

## Model Education, Health and Care Plan

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**'Rosie' – A child with a vision impairment, aged three**  
**March 2017 Edition**

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## Preface



This paper was prepared using funding provided by the Department for Education under grant agreement with NatSIP, the National Sensory Impairment Partnership:



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## 1. Purpose of this document

The purpose of this document is to illustrate the **written** content of an Education, Health and Care (EHC) Plan for children and young people with a sensory impairment by following the requirements and the sections for a Plan as set out in the SEND Code of Practice, published in January 2015.

## 2. Intended audience

This document is for:

- a. those who are responsible for coordinating the assessment and drafting of an EHC Plan and/or the key worker and professionals contributing to the assessment and plan.
- b. parents who would like to know what kind of information should be included in an EHC Plan to ensure it accurately identifies their child's needs and sets out how they will be met.

## 3. Recommended action:

NatSIP recognises that local authorities will have their own format for their EHC Plans. NatSIP encourages local authorities to use the model Plans as:

- an aid to ensure any format they develop reflects the required content of EHC Plans.
- a check to ensure that Plans developed for individual children and young people with sensory impairment fully reflect the level of content suggested in the exemplars
- a way to ensure the EHC Plan is based on a thorough assessment of the child or young person as required by the SEND Code of Practice and as set out in Better assessments, better plans, better outcomes: a multi-disciplinary framework for the assessment of children and young people with sensory impairment, developed by NatSIP.<sup>1</sup>

## 4. Background

NatSIP has been commissioned by the Department for Education to produce exemplar EHC Plans for children and young people with a sensory impairment. This model EHC Plan is based on the structure outlined in the SEND Code of Practice.<sup>2</sup> The boxed text in this model plan is taken from the guidance in the SEND Code of Practice regarding the required written content of each section of the Plan.

This model Plan is one of a series covering hearing impairment, vision impairment and multisensory impairment across different age groups. Other model Plans are available on the NatSIP website.

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<sup>1</sup> Available online at <https://www.natsip.org.uk/index.php/send-reforms>

<sup>2</sup> See <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

## 5. EHC Plan Cover Sheet

### Education, Health and Care (EHC) Plan

This is EHC Plan No. 1 for *Rosie Smith* (name of child)

Date of Birth	
Date Plan 1 agreed:	
Date of review:	

#### Details of the child:

Name:	Rosie Smith
Gender:	Female
Home address:	
Preferred language/communication method:	English
Educational setting currently attended (if applicable)	XXX Nursery – a maintained nursery.

#### Child's Parents/Person Responsible

Name:	Mrs Claire Smith Mr Patrick Smith
Relationship to child:	Mother and Father
Home address (if different to above):	
Telephone number:	

The following people have contributed to this plan:

Name:	Role/position
Mr and Mrs Smith	Parents
Stuart O'Neill	Educational Psychologist
Maria Clayton	QTVI
Sunita Sharma	Physiotherapist
Renate Mayer	Paediatrician
Laura Eames	Speech and Language Therapist
Julia Johnson	Nursery Teacher

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7. Hi! I'm Rosie!

Photo of Rosie

***What people like about me and what I'm good at***

- I'm happy and sociable and I have an infectious giggle
- I'm good at exploring objects with both hands

***What is important to me***

- My mum and dad
- Staying safe
- Being in a familiar environment with familiar people
- Being able to experience things at my own pace
- Being with older children who can talk to me and play with me

***How best to support me***

Prepare me for any changes – I don't like unexpected events

Introduce yourself before you work with me

Gently introduce new environments to me

Provide an environment that is rich in sound and music

Have a range of toys and musical instruments for me to play with

Use all play and learning opportunities as a way to help me develop my vocabulary

Information provided by Rosie's parents (May 20XX) and based on observations by the QTVI.

## 8. Plan Section A. Getting to know Rosie: The views, interests and aspirations of Rosie and her parents

The SEND Code of Practice states this section should also include details about play, health, schools, independence, friendships, further education and future plans including employment (if practical); how to communicate, child / young person's history.

### Rosie's story to date

SEND Code of Practice advises if history is written in the first person, the plan should make clear whether the child or young person is being quoted directly, or if the views of the parents and/or professionals are being represented.

It requires details about play, health, schooling, independence, friendships, further education and future plans (where practical)

Rosie has optic nerve hypoplasia (under-development of the optic nerve) and is blind. Her condition was diagnosed soon after she was born. She shows no response to light. Rosie's understanding of the world around her is therefore acquired through touch and sound cues only. She is due to start at XXXXX Nursery in September XXXX.

Rosie is a delightful, very sociable and happy little girl with an infectious giggle and a strong personality.

She plays with a range of sensory toys, particularly ones which are interactive. She enjoys familiar songs and likes to sing nursery rhymes. She enjoys listening to music. She likes to play with keys and bells. Rosie likes to explore toys with her fingertips and if she doesn't like a toy she will discard it. At home she likes to try to climb on the settee.

Rosie has been able to build good relationships with adults within the family and has a very close relationship with her mum. She is reliant on her to soothe her when in unfamiliar environments and with new people.

Rosie enjoys being around older children who can talk to her and play with her.

She attends a maintained nursery for 15 hours per week and is due to start school in September 20XX.

### How to communicate with Rosie

The family language is English. Rosie learns through sound and touch.

### Rosie's concerns, aspirations, views and interests for the future

Rosie's ability to express herself is still at the early stages of development, and the following points are based on observations by the QTVI and Rosie's parents:

- Rosie prefers to experience and understand new things through her senses of touch and sound.
- Rosie enjoys fine motor activities such as turning the shapes on a toy with multiple parts. She uses her sense of touch, taste, smell and sound to explore objects and toys.
- She is increasingly self-directed and sometimes rejects new experiences.

### **Rosie's parents' views concerns and aspirations for the future**

Her mum says that Rosie surprises her every day and she can be so loving "...she amazes me." Her mum feels that it is important for Rosie to be able to communicate with others, understand what is going on around her and develop social skills. She needs to keep her mind occupied.

Her parents are keen for Rosie to be as independent as possible. They feel that it is vital that her needs are considered by the setting which she attends. This includes the social implications of her vision loss and her access to activities and resources. They wish for others to appreciate her personality, skills and abilities before they see her disability. They believe that she will be able to achieve in a mainstream setting.

## 9. Plan Section B. Rosie's special educational needs

**The assessments carried out and information gathered, provide the following more detailed information about Rosie's needs.** *(Include how this compares with children of a similar age without sensory needs):*

### **Sensory**

Rosie has optic nerve hypoplasia and is blind. Her condition was diagnosed soon after she was born. She shows no response to light. Rosie's understanding of the world around her is therefore acquired through touch and sound cues only. She will be a tactile learner.

Rosie is registered as severely sight impaired/blind.

Her visual impairment has an impact on all areas of learning, including her access to resources and activities, communication and language skills, self-help, independence skills and social inclusion.

### **Cognition and learning**

Rosie is broadly following expected progress in comparison with children with a similar level of profound vision loss. However, she is delayed by between 12 and 18 months in all areas compared with her sighted peers.

### **Communication**

Rosie is beginning to use appropriate language in context. She has an increasing number of single words and uses some 2/3 word sentences in context. She uses words that are appropriate in response to her own and others' actions. She sings the words of familiar songs and rhymes, responds to her name and is able to describe objects that she handles. She often repeats words and phrases that she hears others say without necessarily understanding them. She demonstrates her feelings through vocalisations and gestures. She says 'bye' when prompted.

Rosie has good receptive language and 'stills' to listen when others are talking or when she is interested in a particular sound. Rosie can follow instructions at 2 and 3 word level within the context of her profound vision impairment. She understands simple questions and answers appropriately.

Rosie is able to focus and attend to familiar multi-sensory toys and objects for a sustained length of time either with an adult or on her own.

She is becoming increasingly self-directed and often rejects new experiences. She can be tactile selective, preferring only familiar toys and objects.

Rosie enjoys fine motor activities such as turning the shapes on a toy with multiple parts. She uses her sense of touch, taste, smell and sound to explore objects and toys. She uses two hands together.

It must be acknowledged that Rosie's learning experiences are focused predominantly on being able to experience and understand new things through her senses of touch and sound.

### **Social and emotional and behavioural development**

Rosie can show distress when unexpected things happen or if there are lots of competing noises. She can have temper tantrums which can be extreme. She can be demanding at times and sometimes shouts repeatedly, this can last for up to an hour. She tends to switch moods very quickly. If she is excited or frustrated Rosie tends to hurt herself by either biting, pinching or pulling her hair.

Rosie has sleep difficulties. She still sleeps during the day which impacts on her night time sleep. She is on Melatonin.

Parents have concerns around Rosie's repetitive behaviours and have sought advice from the GP.

**Independence, physical skills and mobility**

Rosie has learnt to sit independently but is sometimes reluctant to do so, preferring to sit against a familiar adult. Her mum feels that this is due to a lack of motivation as a result of her vision loss. She is now pulling herself to a standing position, but not yet walking and is therefore not independently exploring her environment.

Rosie is now eating family foods. Work is currently focusing on bilateral hand use to locate her bowl and use the other hand to hold a spoon and take food out of the bowl. She is beginning to move away from her bottle to a beaker. She is aware of her bowel movements and is in the early stages of toilet training.

## 10. Plan Section C. Rosie's health needs related to SEN and unrelated to SEN

The SEND Code of Practice states that an EHC Plan must specify any health needs identified through the EHC needs assessment which relate to the CYP's SEN.

The Clinical Commissioning Group (CCG) may also choose to specify other health care needs not related to the SEN.

Rosie has a diagnosis of:

- Septo-optic dysplasia (a rare syndrome affecting brain development and featuring pituitary gland dysfunction and under-development of the optic nerve)
- Under-development of both optic nerves (resulting in blindness)
- Sleeping difficulties associated with visual difficulties.

Septo-optic dysplasia is a disorder of early brain development. The condition is traditionally defined by three characteristic features, the first major feature being optic nerve hypoplasia. This is the underdevelopment of the optic nerve, which carries visual information from the eyes to the brain. Her vision impairment means that she has to learn through touch and sound.

The second characteristic feature is the abnormal structures separating the right and left halves of the brain. In the early stages of brain development, these structures may form abnormally or fail to develop at all. Dependent upon which structures are affected, this abnormal brain development can lead to cognitive disability and other neurological problems.

The third characteristic is pituitary hypoplasia, or under development of the pituitary gland. Underdevelopment of the pituitary gland can lead to a deficiency of many essential hormones. Hypopituitarism is the inability of the pituitary gland to provide sufficient hormones.

Rosie is not yet independently mobile and is reviewed by Physiotherapy.

## 11. Plan Section D. Rosie's social care needs related and unrelated to SEN

The SEND Code of Practice states that the EHC Plan must specify any social care needs identified through the EHC needs assessment which relate to the child's SEN or which require provision for a child or young person under 18 under section 2 of the Chronically Sick and Disabled Act (CDSPA) 1970. The local authority may also choose to specify other social care needs not linked to CYP's SEN or disability but must have the consent of the child and their parents.

None at the moment. This will be monitored through the annual review process. Rosie's parents are aware that they can request an assessment of her social care needs if/when required.

## 12. Plan Section E. Desired outcomes for Rosie

The SEND Code of Practice requires a range of outcomes over varying timescales covering education, health and care as appropriate plus steps towards achieving the outcomes (see table below for the steps). It advises against confusing outcomes with provision. It also requires the inclusion of forward plans for any change in a child or young person's life such as a change of school.

### The following are the desired outcomes for Rosie:

#### Outcome a.

Be closing the attainment gap and be working within the range of 40-60 months in literacy and mathematics as assessed using the Early Years Foundation Stage Profile.

#### Outcome b.

Have closed the language and communication gap by at least a year and be working within the 40-60 month range of the Early Years Foundation Stage curriculum for Communication and Language.

#### Outcome c.

Have personal, social and emotional skills within the 40-60 month level on the Early Years Foundation Stage

#### Outcome d.

Will have made measurable year on year progress in the development of mobility and independence skills so that the gap between her and her peers is narrowed by at least one year.

### Arrangements for reviewing and monitoring Rosie's progress

This Education, Health and Care Plan should be reviewed by the nursery/school at least once a year (and once every six months for children under the age of 5).

The nursery/school should hold an Annual Review Meeting to report Rosie's progress towards achieving the outcomes specified in the Plan and any other matters relating to her progress and to consider the continuing appropriateness of the Plan in the light of her progress. The nursery/school will be responsible for setting and monitoring short-term targets.

The local authority will arrange for the annual monitoring of the plan.

**Planning for Rosie's transfer to infant school**

Rosie is due to transfer to infant school in September XXXX. Once a school has been identified, the nursery and the school will need to liaise closely to ensure a smooth transition for Rosie. This will include at least two familiarisation visits to the new setting for Rosie before she starts there.

### **13. Plan Section F. The special educational provision required by Rosie**

The SEND Code of Practice states: provision MUST be detailed and specific and normally be quantified (e.g. in terms of the type, hours and frequency of support and level of expertise) including where this support is secured through a personal budget. Provision MUST be specified for every need specified in Section B. It should be clear how the provision will support the outcomes. There should be clarity as to how advice and information gathered has informed the provision. The plan should specify: any appropriate facilities and equipment, staffing arrangements and curriculum; any modifications to the application of the National Curriculum; any appropriate exclusions from the application of the National Curriculum, in detail, and the provision which it is proposed to substitute for any such exclusions in order to maintain a broad and balanced curriculum; where residential accommodation is appropriate; arrangements for setting shorter term targets and monitoring progress; where there is a personal budget, the details for this. Should also identify arrangements for the setting of shorter term targets by the educational setting. Note: where provision made by social care or health services educates or trains a young person (e.g. speech and language therapy), it must appear in this section.

The following table identifies the steps and the special educational provision required to meet Rosie's special educational needs set out in section B and to ensure the outcomes identified in Section E are achieved (see sections G, H1 and H2 for any required health and social care provision).

a.	<b>By the end of the Early Years Foundation Stage, Rosie will be closing the attainment gap and be working within the range of 40-60 months in literacy and mathematics as assessed using the Early Years Foundation Stage Profile.</b>		
	<b>Section E</b>	<b>Section F</b>	
	<b>Steps towards achieving outcomes</b>	<b>Special educational provision</b>	<b>Who will be responsible?</b>
a1	Rosie will acquire the tactile skills needed to sort and classify toys and everyday objects.	<ul style="list-style-type: none"> <li>• Rosie requires a broad and balanced curriculum.</li> <li>• All staff working with Rosie are to be trained in teaching children with vision impairment.</li> <li>• She needs multiple (at least two) weekly visits from the Sensory Support Service to support both Rosie and the setting staff.</li> <li>• She needs 1:1 support throughout the day from a suitably trained teaching assistant who will: <ul style="list-style-type: none"> <li>- Provide explanations of her environment and commentaries on what her peers are doing;</li> <li>- Provide direct support when there is a high visual content in an activity, or when a different method has to be used or when there are health and safety implications;</li> <li>- Observe, monitor and report on Rosie's engagement, participation and progress, and liaise with the class teacher, QTVI and SENCO.</li> </ul> </li> </ul>	<p>School</p> <p>Qualified Teacher for Vision Impairment (QTVI)</p> <p>Sensory Support Service</p> <p>Suitably trained teaching assistant, funded by the local authority for 21 hours per week (15 hours for 1:1, 5 hours for preparation of materials, 1 hour for liaison with the class teacher)</p>
a2	Have the pre-Braille skills required to start learning Braille	<ul style="list-style-type: none"> <li>• She requires a pre-Braille programme to be integrated into her daily routine, in order for her to develop the skills required to learn Braille</li> </ul>	The QTVI will provide the programme and monitor its implementation by nursery staff.

a.	<b>By the end of the Early Years Foundation Stage, Rosie will be closing the attainment gap and be working within the range of 40-60 months in literacy and mathematics as assessed using the Early Years Foundation Stage Profile.</b>		
	<b>Section E</b>	<b>Section F</b>	
	<b>Steps towards achieving outcomes</b>	<b>Special educational provision</b>	<b>Who will be responsible?</b>
a3	Participate in and enjoy appropriately differentiated activities.	<ul style="list-style-type: none"> <li>Rosie needs all activities and resources to be modified to meet her sensory needs. This includes the production of Braille resources. One hour per day to be allocated to this by the teaching assistant. A braille (Braille typewriter) will be needed.</li> <li>One hour per week needs to be allocated for planning lesson content and delivery between the teacher and the teaching assistant.</li> </ul>	<p>Suitably trained teaching assistant (TA) Sensory Support Service will provide the braille.</p> <p>Class teacher and TA</p>
a4	Enjoy playing with a range of toys and resources of different textures and made from different materials.	<ul style="list-style-type: none"> <li>The QTVI will advise on ways to make work accessible for Rosie.</li> <li>Rosie needs a quiet environment for 1:1 and small group work.</li> <li>There should be ongoing assessment of Rosie's ICT needs to ensure that equipment is relevant to her learning needs.</li> </ul>	<p>QTVI</p> <p>Nursery</p> <p>QTVI</p>

<b>b.</b>	<b>O By the end of the Early Years Foundation Stage, Rosie will have closed the language and communication gap by at least a year and be working within the 40-60 month range of the Early Years Foundation Stage curriculum for Communication and Language.</b>		
	<b>Section E</b>	<b>Section F</b>	
	<b>Steps towards achieving outcomes</b>	<b>Special educational provision</b>	<b>Who will be responsible?</b>
<b>b1</b>	Rosie's listening and attention skills will show measurable year on year improvement and be developed to the maximum level possible.	Rosie requires a review of her communication skills four times per year by a speech and language therapist for the purpose of monitoring her progress. The sessions may take place in a whole class, individual or home setting. During or following each review, the therapist should liaise with school staff and/or other members of the multi-disciplinary team as appropriate for 15-20 minutes. The purpose of this liaison is to agree short-term communication aims and agree how these will be integrated into the curriculum.  Rosie needs an individual plan to help her with speech, language and communication skills. This will be written with the support of the speech and language therapist and the QTVI and reviewed at least 4 times per year. This plan should be an integral part of Rosie's daily routine.	Speech and language therapist with experience of working with children with a vision impairment.  Speech and language therapist, QTVI, all staff working with Rosie
<b>b2</b>	She will show her understanding of everyday language and familiar routines		

<b>c.</b>	<b>By the end of the Early Years Foundation Stage, Rosie will have personal, social and emotional skills within the 40-60 month level on the Early Years Foundation Stage</b>		
	<b>Section E</b>	<b>Section F</b>	
	<b>Steps towards achieving outcomes</b>	<b>Special educational provision</b>	<b>Who will be responsible?</b>
<b>c1</b>	Rosie will play alongside, and interact with, other children, appropriate to her age and development level.	<ul style="list-style-type: none"> <li>• A programme, designed by the speech and language therapist and delivered daily for half an hour by the TA, to enhance and extend Rosie's social skills, and promote emotional development by facilitating positive interactions with other children. The speech and language therapist will monitor Rosie's progress at the review meetings (see outcome b).</li> <li>• Rosie needs a safe, quiet space where she can go when she needs to calm down.</li> <li>• The setting should put in place ways for her to let others know how she is feeling.</li> <li>• She requires activities that help her to develop safe ways of dealing with anger and other strong feelings</li> </ul>	Speech and language therapist and TA
<b>c2</b>	She will be confident to speak to others about her own needs and wants.		Nursery
<b>c3</b>	She will be able to adapt her behaviour to different events, social situations and changes in routine.		Nursery, with advice from the QTVI and speech and language therapist As above

<b>d.</b>	<b>By the end of the Early Years Foundation Stage, Rosie will have made measurable year on year progress in the development of mobility and independence skills so that the gap between her and her peers is narrowed by at least one year.</b>		
	<b>Section E</b>	<b>Section F</b>	
	<b>Steps towards achieving outcomes</b>	<b>Special educational provision</b>	<b>Who will be responsible?</b>
<b>d1</b>	Rosie will explore and move around a familiar environment safely and confidently.	<ul style="list-style-type: none"> <li>Rosie needs weekly half-hour sessions with a trained Mobility and Habilitation Officer for independence life skills training. Thirty minutes per day should be spent on promoting Rosie's independence and organisational skills.</li> </ul>	Habilitation officer from the Sensory Support Service
<b>d2</b>	She will become increasingly independent in the areas of eating, sleeping, dressing and toileting.	<ul style="list-style-type: none"> <li>Rosie requires a programme of physical exercise and daily opportunities to explore a variety of objects, toys and materials in order to develop her general mobility.</li> <li>Rosie needs support and appropriate facilities to meet all personal care needs and encouragement to increase her independence in this area.</li> </ul>	<p>Nursery staff, with advice from the Mobility and Habilitation Officer and the QTVI</p> <p>Nursery staff</p>

#### 14. Plan Section G. Health provision related and unrelated to SEN

SEND Code of Practice requirement: Provision should be detailed and specific and normally quantified including who will provide it. It must be clear how it will support the achievement of outcomes, including the health needs to be met and the outcomes to be achieved through provision secured through a personal (health) budget; clarity as to how advice and information gathered has informed the provision specified. Health provision may include specialist support and therapies, including medical treatments and delivery of medications, nursing support, specialist equipment and continence supplies. The local authority and CCG may also choose to specify other health care provision reasonably required by the child or young person which is not linked to their health or disabilities.

Rosie's current health care provision is provided by:

- Registered General Practitioner
- Community Paediatrician
- Health Visitor
- Paediatric Endocrinology
- Paediatric Ophthalmologist
- Paediatric Physiotherapy

She will continue to be seen and reviewed by all of the above as appropriate.

To support outcome d, the physiotherapist will provide Rosie's parents with a programme of exercise for her to do at home.

**15. Plan Section H1. Social care provision required under Section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970.**

SEND Code of Practice: Social care provision should be detailed and specific and should normally be quantified and include services to be provided for the parent carers of disabled children, following an assessment of their needs under sections 17ZD-17ZF of the Children Act 1989, e.g. in terms of support and who will provide it (including where this is to be secured. Must be clear how the provision will support the achievement of outcomes. Provision must be specified for every need specified in Section D.

None required at present.

**16. Plan Section H2. Any other social care provision required by Rosie**

SEND Code of Practice: Social care provision may include provision identified through early help, children in need assessments and safeguarding assessments or adult social care assessments, but MUST only include services not provided under section 2 of the CSDPA. Social care provision will include any adult social care provision to meet eligible needs for young people over 18 (set out in the adult care and support plan). When 18, care provision specified in the EHC Plan will be provided by adult services. Local authority may also choose to include other social care provision which is not linked to their learning difficulties or disabilities, such as child in need or child protection plans.

None required at present

**17. Plan Section I. Name and type of school**

Rosie will attend the following type of educational setting:

[This information must only appear in the final plan]

XXXXX Nursery, a maintained mainstream nursery.

**18. Plan Section J. Personal budget arrangements for Rosie**

If there is a personal budget, the details of how the personal budget will support particular outcomes; the provision it will be used for including any flexibility in its usage and the arrangements for any direct payments for education, health and social care.

Rosie’s parents do not want to access a personal budget for any of the provision outlined in this plan.

The table below is an example of a possible way of recording the details required if a personal budget is being accessed.

Outcome step	What is being funded?	Annual cost	Funding agency	Comments (Note if all or part required as a personal budget)

## 19. Plan Signatures

Signed: _____ (Lead Officer)	Date: _____
Signed: _____ (Parent/Carer)	Date: _____

## 20. Plan Section K. Advice and information received for Rosie’s assessment

SEND Code of Practice: The advice and information gathered during the EHC needs assessment MUST be attached (in appendices). There should be a list of this advice, who provided it and when it was provided.

Agency (If appropriate)	Role/Position	Written by	Date of report	Comments
	Parents	Mr and Mrs Smith		
	Child			
Education	QTVI			
Education	SENCo			
Education	Educational Psychologist			
Health	Senior Ophthalmologist			
Health	Specialist speech and language specialist			
Health	Paediatrician			
Health	Physiotherapist			

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