

Name's Education, Health and Care Plan

This plan is a legal document in accordance with the Children and Families Act 2014. It is put together to help **Name** to progress towards outcomes that are important to their long term future.

Photo: (Having a photograph is optional).	
First names:	Name
Surname:	
Likes to be called:	
Date of birth:	03/01/2019
Male or female:	Female

Status of plan: (draft, amended or final)	Draft
Draft version number and date:	
Date plan was issued:	
Placement when plan is finalised (see Section I)	
Information sharing restrictions / CiC Status:	CP <input type="checkbox"/> CIN <input type="checkbox"/> CiC <input type="checkbox"/> Other e.g. Early Help <input type="checkbox"/> None identified at this time.

The plan will have legal status once the resources have been agreed and the provision named. It will become the final plan once it is signed and dated by the duly authorised officer. The information in this plan will be shared with relevant parties on a need to know basis.

Name's Education, Health and Care Plan

Personal details	The child or young person's and parent /carers' personal details to help us all to keep in touch.
Section A	All about me and my family / carers' views - this should include the views, interests and aspirations of the child or young person and their parents/carers.
Section B	The child or young person's special educational needs (SEN) .
Section C	The child or young person's health needs which relate to their SEN or to a disability
Section D	The child or young person's social care needs which relate to their SEN or to a disability.
Section E	Outcomes that will enable the child or young people to progress in their learning. This section includes aspirations for the future and outcomes to be met by the end of the key stage or phase of education (SEN Code of Practice 9.64 – 9.68). Shorter term plans and targets for the next 6 – 12 months need to be agreed by the education provider within 2 months of issue of the final EHC plan.
Section F	The special educational provision required by the child or the young person. Who has agreed the plan and what is the budget.
Section G	Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN with Individual Health Care Plan where relevant.
Section 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 1970 (CSDPA)
Section H2	Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN. This will include any adult social care provision being provided to meet a young person's eligible needs (through a statutory care and support plan) under the Care Act 2014.
Section I	Placement - the name and type and name of school, maintained nursery school, post-16 institution or other institution that has been named on the plan. This will be blank until the final version is agreed
Section J	Personal budget (including arrangements for direct payments).
Section K	Advice and information - reports and assessments. A list of all the reports and assessments that have been used to write the plan.

Personal Details

Child or young person's details			
Home address	London		
Postcode	NW3	Date of birth	03/01/2019
Telephone		Mobile	0786
Ethnicity	Congolese	Religion	
Language spoken at home			
NHS number	720 495 4173	GP Surgery	

Parent / carer details:		
Parent / carer names	Ms (Mother)	
Who has parental responsibility?	Mother	
Interpreter or communication support needed?		
Home address (if different from above).		
	Postcode:	
Telephone numbers	Home:	Mobile: 07865 (Mother)
Home email address		

Section A – All About Me

My views and wishes.

This is a **summary** of the views and wishes of **Name and her family** that were provided in the separate document 'All About Me'. This section is usually **one or two** pages long. The full 'All About Me' document is attached as an appendix to this plan.

Please show where Name is speaking directly using "I", or mark clearly when the views of parents, carers or professionals are represented.

If anyone helped write this, who was it and how did they help?

Please refer to the EHC guidance (www.localoffer.camden.gov.uk) for supporting children and young people to complete this section. Other person centred planning tools and media may be used to record views as appropriate.

Who is in my family? Who is important to me?

My history: *this could include: my early childhood; my education so far; my friendships and relationships; other people who are important to me; pets*

My interests

What is important to me?

What is important for me?

What I like about me and what I am good at

How I communicate and how to communicate with me so I understand

How independent am I? What would help me to be more independent?

My health needs

What support do I already get that is working well?

What's not working? What would I like to change?

New things I would like to try

How I or my family helped contribute to this plan

My aspirations and goals for the future

e.g. the sort of person I would like to be and what I would like to do in the future.

Long-term goals might include: health and wellbeing; friendships and relationships; community inclusion; education and employment; independent living.

My families views, wishes and aspirations for my future

Long-term goals might include: health and wellbeing; friendships and relationships; community inclusion; education and employment; independent living.

Section B – Special Educational Needs

1. Communication and Interaction (including SLCN, ASD) 2. Cognition and Learning (including SpLD, MLD, SLD, PMLD) 3. Social, Emotional and Mental Health (including anxiety, depression, ADD, ADHD) 4. Sensory and/or Physical needs (including PD, VI, HI, MSI)	Primary area of need (to be confirmed by the EHC panel)	Cognition & Learning (Downs Syndrome)
	Additional areas of need	Communication & Interaction Social Emotional and Mental Health
	Current Attainment and Progress	29/04/2022: Self confidence 8-20 months, Making relationships, Managing feelings and behaviour, moving and handling and health and self-care, Listening & Attention, Understanding and speaking 0-11 months. (3 - 4 levels below age expected)

SLCN - Speech, Language and Communication Needs | **ASD** - Autistic Spectrum Disorder | **SpLD** - Specific Learning Difficulties | **MLD** - Moderate Learning Difficulties | **SLD** - Severe Learning Difficulties | **PMLD** - Profound and Multiple Learning Difficulties | **ADD** - Attention Deficit Disorder | **ADHD** - Attention Deficit Hyperactive Disorder | **PD** - Physical Disability | **VI** - Vision Impairment | **HI** - Hearing Impairment | **MSI** - Multi-Sensory Impairment

All of [Name]'s identified strengths and special educational needs SEN may include health and social care provision, where this is for the child or young person's education or training.	1. Communication and Interaction Strengths <ul style="list-style-type: none"> Name has recently begun to look at an adult when they say 'more' to her for holding her hand or offering a musical instrument. Although she does not interact with her peers, she may occasionally smile at them. She will at times babble when she feels secure. She is beginning to request by reaching for things. Needs <ul style="list-style-type: none"> Name is nonverbal and unable to answer questions or choose and will not focus when offered a choice between two items. She is not yet using early communication. She has not yet developed any words or speech sounds and has a limited number of sounds. She does not respond to her name or instructions/transition symbols. Name is unable to follow adult verbal and visual prompts and is difficult to engage in meaningful activities.
	2. Cognition and Learning Strengths <ul style="list-style-type: none"> Name has been observed to show anticipation of familiar rhymes and to make eye contact and movements during the songs in a one to one situation as part of close interaction.

- She seems motivated by activities that involve being close to an adult and touch e.g. holding her hands to encourage clapping and reaching for their hand for more when it stopped.
- During free play she will sometimes go towards magnetic toys and shapes, hold them and pull them apart

Needs

- Her general development is at the early sensory stage.
- She has limited attention to her chosen activities. She does not sing along to songs
- She is not yet responding to adult's initiated play.
- She has not been seen to mark make or use any other fine motor skills.
- Name needs support in all areas of learning and development within an educational setting.
- She shows no functional play or understanding of how things work and no curiosity or exploratory play.
- Name does not interact or initiate with children at nursery or show an interest in what her peers or adults are doing.
- She is not yet toilet trained and does not show an awareness of needing the toilet.
- Her gross motor skills are delayed and she walks with an immature gait and can be unsteady.
- She does not demonstrate fine motor skills, does not show any interest in holding a pen or crayon or in cutting painting or threading. She not yet able to hold a spoon and feed herself, or to dress herself.

3. Social, Emotional and Mental Health

Strengths

- She occasionally will go over to a child to look at something if it is making noise or lights, she can now tolerate her peers near her for short periods.
- If she does not want something she will turn her head. She will tolerate an adult wiping her face after snack.
- Name is seen a passive and waits for things to come to her.
- Name has settled well into the nursery routine and occupies herself with adult-led activities.
- She is starting to show a preference of activities such as water and sand play

Needs

- Name needs support to follow routines.
- She needs adult to be able to join in group activities.
- She is not yet able to share or turn take.
- She does not always recognise familiar people.
- She does not have any verbal communication with adults or children.

	<p>4. Sensory and /or Physical needs</p> <p>Strengths</p> <ul style="list-style-type: none"> • She occasionally will go over to a child to look at something if it is making noise or lights, she can now tolerate her peers near her for short periods. • If she does not want something she will turn her head. • She will tolerate an adult wiping her face after snack. • Name is seen a passive and waits for things to come to her. • Name has settled well into the nursery routine and occupies herself with adult-led activities. • She is starting to show a preference of activities such as water and sand play <p>Needs</p> <ul style="list-style-type: none"> • Name has a diagnosis of Downs Syndrome. • She mostly eats soft food. • She has visual difficulties including reduced vision in both eyes.
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Section C – Health Needs

<p>Health strengths and needs identified through the EHC needs assessment which relate to [Name]’s SEN.</p>	<p>Downs Syndrome. Name has been prescribed glasses (bilateral manifest squint) She has Eczema. Name has Eustachian tube dysfunction and there are significant ongoing concerns regarding her hearing</p>
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Section D – Social Care Needs

<p>Social care strengths and needs identified through the EHC needs assessment which relate to [Name]’s SEN.</p>	<p>None identified at this time that requires targeted support</p>
<p>Other social care needs: E.g. child in need, child protection plan or known to adult social care (consent must be obtained before inclusion)</p>	<p>None identified at this time that requires targeted support</p>

Section E – Outcomes

Aspirations and goals for the future e.g. the sort of person I would like to be and what I would like to do in the future. Long-term goals might include: health and wellbeing; friendships and relationships; community inclusion; education and employment; independent living. (Link with Section A)	Outcomes identified Outcomes to be met by the end of the key stage or phase of education By the of Key Stage 1, Namewill be able to.
Education and employment	Concentrate on and complete adult-directed activities independently for 10 minutes.
	Recognise favourite and familiar pictures in a book and copy marks made by an adult e.g. lines and circles.
	Sort and do basic matching of numbers and quantities, and sorting by colour, size and categories that motivate her.
	Express her needs and preferences in words or non-verbal means, individually and in group situations
	Engage in table top activities and musical activities with a peer.
	Attend to bucket time or joint attention games for up to 10 minute.
	Communicate more of a favourite activity consistently.
Independence	Eat a variety of food calmly within a group, using utensils appropriately.
	After using the toilet, adjust clothing, and wash her hands with minimal adult support.
	Namewill be able to work towards independence in in all areas of learning and development within an educational setting.
Friends, Relationships and Community Involvement	Join in a group activity that requires basic rules and turn taking with three other children with adult support
	Engage in reciprocal play with others.
Health and Wellbeing	Remain calm, if a situation arises that she does not like.
	Remain safe, without harm to herself or others.
	Eat a greater range of food including solid food.

Please note: the education provider is expected to agree the shorter term outcomes plan or other targeted plan within 2 months of issue of the final EHC plan. The shorter term plan will break the Section E outcomes into shorter smart targets to be reviewed at annual review and, if necessary, amended regularly.

Section F – Special Educational Provision

The support and activities to achieve the agreed outcomes. Camden is now working to the 4 Pathways to adulthood **from earliest years** as in the Code of Practice January 2015. For all children and young people, think about how the provision will support these pathways as in Section E (above) in an appropriate way according to their age and development.

The below special educational provision is in addition to high quality teaching that is carefully planned and takes account of prior learning. Lesson planning will involve key adults and will take account of prior learning. Quality First Teaching promotes achievement by: creating a safe, happy environment for learning; promoting independent learning and having high expectations for children and young people. Provision should focus on Preparing for Adulthood.

How will the special educational provision be funded?	
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Special educational provision (steps and activities to meet the needs in Section B)?	Who will provide support?	How often, when and where will it happen?
<ul style="list-style-type: none"> • Support to engage in activities sitting at table for increasing lengths of time, increasing gradually as she becomes familiar with the environment. • Use of small rewards or rewarding activities when she has concentrated on adult directed activities for a specified length of time. • Daily individual sessions to recognize familiar pictures and to practice meaningful mark-making. • Daily sessions with an adult to read her stories and check understanding. • Daily individual sessions to teach and practice accurate counting and matching. • Use of a variety of colourful, visual apparatus to demonstrate basic numeracy skills; • Frequent revisiting of skills learned to ensure that Name has processed and remembered. • A speech and language programme as determined by a speech and language therapist. • Daily sessions to practice expressing herself individually and in small groups (using words, objects, pictures or gestures). • Use simple language emphasising key words when talking to her; allow her time to process; if you need to repeat use the same words to avoid confusion. • A highly differentiated multi-sensory curriculum • Individualised timetable. • Introduce the use of 'Observe, Wait, Listen (OWLing)' to encourage early language and communication skills while playing alongside Name, to encourage language and play. 	TA/LSA or equivalent overseen by a qualified Teacher/SEND Co unless stated otherwise	Daily through the differentiated curriculum unless stated otherwise

<ul style="list-style-type: none"> • Adults to use Makaton (www.makaton.org) signs, gestures and other visual prompts to support Name with communication and understanding. • Adults to reduce language and questions when talking to Name– use single words to name and comment • Pause and Wait – to encourage communication skills, offer choices between two, offer small amounts or short turns, wait for Name to request 'more'. • Adults to allow Name processing time when giving instructions or talking to Name– PAUSE and WAIT. 'Just out of reach' to promote self-help and independence skills, after letting Name have a turn, put motivating items just out of reach, let her try and get there, praise. • Adults to consistently use transition objects to support Name's understanding of key events and transitions in the day. • Adults to give running commentary on activities during Name's nursery day, explain what will be happening, what is happening and what has just happened. • Introduce backward chaining to encourage Name to complete a task that you have started - liaise with OT for next target. • Introduce forward chaining to encourage Name to start a task (liaise with OT for next target). • Adults to use a countdown and commentary with objects of reference to prepare Name for change, for example '5, 4, 3, 2, 1, finished'. • Introduce special (following Name's lead in a distraction free space with motivating activities, Adult directed 1:1 sessions encouraging early communication skills and Adult directed 2 and 1 other child in simple game) time and bucket time. • Use of Mirror me in a distraction free space Introduce 'Intensive Interaction' (www.intensiveinteraction.org) to encourage early joint attention, language and communication skills while in a quiet distraction free space and in normal play areas. • Use of motivating items to Name such as musical instruments, object that make music/sound, bubbles and balloons. 		
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<ul style="list-style-type: none"> • Sessions in a small group to teach and practice skills such as waiting for a turn, giving and taking, requesting an object using words or gestures. • Adults to maintain a slow pace, offer motivating games at an appropriate developmental level and offer a choice of toys. • Introduce 'people games' such as 'Peek-a-boo' and 'Round and round the garden' to encourage early joint attention, language and communication skills while playing alongside Name. • Introduce waiting games, so Name has to request 'more'. • Use of calming activities. • A sensory diet and 'tummy time' in liaison with the Occupational Therapist. 	TA/LSA or equivalent overseen by a qualified Teacher/SEND Co unless stated otherwise	Daily Daily through the differentiated curriculum unless stated otherwise
<ul style="list-style-type: none"> • Sessions in a small group to teach and practice skills such as waiting for a turn, giving and taking, requesting an object using words or gestures. • Adults to maintain a slow pace, offer motivating games at an appropriate developmental level and offer a choice of toys. • Introduce 'people games' such as 'Peek-a-boo' and 'Round and round the garden' to encourage early joint attention, language and communication skills while playing alongside Name. • Introduce waiting games, so Name has to request 'more'. • Use of calming activities. • A sensory diet and 'tummy time' in liaison with the Occupational Therapist. 	TA/LSA or equivalent overseen by a qualified Teacher/SEND Co unless stated otherwise	Daily through the differentiated curriculum unless stated otherwise
<ul style="list-style-type: none"> • Support her to increase the number of foods she will eat with a gradual feeding programme. • At all mealtimes, encouragement from an adult to sit in a sociable way, eat a variety of food and use cutlery. • A toilet training programme carried out consistently at home and nursery/school. • Support her to wash and dry hands with minimal support; • Rehearse rules about staying safe in the toilet, e.g. not wandering away before completing the activity, not playing with taps but washing hands quickly. • Fine and Gross Motor programme. 	TA/LSA or equivalent overseen by a qualified Teacher/SEND Co unless stated otherwise	Daily through the differentiated curriculum unless stated otherwise

<ul style="list-style-type: none"> • Introduce food and eating program at nursery, gradually, in partnership with parent and OT, make food larger chunks, to encourage chewing, games to strengthen tongue and mouth muscles and teach self-help and independent skills for eating at nursery, e.g. sitting at snack table, sitting upright, self-feeding skills. • Name to be prepared in advance for changes in routine or environment, using visual supports (in order to avoid upsets); • Staff to be vigilant throughout the day, in monitoring for triggers that may upset Name; if needed, use the ABC (Antecedent, Behaviour, Consequence) method to identify triggers; • A calm, quiet area for Name to calm down if she becomes upset and loses control. • Staff to be vigilant in monitoring that Name is staying within the designated play space, not going beyond it, handling equipment safely (not throwing etc.). • Divert Name with a favourite activity if she shows signs that she is going to endanger herself or others. • Use visual supports to remind Name of the rules of playing safely. 	TA/LSA or equivalent overseen by a qualified Teacher/SENDCo unless stated otherwise	Daily through the differentiated curriculum unless stated otherwise
<p>Occupational Therapy will provide input according to Name's individual needs in areas of independence, function, performance and participation such as:</p> <ul style="list-style-type: none"> • Using hands in functional activities e.g. play or using tools such as pencils, scissors and cutlery. • Sensory or motor difficulties affecting participation in everyday activities. • Independence with self-care such as dressing, washing, eating & drinking and toileting. <p>Input may include intervention by remote communication and staff coaching, staff training, shared interventions with other professionals, and attendance at meetings e.g. IEP or annual reviews, if this is required. This provision will be reviewed by an Occupational Therapist at the next annual review, when recommendations may change</p>	TA/LSA or equivalent overseen by a qualified Teacher/OT/SENDCo unless stated otherwise	Half termly sessions autumn, spring and summer terms 2022 -2023 - 1 hour per session (6 per year)
<p>Speech & Language to regularly review her feeding and drinking skills and provide a management plan with recommendations in order to support skill development and monitor/further assess safety when eating/drinking. Eating and drink support to review and update a plan as required through direct reviews and/or liaison with parents. Written recommendations for parents and staff.</p> <p>Sessions in the setting to support appropriate communication activities and strategies based on her progress and specific goals</p>	TA/LSA or equivalent overseen by a qualified Teacher/SLT/SENDCo unless stated otherwise	1–2 hours per term Monthly

Section G – Health Provision

The support and activities to achieve the agreed outcomes. Camden is now working to the 4 Pathways to adulthood **from earliest years** as in the Code of Practice January 2015. For all children and young people, think about how the provision will support these pathways as in Section E (above) in an appropriate way according to their age and development.

How will the health provision be funded?	NHS England and universal services
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Health provision (steps and activities to meet needs in Section C)?	Who will provide support?	How often, when and where will it happen?
Based on current information, no health care provision is identified.		
Eating and feeding programme. Referral has been made to RN ENT for repeat testing and consideration of hearing aids should she continue to show elevated responses	Ot/Dietician RN ENT	As required

Section H1 – Social Care Provision

The support and activities agreed to meet the assessed needs of a disabled child or young person e.g. practical assistance in the home, adaptations to the home. Camden is now working to the 4 Pathways to adulthood **from earliest years** as in the Code of Practice January 2015. For all children and young people, think about how the provision will support these pathways as in Section E (above) in an appropriate way according to their age and development.

How will the social care provision be funded?	No provision identified that requires funding
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Social care provision (steps and activities to meet needs in Section D)	Who will provide support?	How often, when and where will it happen?
No targeted support at this time, however the family have access to Camden's universal offer. If in the future the family have worries or concerns, they are able to self-refer to Camden Early Help. Early Help offer: <ul style="list-style-type: none"> • Free support service for families with children aged 0 to 19 in Camden • Practical and emotional support with a range of life issues Working with you and your family to help make changes. • Helping you and your family to feel connected in your community. Phone 020 7974 3317 (9am to 5pm - ask for Early Help) Email LBCMASHadmin@camden.gov.uk 		

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 1970 (CSDPA). This may include services provided for parents/carers of disabled children following an assessment of their needs.

Section H2 – Social Care Provision

Any other social care provision identified through early help, children in need and safeguarding assessments, including short breaks and adult social care provision.

Camden is now working to the 4 Pathways to adulthood *from earliest years* as in the Code of Practice January 2015. For all children and young people, think about how the provision will support these pathways as in Section E (above) in an appropriate way according to their age and development.

Social care provision (steps and activities to meet needs in Section D)	Who will provide support?	How often, when and where will it happen?

Services provided for young people over 18 under The Care Act 2014. Section H2 must only include services which are not provided under section 2 of The Chronically Sick and Disabled Persons Act 1970.

Section I – Placement

Type of educational setting (must only be stated in the final plan).	Name of provider (must only be stated in the final plan).

Section J – Personal budget

Provision in this plan that is eligible to be provided through a personal budget.

Funding start date	Funding end date	Total budget value	Personal budget value

Section K – Advice and information reports and assessments used to develop this plan

When assessing a child's special educational, health and care needs evidence and advice were taken into account and are available on request. These could include: assessment reports, CAF, school IEP plan, additional planning materials.

Report / assessment title	Name of person who wrote the report / assessment	The role or job of that person (delete and amend as required)	Date it was written	Attended the EHC planning meeting Yes/no
		Parent/carer		Yes
Education Advice		Inclusion Teacher & Area SENDCo	26/07/2022	
Medical Advice Camden MOSAIC		Consultant Audiovestibular Medicine Consultant Community Paediatrician (MOASIC) Speech & Language Therapist (MOSAIC Downs Syndrome pathway) Occupational Therapist (MOSAIC DS Pathway) Physiotherapist (MOSAIC DS Pathway) Head of Paediatric Occupational Therapy & Physiotherapy (Royal Free London NHS)	19/08/2021 08/06/2022 10/02/2020	
Appendix E		Family Worker (Early Help) ASYE MASH Social Worker	11/08/2022 & 14/10/22 28/07/2022	
Educational Psychology Advice		Educational Psychologist	12/10/2022	

Agreement date and Review arrangements

Within 2 months of issue of the final EHC plan, the headteacher or principal of the school, college or institution named in the EHC plan should ensure that a meeting is held to review the provision and the needs of the pupil. The meeting should involve those working with Name, in consultation with them and their parents.

The first review must be held within 12 months of issue of the final EHC plan, and then within 12 months of any previous review. Local authorities should consider reviewing an EHC plan for a child under five at least every three to six months to ensure that the provision continues to be appropriate. Reviews must focus on the child or young person's progress towards achieving the outcomes specified in the EHC plan. Reviews should normally be held at and led by the educational institution attended by Name.

Name's parents or young person and other individuals relevant to the review should be invited and any advice and information sent to all those invited at least two weeks before the meeting.

The school (or, for another institution, the local authority) must prepare and send a report of the review to everyone invited within two weeks of the meeting.

Within four weeks of the review meeting, the local authority must decide whether it proposes to keep the EHC plan as it is, amend the plan, or cease to maintain the plan, and notify Name or her parents and the school or other institution attended.

If Name's SEN change, the local authority should hold a review as soon as possible to ensure that provision specified in the EHC plan is appropriate.

Date of EHC planning meeting	2/11/2022
Date the final plan was issued	
Signed by authorised officer	
The people who will be involved in monitoring and reviewing the plan at annual review	Name Family School Professionals involved at the time of the review SEN Assessment Case Co-ordinator
The next annual review must be held no later than and annually thereafter:	If this is the very first annual review it will be held 10 months after the date of the first final. For existing plans it will be 12 months from the date of this final.
Each Service will be responsible for reviewing their part of the plan and may hold more frequent reviews of particular parts of the plan. This will be reflected in the annual review of the plan	