provision for a child or young person under 18 under section 2 of the Chronically Sick and Disabled Persons Act 1970 must be specified. This reflects the fact that the Act requires this provision to be specified in an EHC plan (see section H below)</p> <p>The local authority may also choose to specify other social care needs which are not linked to the child or young person’s SEN or to a disability. This could include reference to any child in need or child protection plan which a child may have relating to other family issues such as neglect. Such an approach could help the child and their parents manage the different plans and bring greater co-ordination of services. Inclusion of this information must only be with the consent of the child and their parents.</p>	<ul style="list-style-type: none"> • An EHC assessment must include information on the child or young person’s social care needs (Reg 6(1)(e)). If appropriate, this will entail a statutory assessment under children’s or adults’ social care legislation. Services must co-ordinate their statutory assessments so that families experience a streamlined process. • For children and young people under 18, the process of managing individual children’s social care assessments is set out in the statutory guidance Working Together to Safeguard Children 2013. • For young people over 18, any assessment will be subject to adult social care processes and the Care Act 2014, and para 3.56 of the Code.
SECTION E:	The outcomes sought for the child or young person (including outcomes for life)	<p>Section 37 of the Act and Reg 12 require that the EHC plan must specify the outcomes sought for the child or young person.</p> <p>The Code states there should be a range of outcomes over varying timescales, covering education, health and care as appropriate but recognising that it is the education and training outcomes only that will help determine when a plan is ceased for young people over 18². Therefore, for young</p>	<ul style="list-style-type: none"> • IPSEA stresses the necessity for all parties of clearly identifying which outcomes relate to education and training. • In S v Worcestershire CC (SEN) [2017] UKUT 0092 (AAC) judge Mitchell described outcomes as the function of the special educational provision, describing what the provision is designed to achieve.

² While for a young person over 18 an LA must have regard to whether the education and training outcomes in their EHC plan are met, it can only stop the EHC plan if the plan is no longer necessary (section 45 of the Act).

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		<p>people aged over 17, the EHC plan should identify clearly which outcomes are education and training outcomes. See para 9.64 of the Code for more detail on outcomes.</p> <p>At para 9.66 the Code says an outcome can be defined as the benefit or difference made to an individual as a result of an intervention.</p> <p>There must be a clear distinction between outcomes and provision. The provision should help the child or young person achieve an outcome; it is not an outcome in itself.</p> <p>Outcomes should be specific, measurable, achievable, realistic and time bound (SMART). See para 9.66 of the Code.</p> <p>The section can include:</p> <ul style="list-style-type: none"> • Steps towards meeting the outcomes. • The arrangements for monitoring progress towards these outcomes, including review and transition arrangements for the EHC plan and the arrangements for setting and monitoring shorter term targets by the early years provider, school, college or other education or training provider. • Forward plans for key changes in a child or young person’s life, such as changing schools or moving on to adult care and/or from paediatric services to adult health or moving from further education to adulthood. • For children and young people preparing for the transition to adulthood, the outcomes should include those that will prepare them well for adulthood and 	<ul style="list-style-type: none"> • The principles require LAs to facilitate the development of the child or young person to achieve the “best possible” educational and other outcomes (one of the legislation’s four underpinning principles: see introduction). • Schools do not have prescribed duties to meet with parents or review EHC plans outside of annual reviews, so it may be helpful to describe in Section E how this will be done – for example, that they will meet with parents three times a year to assess progress towards shorter-term targets.

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		<p>which are clearly linked to the achievement of the aspirations in section A.</p>	
<p>SECTION F:</p>	<p>The special educational provision required by the child or young person</p>	<p>Section 37 of the Act requires the LA to specify the special educational provision required. Reg 12 requires that this is set out in section F of an EHC plan.</p> <p>Provision must be detailed and specific and should normally be quantified, for example, in terms of the type, hours and frequency of support and level of expertise, including where the support is secured through a Personal Budget.</p> <p>Provision must be specified for each and every need specified in Section B. It should be clear how the provision will support the outcomes.</p> <p>Where health or social care provision educates or trains a child or young person, it must appear in this section (see section 21(5) of the Act and para 9.73 of the Code).</p> <p>There should be clarity as to how advice and information gathered as part of the EHC needs assessment has informed the provision specified. Where the local authority has departed from that advice, they should say so and give reasons for it.</p> <p>In some cases, flexibility will be required to meet the changing needs of the child or young person including flexibility in the use of a Personal Budget.</p> <p>The plan should also specify:</p>	<ul style="list-style-type: none"> • All special educational provision required to be put in place to support a child/young person in education and training should be specified. If it is needed it must be included, without regard to cost or convenience. Health authorities cannot veto provision provided by health which educates or trains the child or young person being included in this section. • The requirement to specify provision remains whether that provision is to be made by the school/institution, the LA, or other providers. • Note that provision must normally be quantified in terms of hours etc. This is a legal requirement. Exceptions to this, i.e. cases where flexibility is needed to meet the changing needs of a child/young person, are extremely rare in the experience of IPSEA. Case law has established that this flexibility may be written into the Plan only to meet the needs of the child/young person, not those of the school or the LA's systems. In any event an LA can review an EHC plan at any point if a child's or young person's needs change rapidly and therefore provision must be changed. • LAs should resolve conflicts between advice from different sources and state why they have reached their resolutions. • If the child is in or beyond Year 9 (broadly speaking, 14 years old or older) this section must also set out the special educational provision

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		<ul style="list-style-type: none"> • any appropriate facilities and equipment, staffing arrangements and curriculum; • any appropriate modifications to the application of the National Curriculum, where relevant; • any appropriate exclusions from the application of the National Curriculum or the course being studied in a post-16 setting, in detail, and the provision which it is proposed to substitute for any such exclusions in order to maintain a balanced and broadly based curriculum; • where residential accommodation is appropriate, that fact; • where there is a Personal Budget, the outcomes to which it is intended to contribute (detail of the arrangements for a Personal Budget, including any direct payment must be included in the plan and these should be set out in section J). 	<p>required to assist in the preparation for adulthood and independent living, for example, support for finding employment, housing or for participation in society.</p> <ul style="list-style-type: none"> • Therapies which educate or train a child/young person must be specified in this section instead of appearing in the health care provision or social care provision sections. For instance, where occupational therapy is required for educational activities, e.g. to enable stable sitting at a desk or gripping pens, manipulating objects etc., the provision must appear in this section. • Case law has established that since communication is so fundamental in education, speech and language therapy should normally be recorded as special educational provision unless there are exceptional reasons for not doing so. The Code reflects this too (see para 9.74). • Once specified in this section, the LA must “secure” the provision, i.e. they must ensure that it is made. If a health body ceases to make the provision in this section, the duty falls on the LA. An LA may well delegate funding to a school or post 16 institution, but if those institutions cannot make the provision out of that funding, then the LA is legally obliged to do so (section 42 of the Act).
<p>SECTION G:</p>	<p>Any health provision reasonably required by the learning</p>	<p>Section 37 of the Act requires the specification of health care provision.</p>	<ul style="list-style-type: none"> • Where LAs depart from advice, they should say so and give reasons for it. LAs should resolve conflicts between advice from different sources and state why they have reached their resolutions. • Occupational therapy and physiotherapy or other therapies will be listed as educational provision

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	<p>difficulties or disabilities which result in the child/ YP having SEN</p>	<p>Provision must be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it.</p> <p>It should be clear how the provision will support achievement of the outcomes, including the health needs to be met and the outcomes to be achieved through provision secured through a personal (health) budget.</p> <p>It should be clear how advice and information gathered has informed the provision specified.</p> <p>Health care provision reasonably required may include specialist support and therapies, such as medical treatments and delivery of medications, occupational therapy and physiotherapy, a range of nursing support, specialist equipment, wheelchairs and continence supplies. It could include highly specialist services needed by only a small number of children that are commissioned centrally by NHS England (for example, therapeutic provision for young offenders in the secure estate).</p> <p>The LA and ICB may also choose to specify other health care provision reasonably required by the child or young person, which is not linked to their learning difficulties or disabilities, but which should sensibly be co-ordinated with other services in the plan.</p> <p>See section 42 of the Act and paragraph 9.141 of the Code for details of duties on the health service to maintain the health care provision in the EHC plan.</p>	<p>when they educate or train a child or young person. It may be possible for therapy to appear under both health and educational provision if some provision relates to educational needs and some provision is needed for a health need. Case law has established that speech and language therapy is normally always special educational provision as communication is so fundamental to learning (Section F).</p> <ul style="list-style-type: none"> • If the child is in or beyond Year 9 (broadly speaking, 14 years old or older) the health care provision must include that required to assist in the preparation for adulthood and independent living. • Once specified in this section, the provision must be secured by the relevant health commissioning body. Only provision “reasonably” required must be included in this section, and health authorities can refuse to have provision included whether reasonably required or not. This section is therefore open to provision not being included on grounds of cost or convenience, unlike special educational provision in Section F. Once specified, the provision must be secured (section 42 of the Act). • Where social care or health care educates or trains it must go in Section F as special educational provision. • Parents of children with very severe health needs may be able to ask for continuing care. Those 18 or over with severe health needs may be entitled to continuing healthcare. Details of continuing care /continuing healthcare could be included in section G.

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<p>SECTION H1:</p>	<p>Any social care provision which must be made for a child/ YP under 18 resulting from s.2 Chronically Sick & Disabled Persons Act 1970 (CSDPA)</p>	<p>Section 37 of the Act requires the specification of social care provision.</p> <p>Provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it (including where this is to be secured through a social care direct payment).</p> <p>It should be clear how the provision will support achievement of the outcomes, including any provision secured through a Personal Budget. There should be clarity as to how the advice and information gathered has informed the provision specified.</p> <p>Section H1 of the EHC plan must specify all services assessed as being needed for a disabled child or young person under 18, under section 2 of the Chronically Sick and Disabled Persons Act 1970 (“CSDPA”). These services include:</p> <ul style="list-style-type: none"> • practical assistance in the home • provision or assistance in obtaining recreational and educational facilities at home and outside the home • assistance in travelling to facilities • adaptations to the home • facilitating the taking of holidays • provision of meals at home or elsewhere 	<ul style="list-style-type: none"> • Section H1 relates only to children and young people under 18 who are receiving social care provision under section 2 of the Chronically Sick and Disabled Persons Act 1970 (“CSDPA”). • The statutory guidance Working Together to Safeguard Children requires that within one working day of a referral to social services, a decision is made as to the nature of services and assessments (e.g. child in need or child protection, or both). Provision of services can begin immediately; it need not await completion of the social services assessment. Where these services are provided in accordance with Section 2 of the CSDPA these must be detailed in this section of the EHC plan. • If the child is in or beyond Year 9 (broadly speaking 14 years old or older) any social care provision required to assist in the preparation for adulthood and independent living must be included here. For example, support in finding employment, housing or for participation in society. • Where social care or health care educates or trains it must go in section F as special educational provision.

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		<ul style="list-style-type: none"> • provision or assistance in obtaining a telephone and any special equipment necessary • non-residential short breaks (included in Section H1 on the basis that the child as well as his or her parent will benefit from the short break) <p>This may include services to be provided for parent carers of disabled children, including following an assessment of needs under section 17ZD-17ZF of the Children Act 1989.</p> <p>See paragraph 9.137 of the SEN Code onwards for details of the duties on LAs to maintain the social care provision in the EHC plan.</p>	
<p>SECTION H2:</p>	<p>Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child/young person having SEN</p>	<p>Social care provision reasonably required may include provision identified through:</p> <ul style="list-style-type: none"> • early help; and • children in need assessments; and • safeguarding assessments for children. <p>Section H2 must only include services which are not provided under Section 2 of the CSDPA. For children and young people under 18 this includes residential short breaks and services provided to children arising from their SEN but unrelated to a disability. This should include any provision secured through a social care direct payment. See chapter 10 of the Code for more information on children’s social care assessments.</p>	<ul style="list-style-type: none"> • Social care provision contained in Section H2 will be any other social care provision reasonably required (by the child or young person’s learning difficulties or disabilities which result in SEN). Note that this is only provision “reasonably” required, so LAs can take into account cost and convenience, unlike the provision in Section F. • If the child is in or beyond Year 9 (broadly speaking, 14 years old or older) any social care provision required to assist in the preparation for adulthood and independent living must be included here. For example, support in finding employment, housing or for participation in society.

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		<p>Social care provision reasonably required will include any adult social care provision to meet eligible needs for young people over 18 (set out in an adult care and support plan) under the Care Act 2014. See Chapter 8 for further information about adult care and EHC plans.</p> <p>The local authority may also choose to specify in section H2 other social care provision reasonably required by the child or young person, which is not linked to their learning difficulty or disabilities. This will enable the local authority to include in the EHC plan social care provision such as:</p> <ul style="list-style-type: none"> • child in need; or • child protection plans; or • provision meeting eligible needs set out in an adult care plan, <p>where it is unrelated to the SEN but appropriate to include in the EHC plan.</p> <p>See paragraph 9.137 onwards of the SEN Code for details of duties on local authorities to maintain the social care provision in the EHC plan.</p>	
<p>SECTION I:</p>	<p>Placement</p>	<p>Reg 12 requires this section to include the name and type of the school, maintained nursery school, post 16 institution or other institution to be attended by the child or young person (or, where the name of a school or other institution is not specified in the EHC plan, the type of school or other institution to be attended by the child or young person).</p> <p>These details must be included only in the final plan, not the draft plan sent to the child’s parents or to the young person.</p>	<ul style="list-style-type: none"> • The name and type of placement are only included in the final plan because when an LA issues a draft EHC plan it has to give the parent/young person at least 15 days to tell the LA the placement they would like. The LA must not pre-empt this. • If a school or other institution is named in this section, it must admit the child or young person. This duty applies to maintained nurseries and schools; academies and free schools; non-

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		See paragraph 9.78 of the SEN Code onwards for more details.	<p>maintained special schools; further education, sixth form and designated colleges; and independent schools or colleges approved under s.41 of the Act. The only schools it does not apply to are wholly independent schools.</p> <ul style="list-style-type: none"> • If parents have decided to electively home educate their child under section 7 of the Education Act this should be specified in this section.
SECTION J:	Direct payments	The special educational needs and outcomes that are to be met by any direct payments (instead of the LA putting the provision in place) must be specified (Reg 12).	<ul style="list-style-type: none"> • Any amount of money received via a direct payment must be enough to secure the associated provision. It is, therefore, essential that the type and amount of provision is adequately specified in section F, e.g. as well as amount of time per week, the qualifications and experience and therefore pay grade of a specialist teacher.
SECTION K:	Advice & information	The advice and information gathered during the EHC needs assessment must be set out in the appendices to the EHC plan (Reg 12). There should be a list of this advice and information .	<ul style="list-style-type: none"> • The list should include brief details of who gave the advice and when, e.g. John Smith, NHS speech and language therapist, 12 October 2022. • Copies of all the advice and information gathered during the statutory assessment process should be attached to the EHC plan as appendices, including any private reports submitted by parents as part of their own evidence.