

# **Individual Healthcare Plan (IHP)**

Contents

[1. Personal Details 3](#_Toc49417225)

[1:1 Child/Young Person Details 3](#_Toc49417226)

[1.2 Family/Carers Contact Information 3](#_Toc49417227)

[2. Essential Information Concerning this Child’s Health Needs 4](#_Toc49417228)

[2.1 Identified/suspected health need 4](#_Toc49417229)

[2.2 Professionals involved 4](#_Toc49417230)

[2.3 Medication 5](#_Toc49417231)

[2.4 Social, emotional mental health needs 6](#_Toc49417232)

[2.5 Routine monitoring and review 7](#_Toc49417233)

[2.6 Emergency Situations 8](#_Toc49417234)

[3. Ensuring suitable arrangements are in place 8](#_Toc49417235)

[3.1 Impact on Child’s Access to School and Learning 8](#_Toc49417236)

[3.2 Reasonable Adjustments 9](#_Toc49417237)

[3.3 Alternative Provision and off-site arrangements 10](#_Toc49417238)

[4. Trips and Activities away from School 12](#_Toc49417239)

[5. Staff Training 13](#_Toc49417240)

[6. Consent 13](#_Toc49417241)

[7. Intended objectives and outcomes 13](#_Toc49417242)

[8. Next Steps 14](#_Toc49417243)

[9. IHCP Review 14](#_Toc49417244)

[10. Referral to the Local Authority 14](#_Toc49417245)

[11. Completed By 15](#_Toc49417246)

[12. Amendments/updates 15](#_Toc49417247)

**Child Photo**

# Personal Details

## 1:1 Child/Young Person Details

|  |  |
| --- | --- |
| **Child’s name:** |  |
| **Date of birth:** |  |
| **Year group:** |  |
| **School:** |  |
| **Address:** |  |
| **Town:** |  |
| **Postcode:** |  |
| **Date:** |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes/No** | **Review Due Date** |
| **EHCP** |  |  |
| **CLA** |  |  |

## 1.2 Family/Carers Contact Information

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship:** |  |
| **Home phone number:** |  |
| **Mobile phone number:** |  |
| **Work phone number:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship:** |  |
| **Home phone number:** |  |
| **Mobile phone number:** |  |
| **Work phone number:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship:** |  |
| **Home phone number:** |  |
| **Mobile phone number:** |  |
| **Work phone number:** |  |
| **Email:** |  |

# Essential Information Concerning this Child’s Health Needs

## 2.1 Identified/suspected health need

|  |  |  |
| --- | --- | --- |
| **Identified or suspected medical condition** | **Description** | **Supporting Evidence/Advice Date received** |
| **Physical Health Need** |  |  |
| **Social and Emotional Health Need** |  |  |
| **Allergies** |  |  |

## 2.2 Professionals involved

|  |  |  |
| --- | --- | --- |
|  | **Role** | **Name and contact** |
| **School Lead** |  |  |
| **LA Lead** |  |  |
| **Health Lead** |  |  |
| **Social Care Lead** |  |  |

|  |  |  |
| --- | --- | --- |
|  | Name | Contact Details |
| **Specialist nurse/practitioner (if applicable):** |  |  |
| **Consultant paediatrician (if applicable):** |  |  |
| **Health visitor/school nurse:** |  |  |
| **GP:** |  |  |
| **Key worker in education:** |  |  |
| **SEND co-ordinator:** |  |  |
| **Other relevant teaching staff:** |  |  |
| **Other relevant non-teaching staff:** |  |  |
| **Head teacher:** |  |  |
| **Any provider of alternate provision:** |  |  |

|  |
| --- |
| Other External Agency Involvement |

## 2.3 Medication

**This child/person has the following medical condition(s) requiring the following treatment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medical condition** | **Drug** | **Dose** | **When** | **How is it administered?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Does treatment of the medical condition affect behaviour or concentration?** |  |
| **Are there any side effects of the medication?** |  |
| **Is there any ongoing treatment that is not being administered in school? What are the side effects?** |  |

Any medication will be stored \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 2.4 Social, emotional mental health needs

|  |  |
| --- | --- |
| **Does the child exhibit social, emotional, mental health?****Yes  No**  | **Which areas (tick boxes:****Anxiety School refuser/** **poor attendance****Separation Loss/Bereavement****Gender Identity Trauma** |
| **How does this present in school? (outline current behaviours)** |  |

## 2.5 Routine monitoring and review

Some medical conditions will require monitoring to help manage the child/young person’s condition

|  |  |
| --- | --- |
| **What monitoring is required?** |  |
| **When does it need to be done?** |  |
| **Does it need any equipment?** |  |
| **How is it done?** |  |
| **Is there a target?****If so what is the target?** |  |

## 2.6 Emergency Situations

An emergency situation occurs whenever a child/young person needs urgent treatment to deal with their condition.

|  |  |
| --- | --- |
| **What is considered an emergency situation?** |  |
| **What are the symptoms?** |  |
| **What are the triggers?** |  |
| **What action must be taken?** |  |
| **Are there any follow up actions (eg tests or rest) that are required?** |  |

# 3. Ensuring suitable arrangements are in place

Under s100 Children and Families Act 2014 Governing Boards have a duty to make arrangements for supporting children in school; however, where a child’s medical needs prevent them from accessing school for more than 15 days (whether consecutive or not) the Local Authority should be notified to assess whether it has a statutory duty under s19 Education Act to make arrangements on behalf of the school. PLEASE SEE SECTION 7

## 3.1 Impact on Child’s Access to School and Learning

|  |  |
| --- | --- |
| **How does the child’s medical condition/mental health affect learning?**i.e. memory, processing speed, coordination etc |  |
| **Does the child require any further assessment of their learning?** |  |
| **Are there any physical restrictions caused by the medical condition(s)/mental health?** |  |
| **Is any extra care needed for physical activity?** |  |
| **How does the school environment affect the child’s medical condition or mental health?** |  |
| **Location of school medical room/designated safe space** |  |
| **Does this child require any emotional support?** |  |
| **How is this met?** |  |
| **Is the child/person likely to need time off because of their condition?** |  |
| **What is the process for catching up on missed work caused by absences?** |  |
| **Does this child require any additional support in lessons? If so what?** |  |
| **Is there a situation where the child will need to leave the classroom?** |  |
| **Does this child require brain breaks?** |  |

## 3.2 Reasonable Adjustments

**Please provide summary of reasonable adjustments made where relevant**

|  |  |
| --- | --- |
|  | **Key Information** |
| **Arrive at school** |  |
| **Morning (including Break)** |  |
| **Lunch** |  |
| **Afternoon (including Break)** |  |
| **School finish** |  |
| **After school club (if applicable)** |  |
| **Other** |  |

## 3.3 Alternative Provision and off-site arrangements

**Does the child require any of the following:**

|  |  |  |
| --- | --- | --- |
|  | **Purpose of provision** | **Agreed Provision** |
| **Part-time timetable** |  |  |
| **Specialist/home teaching service (including MET)** |  |  |
| **Alternative Provision (including PRU, AP Free School, AP Academy, Hospital School)** |  |  |
| **Virtual Learning** |  |  |
| **Regular/routine medical appointments** |  |  |
| **Other (please specify)** |  |  |

|  |
| --- |
| **How is the school safeguarding the child’s full-entitlement to suitable education? If the school cannot secure full-time and/or suitable arrangements it must notify the LA as outlined in SECTION 7** |
| **Please attach where relevant timetables, Pastoral Support Plans, Alternative Provision Plans, Individual Education Plans.** |

# 4. Trips and Activities away from School

**Are school risk assessments in place to meet the child’s needs? Yes No**

# 5. Staff Training

Governing bodies are responsible for making sure staff have received appropriate training to look after a child/young person. School staff should be released to attend any necessary training sessions it is agreed they need.

|  |  |
| --- | --- |
| **What training is required?** |  |
| **Who needs to be trained?** |  |
| **Has the training been completed?**Please sign and date |  |

Please use this section for additional information for this child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 6. Consent

|  |  |  |
| --- | --- | --- |
|  | Yes/No | Comments- including any restrictions |
| Parents have given consent to share information with all professionals |  |  |
| Parents have not given consent to share with all professionals.  |  |  |
| I consent to the MET consulting with external agencies to review information that may inform the allocation of a placement at the MET. |  |  |

# 7. Intended objectives and outcomes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Evidence | Lead | Expected date to be achieved | Achieved (Y/N) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# 8. Next Steps

|  |  |  |  |
| --- | --- | --- | --- |
| **Next Steps** | **Action** | **Date Actioned** | **Achieved (Y/N)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# 9. IHCP Review

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Review Date (s)** | **Venue/contact details** | **Name** | **Role** | **Attended** |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# 10. Referral to the Local Authority

**If the child has been or is likely to be absent for more than 15 school days whether consecutively or cumulatively you must notify the Local Authority.**

**Please send all IHPs and supporting information to:** **cme@worcschildrenfirst.org.uk**

|  |  |  |
| --- | --- | --- |
| **Supporting evidence/information included** | **Evidence e.g letter/conversation/medical report** | **Date Referred** |
|  |  |  |

# 11. Completed By

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

# 12. Amendments/updates

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