Educational, Health, and Care Plan (EHCP) Guidance for Families

PORTSMOUTH DOWN SYNDROME ASSOCIATION

The Queen's Award

A Portsmouth Down Syndrome Association Publication

About This Guide

An Education, Health, and Care Plan (EHCP) is a legal document in England for children and young people aged 0 to 25 with special educational needs and disabilities (SEND). It describes their specific needs and outlines the extra educational, health, and social care support they must receive from their local authority.

This guidance is intended for parents who are beginning the EHCP process for the first time, as well as for families preparing for an annual review. An annual review should always involve a full review of the provision set out in the EHCP to ensure it continues to meet the child's evolving needs, rather than simply carrying forward existing arrangements.

This is particularly important when a child is preparing to transition to a new school or college. In these circumstances, the EHCP should be reviewed to ensure that appropriate and sufficient provision is in place to support a successful transition and enable the child or young person to settle into their new educational setting.

If your child is starting school next September, many of you may already have commenced the process in preparation. If not, it is important to act now, as delays may reduce the time available to review and appeal the EHCP, gather supporting evidence, and arrange any private assessments needed to secure suitable provision before the new school year.

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1: Understanding Your EHCP

An EHCP is divided into several sections, each with a specific purpose. Understanding what belongs in each section will help you check that your child's plan is complete, accurate and legally enforceable.

Remember: When reviewing an EHCP, focus particularly on Sections B, F, and I.

Section	What it Contains	Why it Matters
A – Views, Interests and Aspirations	The views, wishes, and aspirations of the child or young person and their parents.	Provides important context and should reflect what matters most to your family.
B – Special Educational Needs ★	A detailed description of **all** the child's special educational needs.	**Every need identified here should have matching provision in Section F.**
C – Health Needs	Health needs related to the child's special educational needs.	Includes medical conditions and health needs that affect education.
D – Social Care Needs	Social care needs arising from the child's special educational needs or disability.	Ensures relevant social care needs are recognised.
E – Outcomes	The outcomes the child is expected to achieve.	Outcomes should be **specific, measurable, realistic, and linked directly to the provision provided.**
F – Special Educational Provision ★	The educational provision required to meet every need identified in Section B.	**This is one of the most important sections. Provision must be detailed, specific, and quantified (for example, who will provide it, how often, for how long, and with what level of expertise). The local authority has a legal duty to secure this provision.**

G – Health Provision	Health services required by the child.	Where therapies such as speech and language therapy or occupational therapy primarily support education, they should usually be included in **Section F**, and not just Section G.
H – Social Care Provision	Social care services provided under relevant legislation.	Should clearly describe any agreed social care support.
I – Placement ★	The name and type of school or college the child will attend.	Once named in the final EHCP, this becomes the child's legal placement (subject to appeal rights).
J – Personal Budget	Details of any agreed personal budget.	Only included where a personal budget has been agreed.

2: Legal Duties and EHCP Scope

The local authority has a statutory duty under Section 42(2) of the Children and Families Act 2014 to "secure" all special educational provision specified in Section F of an EHCP. This duty is absolute and cannot be avoided due to funding, resources, or availability of providers.

Section F is the legally enforceable provision section. Section I (placement) is also legally significant and appealable. Section B does not carry as much legal weight, but it is important as it identifies needs and informs the provision required; Section F must meet all needs identified in Section B.

Section F applies to all provision required to meet identified special educational needs, including:

- Special educational support, advice, and training;
- Educationally necessary therapy such as speech and language therapy, occupational therapy, and physiotherapy; and
- Any support required to address needs in Section B.

Where therapy or support is needed to enable education, progress, or achievement of EHCP outcomes, it should be specified in Section F, regardless of whether it is delivered by a health professional.

Sections C and G – Health Needs and Provision specified in Sections C and G are legally significant and form part of the EHCP. However, responsibility for delivery generally rests with health bodies, such as Integrated Care Boards, rather than the local authority. Delivery may therefore be affected by commissioning arrangements and capacity constraints.

Any provision required to meet educational needs must be specified in Section F, where the local authority has a statutory duty to secure delivery. Placing educational provision solely in Section G can reduce enforceability and increase the risk of delays.

3: Matching Needs and Provision

Reviewing your child's EHCP is a balancing act.

Think of the EHCP as a set of scales that must be kept in balance. Every special educational need identified in Section B should have corresponding detailed provision in Section F. If one side of the scales outweighs the other, for example, where needs are identified but the provision to meet them is missing or unclear, the EHCP is unlikely to be fit for purpose.

When reviewing your child's EHCP, you must consider every stage of their school or college day and consider what support they need, not only during lessons, but also during unstructured times.

During lessons, this may include one-to-one support, speech and language therapy, communication support, differentiated teaching, adapted and visual resources, and specialist interventions. Outside the classroom, provision may include support with toileting, eating, playtimes, lunchtimes, social interaction, scaffolding friendships, emotional regulation, and keeping safe.

As many local authorities are operating under significant financial pressures, they may seek to limit costs. As a result, EHCPs are sometimes drafted using broad or ambiguous wording that leaves room for interpretation, with phrases such as "regular support", "frequent speech and language therapy", "one-to-one support when needed", "full-time one-to-one", "should receive", "access to", "opportunities for", "regular", "as required", "where appropriate", "if available", "encourage", or "use" being vague enough to be left open to interpretation.

This ambiguity can lead to delays in implementing provision, inconsistent delivery, or make it more difficult for families to enforce the plan if disagreements arise, and, therefore, provision should never be vague or open to interpretation in this way. Instead, the EHCP should clearly state what support will be provided, who will deliver it, how often, for how long, and the level of expertise required. Wherever possible, wording should use “will receive” rather than “should receive”.

For this reason, it is essential that parents carefully review every part of the EHCP to ensure it accurately reflects their child’s needs and contains provision that is clear, specific, quantified and legally enforceable. If anything is unclear or missing, parents should request amendments and, where necessary, challenge the local authority to ensure the provision required to meet their child’s needs is properly secured.

A useful way to review an EHCP is to work through Section B one need at a time and ask:

“Where is the provision in Section F that meets this need?”

If you cannot identify clear provision for every need, the EHCP is likely to require amendment.

Remember: Watch out for vague wording, and replace it with specific, observable, and measurable statements.

Specify exactly what will and must happen, including:

- What will and must be provided or completed;
- How often, for example weekly or every two weeks;
- For how long, for example 30 minutes;
- Who will deliver or supervise it;
- When it will be reviewed, for example every four weeks; and
- What evidence will show that it has been completed.

4: Key Areas to Consider:

4 A – Speech and Language Therapy

All children with Down syndrome will experience speech and language challenges and will require ongoing support throughout their education. Communication challenges impact all areas of learning and social development, and may also lead to frustration, with behaviour sometimes being used as a form of communication. It is therefore essential that parents secure an appropriate level of speech and language therapy provision from the outset, particularly given the communication profile associated with Down syndrome. It can be significantly more difficult to increase provision at a later stage, and many local authorities reduce or completely withdraw support as children get older.

Experts recommend at least monthly specialist therapy with a qualified therapist with experience of Down syndrome, and more often, fortnightly or weekly, for those with greater needs (most people with Down syndrome fall into this category) and even more frequently for those with Childhood Apraxia of Speech. Therapy should address both “speech” and “language” development. It is therefore not reasonable to justify reducing speech and language therapy provision based solely on progress in speech, particularly as speech production is often the more challenging area for many individuals with Down syndrome.

Learning does not plateau in people with Down syndrome in the way it may in some other conditions, and therefore direct, regular, good quality speech and language therapy should continue into adulthood. It is not appropriate for young people just to be observed at half-termly or termly intervals, or to be discharged from the service, particularly in the early or primary years.

Children with Down syndrome often have an uneven communication profile, with stronger social intent and understanding but greater difficulties with expressive language, memory and speech clarity. Therapy should therefore be tailored to individual needs.

Whilst block therapy may suit some children, parents should ensure that reduced or time-limited provision is clinically appropriate and not simply driven by cost. Regular specialist speech and language therapy should be reviewed and adjusted according to the child’s ongoing needs.

In addition, daily structured practice should be built into the child’s routine delivered by a trained Learning Support Assistant (LSA), at least once a day, and skills must also be consistently reinforced throughout lessons and generalised across different contexts and settings beyond therapy sessions.

Where provision is unclear or insufficient, parents should consider commissioning an independent speech and language therapy assessment, including detailed recommendations for provision, to ensure the EHCP accurately reflects the child’s needs.

Clear need should be highlighted in Section B, and provision should go into Section F and must be detailed, specific and quantified.

An example of a passage in an EHCP might read:

> ***"The student will receive ongoing direct speech therapy sessions every two weeks, of not less than 45 minutes, delivered by a specialist speech and language therapist with expertise in Down syndrome. The therapist will develop an individualised, tailored programme explicitly informed by the student's specific Down syndrome communication profile and individual evolving needs, which will be shared with and explained to the parents on a half-termly basis alongside updated targets and strategies. Additionally, the speech and language therapist will provide structured training and ongoing supervision to a designated Learning Support Assistant (LSA) to ensure accurate implementation of the programme.***
>
> ***The LSA will deliver daily intervention sessions of 15 or 30 minutes, once or twice daily throughout the year, in line with therapist guidance.***
>
> ***In addition, the LSA and teaching staff will consistently embed and reinforce the programme across the college day in structured and unstructured times to promote functional communication, strengthen receptive and expressive language, and support clarity of speech and understanding in real-life contexts.***
>
> ***The effectiveness of the tailored programme will be formally reviewed at least every half term, with adjustments made by the speech and language therapist as required to ensure continued progress."***

4 B – One-to-One Support

Children and young people with Down syndrome do not automatically qualify for full-time one-to-one support. However, the level of support allocated must be based on their individual assessed needs, and for many students with Down syndrome, full-time and consistent one-to-one support can be beneficial, particularly after transition to a new setting. Appropriate support can enable a child to access learning, communicate,

participate in activities, remain safe, develop independence and make effective use of the curriculum.

Where one-to-one support is required, parents should ensure that the EHCP clearly specifies the need (Section B) and provision (Section F), including the level, purpose and circumstances in which it is required and who will deliver this. This should not be limited to formal lessons. It is important that support is considered in terms of what the child needs in order to access and participate in education, rather than simply how many hours they are taught in a classroom. Depending on the child's needs, one-to-one support may also be required during break and lunchtime, communication programmes, social scaffolding, PE, personal care, art, assemblies, trips, practical activities, and other less structured parts of the school day to enable them to communicate, participate safely, improve skills, manage transitions, develop relationships, and access activities and personal care independently.

Remember: Calculate the number of hours in your child's school day and the total weekly hours for which they require one-to-one support, including unstructured times if appropriate.

As a guide, the number of hours of one-to-one support required by children with Down syndrome is often over 30 hours per week, depending on individual need, and this required provision should be clearly reflected in the EHCP. You might also want to request that additional weekly hours included and ring-fenced for adapted resource making and training, as these are generally not taken into consideration.

4 C – Blanket Policies

In our experience, local authorities in our region often initially offer 20 hours of one-to-one support as a starting point. We encourage parents to challenge this, and often it will then be increased to 25 hours. However, 25 hours will still leave significant periods of the week without dedicated support, including playtimes, lunchtimes and other less structured activities.

If you believe your child requires more support or full-time support, ask the school and local authority to consider the evidence demonstrating why they need more. This might include professional advice, reports, observations, examples of difficulties experienced without support, or evidence of the impact that insufficient support has on access, participation, safety, or progress.

If the school offers to provide additional hours to make up the difference, make sure that the full provision is recorded in the EHCP where it is required, and who will be providing this. Parents should not rely solely on an informal agreement with the school. The EHCP should clearly identify the need, the provision that the child is entitled to receive and who is responsible for delivering it.

All provision must be based on individual assessed need and clearly recorded, and any reduction in existing provision must be evidence-based and follow the lawful process.

Remember: It is unlawful for local authorities to operate blanket policies, and provision should always be based on need not financial considerations.

4 D – Supported Independence

Local authorities may sometimes seek to justify reductions in one-to-one provision on the basis that reducing support will encourage independence. Whilst developing independence should always be an important objective, reducing support is not, in itself, a strategy for achieving independence.

A skilled LSA should provide the level of assistance the child needs whilst actively promoting independence. This means providing appropriate prompts, adapting support and stepping back when the child can complete an activity independently, rather than withdrawing support when it remains necessary.

Support should be reviewed in line with the child's changing needs and progress. It should not be reduced simply because the child is making progress, and a lack of funding or resources is not a lawful basis for reducing provision where the assessed need remains.

If less one-to-one support time is needed, rather than reducing hours, time away from direct classroom support may also be valuable for preparing personalised resources, adapting materials, attending training, communicating with teaching staff and implementing agreed strategies. These activities can form an important part of effective individualised support.

4 E – Support at College

Support arrangements can change significantly when a young person moves from school to college. Colleges may use different staffing structures and more generalised models of support with significantly reduced one-to-one. However, the underlying principle remains the same: provision should reflect the student's individual assessed needs rather than an unlawful blanket allocation or standard support model.

In our region, families have reported cases where one-to-one support has been automatically reduced or withdrawn altogether as a result of an unlawful blanket policy applied by a college or local authority. In some cases, this has occurred despite there being no change in the individual's assessed needs, and without parents being properly notified or the appropriate lawful processes being followed through the annual review.

Do not assume school-based one-to-one support will automatically continue. A change of setting or support model does not justify reducing or removing support where the need remains.

Remember: Blanket policies are not lawful. Provision must be determined by individual need, including in college settings, rather than by standardised or financial considerations.

Before transition, ask the college to confirm in writing:

- The level and type of support available from day one;
- Whether support will be dedicated one-to-one or shared;
- How individual needs will be met during lessons, transitions, breaks, personal care, and other less structured activities; and
- How communication, safety, participation, and any recommended therapy programmes will be supported.

Any significant reduction or change in one-to-one provision, or any other provision, should be explicitly discussed, evidenced and addressed through the EHCP review and transition process before the move. If it is suggested support is reduced or removed, you can appeal this decision and ask what evidence demonstrates that the student's needs can still be met and what alternative provision will be provided.

Do not accept blanket removal of one-to-one support simply because the college operates a generalised support model. If provision is reduced without proper discussion, request the

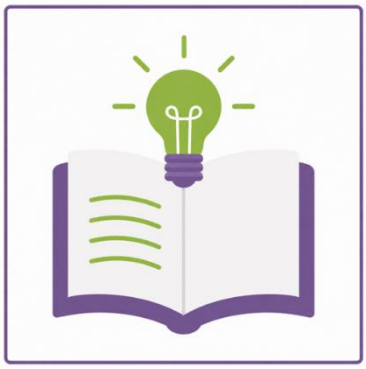
decision and supporting evidence in writing, raise it promptly with the college and local authority, and keep records.

Once college starts, check that the EHCP provision is being delivered and raise any shortfall promptly.

Any reduction or change in one-to-one support including at college transition, must still follow lawful process. Changes must be explicitly discussed, fully justified, and agreed in advance of transition, with clear evidence that the student's needs can still be met.

5: Specialist Support for Down Syndrome:

5 A – Access to Specialists



Teachers do not routinely receive specialist training in Down syndrome, meaning that staff, including those working in specialist settings, may not fully understand the distinct learning, cognitive, communication and behavioural profile associated with the condition or the evidence-based strategies that can support successful inclusion. Without this specialist knowledge, teaching and provision may not be appropriately adapted, creating barriers to curriculum access, and potentially limiting pupils' progress and outcomes.

The EHCP should specify ongoing access to specialist advice and support from professionals with expertise in Down syndrome and inclusive education, such as Portsmouth Down Syndrome Association or an equivalent specialist service. This should include consultation, direct input where appropriate, modelling of strategies, and regular review of provision.

All staff working with the child should receive regular, structured training based on current evidence-based practice, covering:

- Learning profile, cognitive processing and memory, including working memory;
- Practical classroom strategies, including visual supports, differentiated tasks, multisensory teaching, and structured routines;
- Speech, language and communication;
- Behaviour, particularly where linked to communication needs; and
- Developing relationships and effective inclusion across the school environment.

Schools may sometimes rely on advice from a nearby special school. However, a special school is not necessarily a specialist in Down syndrome or in supporting pupils with Down syndrome in mainstream settings. Parents should ensure that advice and intervention are

provided by professionals with specific expertise in Down syndrome and inclusive mainstream education, where required by the child's individual needs.

Specialist recommendations should be consistently implemented and embedded in daily practice. A named member of staff, such as the SENCo (Special Educational Needs Coordinator), should coordinate, monitor, and evidence implementation, with effectiveness reviewed regularly and used to inform ongoing planning.

5 B – Preparing for adulthood

From Year 9 onwards, an EHCP must also focus on preparing young people for adulthood, with their aspirations, views and preferences at the centre of planning.

Planning should be ambitious and individualised, with clear outcomes and provision that will help the young person move towards their longer-term goals.

Preparation for adulthood should consider:

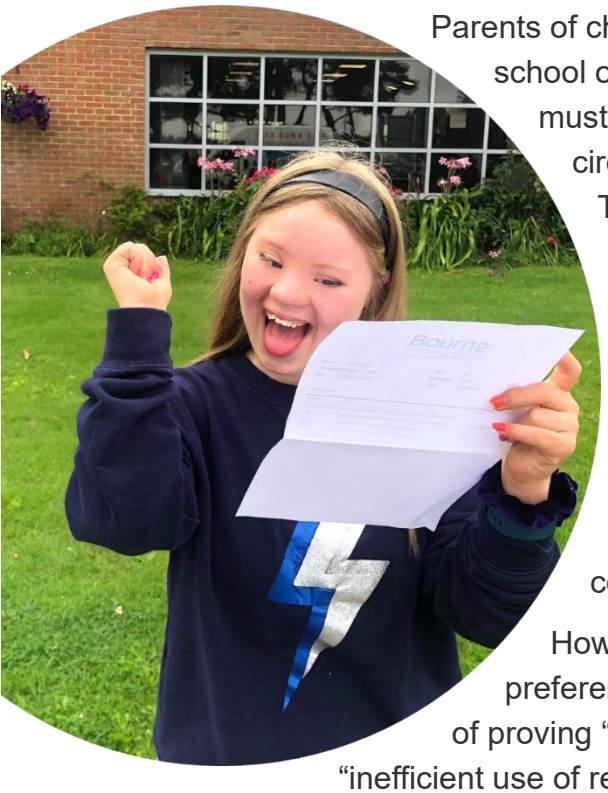
- Employment – including careers advice, work experience and pathways into employment;
- Independent living – developing the skills and support needed to live as independently as possible;
- Community participation – building confidence and skills to access and participate in the wider community;
- Friendships and relationships – supporting social connections and meaningful relationships;
- Travel and independence – including travel training and developing confidence using public transport;
- Further education and training – including appropriate college courses, apprenticeships, and supported internships; and
- Decision-making – developing the skills and support needed to make choices and have control over their own lives.

6: School and College Placements:

6 A – Choosing and Securing a Placement

Evidence shows that children with Down syndrome can achieve better outcomes in mainstream settings, working academically at levels 2 – 4 years above their peers in specialist schools in all areas, whilst also demonstrating more socially mature behaviour.

However, families should always consider their child's individual strengths, profile and support requirements when choosing a school, selecting the setting that is best placed to support their child to thrive.



Parents of children with SEND have a legal right to request a particular school or college to be named in their EHCP. Local authorities must comply with this preference except in exceptional circumstances, and once it is specified, it is legally binding. Therefore, it is important to plan ahead of your annual review and have your preferred placement ready, which may include early school visits and discussions.

Increasingly, families report that their preferred school or college is being refused by the local authority in the EHCP. This often occurs because of issues with capacity, or local authorities may seek to minimise unnecessary transport costs, directing families to the nearest school or college.

However, being over capacity does not override a statutory preference unless the local authority meets a very high legal test of proving "incompatibility with efficient education of others" or an "inefficient use of resources". Therefore, to address this, aim to include wording in the EHCP that confirms the named setting is the nearest suitable education provision, supported by clear reasons and evidence.

Remember: Under SEND law, being "full" or reaching its Published Admission Number is not a lawful reason to reject a parent's or young person's school preference.

You can also state your preference in your parental contribution and, if applicable, include agreement from all parties that this is the best setting and explain why.

If the placement is approved in the EHCP, this can also strengthen your case for securing transport support, especially if it is demonstrated that this is the closest "suitable" setting.

6 B – Keeping Evidence Up to Date

Local authorities will need evidence to understand and justify the provision required, so even when things are going well, keep your evidence up to date throughout the year. It can prove vital when requesting new or increased provision, challenging proposed changes, preparing for a transition to a new school or setting, or supporting a choice of setting. This is particularly important because circumstances can change quickly, and local authorities may propose changes or reductions in provision at short notice.

Useful evidence can include:

- Medical, GP and therapy reports or records, including speech and language therapy, occupational therapy, and physiotherapy;
- School reports and assessment information;
- Home-school communication records;
- Behaviour or incident logs;
- Attendance records;
- Independent assessments;
- Videos and photographs, where appropriate;
- A parental diary recording relevant observations and concerns; and
- Examples of your child's work.

Remember: Keeping evidence is vital when securing and challenging support as parents' evidence matters too.

Your day-to-day observations and records can provide valuable evidence of your child's needs, progress, difficulties, and the support they require. Keep a simple record throughout the year rather than trying to gather everything when an annual review or transition is approaching.

7: Draft EHCP Checklist

Make your views, preferences and priorities clear before and during the annual review. The local authority will send you a draft EHCP based on the information and recommendations gathered through the assessment or annual review process. Read it carefully and check that it is clear, specific, detailed and enforceable.

You do not have to agree to the draft at the meeting.

You will be given the opportunity to request changes and can appeal the contents of the EHCP if you are not satisfied with the final plan.

Before and during the process, check that:

- You have received the relevant reports and documentation in advance and have had an opportunity to submit a parent contribution, or, if not, ask for this;
- You have submitted any proposed amendments and supporting evidence;
- Your parent contribution clearly sets out your child's needs, concerns, required support, and preferred school;
- The provision in Section F clearly addresses the needs identified in Section B;
- Provision is specific, detailed and quantified, including who will provide it, how often, for how long, and in what circumstances;
- Any one-to-one support is clearly specified, including support needed during unstructured times such as breaks, lunchtimes, and transitions;
- Outcomes are specific, measurable, and realistic, and are clearly linked to the provision;
- Appropriate speech and language therapy is included in B and F;
- Therapies including occupational therapy and physiotherapy are included in Section B and F if needed;
- Sensory needs are identified, and appropriate provision is specified;
- Relevant health and social care needs and provision are included;
- There is provision for the generalisation of skills – specifically, how skills will be practised and used across different environments and activities, not just during one-to-one sessions;
- Preparation for independence and adulthood is included where appropriate, particularly for older students, covering areas such as life skills, work experience, independence, and social communication;
- The EHCP reflects the specific learning profile associated with Down syndrome, including appropriate specialist advice, staff training, and support;
- There is provision for regular review, monitoring, and collaboration with parents, school staff, and relevant external professionals;

- Your preferred school is named, with evidence demonstrating why it is an appropriate and suitable setting for your child;
- You do not feel pressured to agree to amendments during the meeting. You can ask for time to consider the draft and seek advice;
- You comply with any deadlines for responding to the draft EHCP; and
- If changes are agreed, ask the local authority to provide the amended EHCP in writing and check it carefully before agreeing.

Remember: Keep your evidence organised throughout the year so that you can refer to it when reviewing or challenging the draft EHCP.

8: When the Proposed Provision Is Not Enough

At this stage, you have the right to respond to the draft EHCP and request amendments. You should clearly set out the changes you are seeking, referencing existing professional evidence or submitting additional evidence where necessary to support your requests. It is also advisable to seek written support from your child's current school, college, or proposed setting to strengthen your case. Ensure you respond within the set deadline (usually 15 days) and, if necessary, agree to meet virtually or in-person to discuss issues.

If the local authority refuses to make the requested amendments and issues the final EHCP, you have the right to appeal to the First-tier Tribunal (Special Educational Needs and Disability). You must lodge your appeal within 2 months of the date the final EHCP is issued, or 1 month from the date of the mediation certificate (whichever is later).

Before appealing you generally need to contact a mediation advisor to request mediation (a tribunal would prefer to see that you have tried all paths to come to an amicable solution), or you can request a certificate to proceed straight to tribunal. The tribunal can order the local authority to amend the EHCP or name a different school, but any changes must be supported by clear and robust evidence.

Parents should not be discouraged or intimidated by this process. Appeals are relatively common, and many are resolved before a full tribunal hearing and sometimes through negotiation once an appeal is lodged. The vast majority of tribunals also rule in the family's favour; however, the process can take several months. Whilst the tribunal itself is free, obtaining independent professional reports to support your case may involve costs.

For this reason, it is advisable to prepare fully for your child's annual review, understand your legal rights and seek to resolve any disagreements with the local authority through constructive dialogue wherever possible. It is also important to provide clear, relevant, and robust supporting evidence from the outset.

9: When the Agreed Provision Is Not Being Delivered

Following an annual review, parents should monitor whether the provision specified in the EHCP is actually being delivered. If support differs from what is set out in the plan, raise concerns with the school or college promptly and ask for the missing provision to be put in place. More generally, parents may request an early review of their child's EHCP at any time when plan needs to be reviewed or amended, particularly where their child's needs, circumstances or provision have changed. If the issue is not resolved, escalate it to the local authority.

The local authority has the legal responsibility to secure the special educational provision specified in Section F of an EHCP. Section 42(2) of the Children and Families Act 2014 states: "The local authority must secure the specified special educational provision for the child or young person." This is an absolute legal duty: the local authority cannot pass responsibility to the school or NHS if provision is in Section F, or rely on staffing, funding or other practical difficulties as a reason for failing to provide what is specified.

It is usually sensible to try to resolve the issue informally first, keeping a written record of what is missing and when. If the provision continues not to be delivered, write formally to the local authority stating that it is failing to comply with its duty under Section 42(2) Children and Families Act 2014 and ask for the provision to be secured without delay. If necessary, further enforcement options, including judicial review, may be available.

Remember: If you have any concerns parents can request an early review of their child's EHCP from the school, or local authority, at any time. Parents do not have to wait for the next annual review, or the school or local authority to decide a review is needed.

10: Digital Portals

Most local authorities now use digital portals to manage EHCP processes and communication with families. Parents should not be prevented from exercising their SEND rights because they cannot or do not use a digital portal. Local authorities have public-sector accessibility and equality duties and, where digital-only communication creates a barrier, may need to provide reasonable adjustments or an appropriate alternative or assisted means of communication. This is particularly important where a parent has a disability or other accessibility need.

11: Useful Contacts

We hope you find this information helpful. The EHCP process should be a positive, collaborative process that helps ensure your child receives the support they need to learn, develop and thrive.

If you need further advice or support, you can contact Portsmouth Down Syndrome Association (PDSA) or one of the organisations below:

IPSEA (Independent Provider of Special Education Advice):

https://www.ipsea.org.uk/pages/category/education-health-and-care-plans

IPSEA offers free, specialist advice on SEND law and EHCPs via a range of resources and, where appropriate, appointments with their trained advisers.

You can find a good example of an EHCP plan here:

https://www.ipsea.org.uk/Handlers/Download.ashx?IDMF=afd8d11f-5f75-44e0-8f90-e2e7385e55f0&utm

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Contact (Support for Families with Disabled Children):

https://contact.org.uk/

Contact offers free information, advice and support for families of children and young people with additional needs and disabilities.

Advice is available by email at:

info@contact.org.uk

Hampshire SENDIASS (Special Educational Needs Support):

https://www.hampshiresendiass.co.uk/

Hampshire SENDIASS offers free, confidential and impartial information, advice and support for children and young people with SEND and their families.

SOS!SEN (Independent Helpline for Special Education Needs):

https://sossen.org.uk/

SOS!SEN offer a free, friendly, independent and confidential telephone helpline for parents and others looking for information and advice on Special Educational Needs (SEN).

Portsmouth DSA is an award-winning charity committed to improving the lives of children and families.

We know our young people can succeed when given the opportunity and with the right support, and we believe they deserve the same opportunities and right to experience success as their peers.

Portsmouth DSA provides a range of some of the best specialist services in the UK supporting development and education and offers training to assist families and professionals in providing effective support from the point of diagnosis, helping to teach children the skills they need to reach their developmental milestones, succeed at school, and become valued and productive members of their communities.

When children with Down syndrome are given opportunities to participate and be fully included, the whole community benefits.