Earliest Support Plan

A concise record of what matters, what needs to change, who will do what and how progress will be reviewed.



1a. About me, my family and this plan

Child/young person:	Preferred name:	Date of birth:	Plan date:
Blossom Deary	Blossom	10.05.2019	19.08.2026
Setting or community base:	**Year group/age stage:**	**Lead practitioner:**	**Review date:**
Elective Home Education	2	TBC	
Plan status: enter an X into the relevant box ☐ New ☐ Review ☐ Continuing ☐ Closing	**Family consent agreement:** enter an X into the relevant box ☐ Agreed ☐ Restrictions noted - see information sharing box on page 2	**Key contact:** Ian Morgan - Senior EHCO	**Frequency of review:** TBC

Current Health, SEN and Education areas of need

List SEN category, primary area of need where identified, child receiving SEN Support (K) or has an EHCP. Any known health conditions including physical and mental and emotional health.	SEMH. Blossom has some mental wellbeing problems. Blossom has diagnosed ASD and ADHD with significant anxiety

1b. Who do you live with and who looks after you?

Name:	Relationship:	Contact details:
Lulu Deary	Mum	

2a. Other Important people; this could be friends, family, or other people who would support you

Please answer all the following question entering an X into the relevant box.

Name:	Relationship/role:	How do they support your family?	Contact details:	Contributes to plan?		
Koja Dhan	Dad	Blossom would like a relationship with her dad		☐ Yes	☒ No	☐ Not Sure
Tai Bagheri	Volunteer at Church	Provides emotional support to Lulu and Blossom		☐ Yes	☒ No	☐ Not Sure
				☐ Yes	☐ No	☐ Not Sure

2b. Professionals supporting the child, young person and family

Please answer all the following question entering an X into the relevant box.

Name:	Relationship/role:	Agency or setting:	Contact details:	Contributes to plan?		
Ian Morgan	Senior Early Help Coordinator	Glos County Council		☒ Yes	☐ No	☐ Not Sure
Amy Chambers	Mental Health Nurse	NHS		☒ Yes	☐ No	☐ Not Sure
				☐ Yes	☐ No	☐ Not Sure
				☐ Yes	☐ No	☐ Not Sure

Assessment

Prompt: use plain, caring, family-friendly language. Capture what people have said, not professional assumptions.



3. What we know and what matters

About me

What am I good at, what do people like about me?

Blossom is an avid reader and enjoys a wide range of books.
Blossom is considering a return to school and is engaging with mental health support.
Blossom says she likes to sing and would like to be able to sing in a choir one day. Blossom likes her smile.

What help would I like?

What I want to be different and what would help me?

Blossom is very anxious that a move back into a school will go badly and she will feel worse. Blossom can still feel very anxious and worries a lot. Blossom would like to see her dad. Blossom says that she wants to be in a class with nice people and have a small class without too much noise. She thinks that less pressure would help her with this.

Family voice

What the family wants to change and what feels helpful?

Lulu feels that Blossom staying at home is not a good long-term idea and wants to see her make friends. She has looked at some schools and is keen to understand the support that can be offered.

What has already been tried?

Support, adjustments, other plans and assessments in progress, informal help and impact so far.

Blossom has tried two mainstream primary schools and these were difficult placements as Blossom's poor mental health was not fully understood at the time.

How will this plan improve our family's life?

Describe clear changes in everyday life.

Blossom wants to be in school. She wants to receive an education that could lead to her becoming a nurse. She wants to make friends in school and have a more active social life. She would be happier and have a relationship with her dad.

Information sharing notes

Consent, restrictions, privacy notice or minimum information sharing.

NA - permission to share with Dad is granted (gained 19.08.2026)

4. What is the child's story and why are we writing a plan?

Briefly describe what has led to this plan, using the child, young person's and family's own words wherever possible. Include strengths, what has changed, what people are worried about, significant events, what support has already been tried and why a coordinated plan is needed now. Include detail on Education, Child or Family Health needs, Relationships, Family and Community Factors. Note how these factors affect everyday life, learning, relationships or participation.

Blossom is currently registered with the Elective Home Education (EHE) Service and is not attending a school placement. Blossom has diagnosed ASD and ADHD with significant anxiety, emotional regulation and sensory processing difficulties impacting daily functioning and access to education. Her attendance at Summer Hill Primary was disrupted when her parents separated acrimoniously. This led to Blossom developing a period of poor mental health and being unable to attend school. She briefly joined Gallifrey Primary Academy but this quickly ended as Blossom found it overwhelming. Her dad now lives in Eritrea and has some video contact with Blossom.

Previous SEN Support interventions implemented through school included daily meet-and-greet, supported transitions and access to trusted adults to reduce anxiety and support engagement, and access to a quiet space to discuss worries, develop coping strategies and receive emotional support

Plan

Record the priority needs, outcomes and actions. Keep the plan focused on the few things that matter most.



5. What our family needs, what we will do and who will do it

What you need?	What will happen to help our family?	What we will do, who will do it and by when?	Review outcome Please answer all the following question entering an X into the relevant box.
I need support to help build my confidence and resilience	By **(date)**, we want to **(change)** so that **(reason)**. We will know this has worked when **(measure)**. By December 2026, we want Blossom enrolled in a school so that she can build relationships and begin classes. We will know this has worked when Blossom starts school.	What will happen: Who will do it: By when: Blossom to continue working on her mental health support. Lulu will take Blossom to visit Summer Hill School at lunchtimes, starting with 2 per week and building to daily over a month.	How are things are getting better? **Outcome progress** ☐ Achieved ☐ Partly achieved ☐ Ongoing ☐ Not achieved
I need support with transitions outside the classroom environment.	By **(date)**, we want to **(change)** so that **(reason)**. We will know this has worked when **(measure)**. By December 2026, we want a named person so that Blossom can be met on arrival at school. We will know this has worked when Blossom and the person have agreed this.	What will happen: Who will do it: By when: Action: Teaching Assistant to meet with Blossom and greet her at the door each morning. Owner/agency: Head of School Deadline: November 2026	How are things are getting better? **Outcome progress** ☐ Achieved ☐ Partly achieved ☐ Ongoing ☐ Not achieved
I need help to have a relationship with my dad.	By **(date)**, we want to **(change)** so that **(reason)**. We will know this has worked when **(measure)**. By October 2026, we want Koja (Dad) to arrange a weekly video call so that Blossom can talk with him. We will know this has worked when we have a month of consistent calls.	What will happen: Who will do it: By when: Action: Contact to be made with Dad to arrange a calling pattern. Owner/agency: Ian - Senior EHCO Deadline: End of September 2026 Support needed: Lulu to provide Dad's	How are things are getting better? **Outcome progress** ☐ Achieved ☐ Partly achieved ☐ Ongoing ☐ Not achieved
	By **(date)**, we want to **(change)** so that **(reason)**. We will know this has worked when **(measure)**.	What will happen: Who will do it: By when:	How are things are getting better? **Outcome progress** ☐ Achieved ☐ Partly achieved ☐ Ongoing ☐ Not achieved

Review, next steps and decision

Use this page to agree whether the plan continues, changes, ends or needs additional support.



6. Review record		
Date and contributors Who contributed to this review?	**Child/young person update** What has changed from their perspective?	**Family update** What has changed from the family perspective?
Practitioner update What have practitioners noticed?	**What helped?** Actions, relationships, support or adjustments that made a difference.	**What got in the way?** Barriers, gaps, changes or things that did not happen?

7. Decision following review		
Decision enter an **X** into the relevant box.	☐ Outcomes met, plan can end ☐ Support continues, outcomes/actions updated	☐ Additional multi-agency support or assessment needed ☐ Immediate safeguarding advice/action required
Decision rationale		
Immediate actions		
Owner and deadline	Owner/agency:	Deadline:

8. Good Practice checklist for next steps	
Who has contributed to the review?	List who has been involved in the review, including both practitioner and family members:
Who else needs to be involved?	For example; Family Help, ATS, SALT, EP, School Nursing, Physical Health services, Mental Health services, Other relevant health pathways etc.
Next review date:	
Final check: has the plan captured needs, strengths, outcomes, actions, accountability, family voice and review outcomes?	