

Coordinated Assessment and EHC Plan (December 2013)

Appendix 1 – CDC EHC Plan Checklist and Example Plans



Education, Health and Care Plans: a checklist

Introduction: Part 3 of the Children and Families Bill and related draft regulations set out the statutory requirements for an Education, Health and Care (EHC) assessment and plan, including key content that local authorities must include in a plan. The Bill also sets out some general principles to which local authorities must have regard when they are carrying out their duties towards children and young people with SEN¹, including when they carry out an assessment and draw up a plan. This checklist brings together these two sets of requirements. It is set out as a checklist in order to support pathfinders and others in checking the quality of plans.

The two sets of requirements are very different. Whilst it is relatively straightforward to check whether key content is included in a written plan, it is more difficult to know whether a set of principles was followed when the plan was drawn up. The checklist therefore considers surface features of a plan that may indicate whether the principles were followed. The checklist should be used with this in mind.

Linkage to other assessment and planning processes: part of the vision for EHC assessments and plans is of a more integrated process so that, for example, an assessment under s17 of the Children Act might be carried out at the same time as, and integrated with the EHC process. The Children and Families Bill allows for this but does not require it. This draft checklist invites local authorities to make it clear whether they are integrating other assessment processes into the EHC process for the individual child or young person.

At the back of the checklist is a note of the statutory requirements (Appendix 1) and a list of references that provide information about and guidance on person-centred approaches that reflect the principles in the Bill (Appendix 2).

Statutory requirements are in bold italics throughout the checklist and there is a footnote reference to the relevant requirement. All references to the Children and Families Bill are to the Bill as it was when it went into the House of Lords in June 2013. This checklist will be updated in early 2014 to reflect any subsequent changes. Draft regulations are published on the DfE website: <http://www.education.gov.uk/a00221161/> In due course the SEN Code of Practice will provide guidance on the SEN requirements in the Children and Families Bill and the related regulations.

¹ Children and Families Bill, clause 19



Statutory requirements/key person centred elements	Y/N	Evidence/points for action
Clarity of language		
Is the plan clear and written in a way that is easy to understand? Where technical terms are necessary, are they explained?		
Advice		
<i>Is it clear how the advice obtained through the assessment has been taken into account in the plan?</i> ² <i>Is the advice included in the appendices?</i> ³ Is there a list of those who contributed advice? Is there advice from all the relevant professionals? The child/young person? Their parents/carers?		
Other assessment and planning processes		
Is any other assessment integrated with the EHC assessment and planning process, eg assessment under s17 of CA 1989, or the Care Bill? <i>Have local agencies and services co-operated with the local authority to integrate requirements under different legislation?</i> ⁴ If this is not an integrated assessment, are appropriate links made to any other assessments?		
All about me		
Participation		
<i>Is it clear how the child or young person participated in the development of the plan?</i> ⁵ Is it clear where views were gathered directly from the child/young person and where they were provided by parents/others? Is it clear how they were supported to communicate their views? Is it clear how they participated in decision-making?		

² Draft Education (Special Educational Needs) (Assessment and Plan) Regulations

³ Draft Education (Special Educational Needs) (Assessment and Plan) Regulations

⁴ C&F Bill, clause 25(1) and clause 28

⁵ C&F Bill, clause 19, LAs to carry out their functions with a view to promoting the participation of children and young people in decision-making

My story		
<p>Does the plan include the child/young person’s story including:</p> <ul style="list-style-type: none"> • the achievements of the child/young person? • who and what is important to them? <p>Is there a one-page summary that communicates essential information about the child/young person?</p>		
Special educational needs		
<i>Does the plan include the special educational needs that have been identified through the education, health and care assessment?</i>⁶		
Health and social care needs		
Does the plan include any health and social care needs?		
Aspirations, views and interests		
<i>Does the plan include the child/young person’s interests, views and aspirations and those of the parents/carers for a child?</i>⁷		
Does this include, as appropriate, details about: education, play, health, friendships, sixth form, further education, independent living, university and employment?		
Outcomes sought		
<i>Does the plan list the outcomes sought for the child/young person?</i>⁸		
<p>Do the outcomes reflect the aspirations of the child/young person?</p> <p>Is it clear how people will know whether or not each outcome has been achieved?</p> <p>Are the outcomes specific and measurable?</p>		

⁶ C&F Bill, clause 37(2)(a)

⁷ Draft Education (Special Educational Needs) (Assessment and Plan) Regulations

⁸ C&F Bill, clause 37(2)(b)

Provision and responsibilities		
Special educational provision		
<p><i>Does the plan specify the special educational provision to be made for the child/young person? It is the responsibility of the local authority to secure this provision.⁹</i></p> <p>Is the provision detailed, specific and quantified (for example, in terms of the level of support and who will provide it)?</p> <p>Is it clear how the type and level of provision will support the outcomes?</p> <p>How has evidence of what works informed the specified provision?</p>		
Health care provision related to child/young person's SEN		
<p><i>Does the plan specify the health care provision reasonably required by the learning difficulty or disability which results in him or her having special educational needs?¹⁰ The responsible commissioning body must arrange the specified provision.¹¹</i></p>		
Social care provision related to child/young person's SEN		
<p><i>Does the plan specify the social care provision reasonably required by the learning difficulty or disability which results in him or her having special educational needs?¹²</i></p>		
Other health and social care provision (if applicable)		
<p>Does the plan specify other health and social care provision reasonably required by the child or young person?¹³ This is provision that is reasonably required but not linked to the learning difficulty or disability that results in the special educational need.</p>		
My resources		
<p>Does the plan include the informal, additional support available to the child/young person through friends, family, community?</p>		

⁹ C&F Bill, clause 37(2)(c)

¹⁰ C&F Bill, clause 37(2)(d)

¹¹ C&F Bill, clause 42(3)

¹² C&F Bill, clause 37(2)(d)

¹³ Power under C&F Bill, clause 37(3)

Action plan		
<p>Is there an action plan bringing together everything that everyone is going to do to enable the child or young person to achieve the outcomes identified in the plan?</p> <p>Is it clear who is going to do what?</p> <p>Are timescales and review points clear?</p>		
Personal Budget (if applicable)		
<p><i>Where the parent or the young person has requested it, does the plan identify a personal budget?¹⁴</i></p> <p><i>Does the plan specify the particular provision to be secured through a personal budget?¹⁵</i></p>		
Direct payment (if applicable)		
<p><i>If a direct payment is to be made, as all or part of a personal budget, does the plan set out the special educational needs and outcomes to be met by the direct payment?¹⁶</i></p>		
Review		
Planning to review		
<p><i>Does the plan include a date by which the plan must be reviewed? This must be within 12 months of the date on which the final plan was made, or within 12 months of the last review date.¹⁷</i></p> <p><i>For a child in year nine, and thereafter, will the review meeting consider what provision is required to assist in preparing the young person for adulthood and independent living?¹⁸</i></p>		

¹⁴ C&F Bill, clause 48

¹⁵ C&F Bill, clause 48

¹⁶ Draft Education (Special Educational Needs) (Assessment and Plan) Regulations

¹⁷ C&F Bill, clause 44(1)

¹⁸ Draft Education (Special Educational Needs) (Assessment and Plan) Regulations

If this is a revised plan following a review...		
<p><i>Does it reflect the views, wishes and feelings of the child's parent/carer or the young person?¹⁹</i></p> <p><i>Does it reflect the views of the school or other institution attended by the child/young person?²⁰</i></p> <p>Does it reflect what is working well and what is not for the child/young person in the important areas in their life?</p> <p><i>Does it reflect the child/young person's progress towards the outcomes in the plan?²¹</i></p>		
Key information		
Name of school/nursery/post-16 institution: draft plan		
<p><i>Does the draft plan leave out the name and type of the school, nursery or post-16 institution so that the parent/carer or young person can state their preference for a particular placement when the draft plan is sent to them?²²</i></p>		
Name of school/nursery/post-16 institution: final plan		
<p><i>Does the final plan include the name and type of the school, nursery or post-16 institution where the child or young person is going to be placed?²³</i></p>		
Administrative information		
Is the plan signed and dated by a relevant officer of the LA?		

¹⁹ Draft Education (Special Educational Needs) (Assessment and Plan) Regulations

²⁰ Draft Education (Special Educational Needs) (Assessment and Plan) Regulations

²¹ Draft Education (Special Educational Needs) (Assessment and Plan) Regulations

²² C&F Bill, clause 38(5)

²³ C&F Bill, clauses 39 & 40

Requirements related to the issue of a plan		
Advice and information		
<i>Were parents/carers and young people given information about services providing advice and information?²⁴</i>		
Accountability and redress		
<p><i>Accompanying the plan is there information about how the child/their parent/the young person can appeal decisions of the LA?²⁵</i></p> <p>Is there information about how to complain about: the assessment and planning process; the failure to implement different parts of the plan?</p>		

²⁴ C&F Bill, clause 32

²⁵ Draft Education (Special Educational Needs) (Assessment and Plan) Regulations

Appendix 1: Statutory requirements

The table below summarises the statutory requirements of the content of an Education, Health and Care Plan.

When preparing an EHCP a local authority must set out in separate sections:

<i>Name (or type) of school/nursery/post-16 institution (final plan)</i>	
<i>Aspirations, views and interests of the child/young person and the parents (for a child)</i>	
<i>Child or young person's special educational needs</i>	
<i>Outcomes sought for the child or young person</i>	
<i>The special educational provision required by the child or young person</i>	
<i>Any health care provision reasonably required by the learning difficulties and disabilities which result in the child or young person having special educational needs</i>	
<i>Any social care provision reasonably required by the learning difficulties and disabilities which result in the child or young person having special educational needs</i>	
<i>Where any special educational provision is to be secured by a direct payment, the special educational needs and the outcomes to be met by the direct payment</i>	
<i>The advice obtained in connection with an assessment must be attached to the plan</i>	

Appendix 2: Person-centred planning references, guidance and support

1. Early Support

Framework for action

Early Support is a Government funded framework for action to drive the culture change required to enable the SEND provisions of the Children and Families Bill to be implemented effectively. In particular, Early Support provides information, resources and training to enable person centred approaches to planning and coordination.

<http://ncb.org.uk/early-support>

Key working and team around the child and family

Key working is a set of functions that enable effective support to build strong and resilient children, young people and families. It is based on person centred thinking, partnership, and approaches that promote equality. Key working functions include: providing emotional and practical support as a part of a trusting relationship; enabling and empowering decision making and the use of personal budgets; coordinating practitioners and services around the child, young person and family; being a single point of regular and consistent contact; facilitating multi-agency meetings; and supporting and facilitating a single planning and joint assessment process. Families do not need all of these functions all of the time and are unlikely to require the same intensity of support throughout. Provided a family has a key point of contact and coordination, others in the team working with the family would be able to provide some of the functions.

Crucially, in the context of EHCPs, key working facilitates the coordination of an integrated package of support for children, young people and families in the context of an integrated team providing coordinated support – sometimes referred to as Team around the Child (TAC) or Team around the Family (TAF). The TAC/TAF is a collaborative team drawn together by the practitioner providing key working support or by the family themselves. The team brings together practitioners from the agencies most important to ensuring the child/young person and family get the support they need to ensure they can fulfill their potential. It is likely that a TAC/TAF will meet periodically with the family and they will, together, develop, agree to and support the EHCP.

<http://ncb.org.uk/early-support/key-working>

2. Effective engagement with parents and carers through structured conversations

Effective engagement with parents and carers is crucial in the development of an Education, Health and Care Plan. Structured conversations between parents, carers and teachers were tested as part of developing the overall Achievement for All approach, which was shown to work well, as evidenced by the University of Manchester evaluation of the Achievement for All pilot:

www.afa3as.org.uk/images/DFE-RR176.pdf

The charity Achievement for All 3As was set up to take the approach further and offer a dedicated programme to schools to provide advice, support and training on the four elements of the Achievement for All programme, which include support on the effective use of structured conversations to improve outcomes. The Achievement for All website offers free advice, support, information and resources on good parent carer engagement and how to get access to the structured support that enables their effective use to improve pupil outcomes in schools. This includes free access to a parental engagement self-audit.

www.afa3as.org.uk

3. Advice for using person centred thinking, planning and reviews in schools and transition

This good practice guidance (Department of Health, 2010) was produced to support the implementation of *Valuing People* and *Valuing People Now*. It covers a range of key topics that will need to be considered for any person centred planning process to have a real impact for disabled young people.

http://www.puttingpeoplefirst.org.uk/library/Resources/Personalisation/EastMidlands/Workstreams/PCP/newguidance/Person_Centred_Planning_-_Advice_for_using_Person-centred_thinking_planning_and_reviews_in_schools_and_transition.pdf

or <http://www.ndti.org.uk/publications/other-publications/person-centred-planning/>

A number of publications on person centred approaches were published by the Department of Health as part of this work. Including:

Personalisation through Person-Centred Planning

This joint good practice guidance was developed to help local areas understand how person centred planning can help to deliver more personalised services for a range of service users.

<http://www.pcpmn.cswebsites.org/Libraries/Local/805/Docs/Personalisation%20through%20Person%20Centred%20Planning.pdf>

Transition Reviews – SEN toolkit

The SEN Code of Practice (2001) provides guidance on how Transition reviews should be conducted. Explanation of these principles is given in section 10 of the SEN toolkit. The principles can be seen as broadly person centred in nature and comparable to the key features of person-centred planning, as set out in the 2002 guidance, Planning With People.

The SEN Code of Practice provides information about transition reviews:

<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/DfES%200581%20200MIG2228.pdf>

Section 10 of the Toolkit is focused on Transition Planning. It can be found on pages 153-171 of the pdf at this web address:

<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DfES%200558%202001>

Section 4 of the SEN toolkit provides useful information on engaging pupils in making decisions. It can be found on pages 53-64 of the pdf at the same address.

Learning Difficulty Assessments

Supporting young people with learning difficulties to participate and progress – incorporating guidance on Learning Difficulty Assessments (Department for Children, Schools and Families, 2010) is statutory guidance for the assessment of the needs of young people with learning difficulties as they move into further education. The guidance outlines a holistic and person centred process.

<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/DCSF-00378-2010.pdf>

The Impact of Person Centred Planning

This research project was commissioned by the Institute of Health Research at Lancaster University to evaluate the impact of the introduction of person centred planning and of the factors which may either facilitate or impede the introduction and effectiveness of person centred planning.

[http://www.lincs.cswebsites.org/Libraries/Local/825/Docs/Planning/PCP/pcpimpactresearch\[1\].pdf](http://www.lincs.cswebsites.org/Libraries/Local/825/Docs/Planning/PCP/pcpimpactresearch[1].pdf)

STATUTORY EDUCATION, HEALTH & CARE PLAN

In place of a Statement of Special Educational Needs

1. The following Education, Health & Care Plan, issued in place of the Statement of SEN, is made on 28 August 2013 by Southampton City Council ('the education authority') in respect of Toby Smith whose particulars are set out below.

Name	Toby Smith
Address	
Contact number	
Date of Birth	4 years old
Setting/School/College	Meadow Valley Nursery

Name of Parent/Carer who has parental responsibility	Lucinda and Joe Smith
Address	As above
Contact Number	As above

NHS Number	123456789
Paris Number	123456789

Please name everyone who has contributed and wrote this Education Health and Care Plan			
Name	Title	How did they contribute?	Report Attached? (inc date of report)
Lucinda and Joe Smith	Mum and Dad	Attendance at first and final meetings	Yes- 23.05.13
Jane Wright	Assessment Coordinator	Chair and coordination	N/A
Michelle Allen	DHT/SENCo @ Meadow Valley Infants and Nursery	Attendance at first and final meetings	Applicant
Dr Sarah Wallington	Educational Psychologist (EP)	Report only	Yes-03.07.13
Karen Archer	Prevention Social Worker	Home visit & Report only	Yes- 15.06.13
Susie Marden	Speech & Language Therapist (SALT)	Report only	Yes- 03.06.13

www.southampton.gov.uk/sendpathfinder



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Dr Linda Jones	Community Paediatrician	Telephone conversation & report	Yes- 12.07.13
Anna Piper	Respite Carer	Attendance at final meeting	No
Jenny Burton	Physiotherapist	Report only	Yes- 08.06.13

When assessing Toby's special educational needs, the authority took into consideration the evidence and advice set out in the Appendices and reports collected during this assessment which contributed to this plan.

2. Child Profile

Date EHCP Agreed	28.08.2013
Scheduled Review Date	7.01.2014
Version Number	1

Child/young person's story

Toby is universally described by everyone who knows him as an endearing and lovable little boy who now enjoys coming into Nursery and feels safe with his 1:1 Key worker.

Toby is significantly affected by his diagnoses of Autism and Cerebral Palsy. Specifically, that the pathway in his brain which allows for communication between left and right is only partly developed. Toby has the following medical conditions:

- Nasal Ethmoidal Encephalocoele – repaired day 3
- History of Paroxysmal events, possibly fits
- Small head circumference
- Evolving Cerebral Palsy – mild right Hemiplegia
- Appears to have difficulty with visual depth perception
- Autism

An important part of this plan for Toby should look to facilitate his will and determination to be independent and meet his own needs as far as he can.

Child/young person's aspirations e.g. education, play, health, friendships, sixth form, further education, independent living, university and employment.

Due to his young age and difficulties with expressive language, Toby is unable to express his views directly. However, it seems from observation in the nursery setting and from all the evidence gathered that Toby wants to be independent and does try to attempt some simple tasks for himself. For example, he will attempt to retrieve a ball even though he finds running or any 'fast paced' activity very difficult and often stumbles.

He is increasingly aware of his peers in the setting and particularly enjoys playing near to one specific 'favoured' child. He still finds the pace of other children's activities difficult to access as he requires longer processing time but he has just begun to identify his particular friend by seeking him out on a regular basis.

Child/young person communicates by:

Toby appears to have begun to understand the reciprocal nature of communication as, at home he will repeat back learnt familiar phrases such as 'Hello Toby, how are you?', mimicking an exact replica of the intonation and rhythm used by the adult. He uses gesture and facial expression to indicate his needs and in the setting, he is being supported to use PECS (Pictorial Exchange Communication System) as Toby responds well to visual learning strategies.

At home, parents have experienced success in using visual prompts and rewards with Toby to reinforce appropriate behaviour. Particularly, when they are outside the home.

Child/young person's family's story

Though Toby's parents have a strong relationship and support each other with the children as much as possible, both Toby's parents has themselves got specific medical needs which result in both parents experiencing muscle weakness, pain and fatigue. Toby's sister is a very active, energetic and enthusiastic toddler who likes to be independent. Toby's parents have noted that his sister tends to 'overwhelm him' and that accommodating for both their children's differing/contrasting needs within their family life can be very challenging.

Parent/carer's aspirations for child/young person e.g. education, play, health, friendships, sixth form, further education, independent living, university and employment.

Toby's welfare and his ability to progress safely and consistently are very important to his parents, Lucinda and Joe.

"For Toby to receive the greatest care and achieve the best he can academically with his needs, he needs continual, individual support from a 1:1 adult and it be in a setting that is and will continually be able to provide adequate care for Toby. Toby has such a broad spectrum of needs that we feel he would not be safe or happy within a mainstream teaching setting, without continual individual support".

(quote taken from Parent's Additional Supporting letter – 23.05.13)

How has the child/young person and his/her family participated in the development of this plan?

Lucinda and Joe have attended all Integrated Assessment meetings and have been in ongoing contact with the Assessment Coordinator through out the process.

The Assessment Coordinator has visited the nursery and met Toby whilst he was playing with the water tray.

The family participated in a home visit from the Prevention Social Worker and have discussed Toby's needs during individual consultations with the Educational Psychologist and Community Paediatrician.

Please attach 'One and Only' parent-led record, where appropriate.

3. Summary of Skills and Strengths, Needs and Support

This section of the Education, Health & Care Plan sets out Toby's special educational needs, in terms of Toby's learning difficulties which call for special educational provision.

Please describe the strengths and skills that have been identified in the Integrated Assessment (in priority order, where possible) in the following areas (if you have quoted from a report, please make reference to the specific report from which this quote has been drawn):	
Development and Learning	Toby is a delightful little boy who has developed an excellent relationship with his 1:1 key worker in nursery, Mrs Sinclair. He is described as having strengths in many areas such as his good behaviour and his desire to be independent.
Emotional Wellbeing	Toby is now calmer and less distressed at nursery than he was when he started there. He has developed a close relationship with his 1:1 key worker at Nursery and has a particularly favoured peer in the setting who he will sometimes seek out to play alongside them. Toby is sensitive to some sensory stimulation, finding stroking furry or soft surfaces calming and consistently exploring rubbery textures by putting them in his mouth.
Physical Health	At home, Toby appears to be becoming more spatially aware and his parents feel that he now plans a route before setting off. Toby reportedly makes use of low level furniture at home to move around, and has learnt to crawl in the last few months. Toby now walks unaided and is able to sit with his legs in front of him, or cross legged. Toby demonstrated to the EP that he is able to throw an object with an over arm throw using his left arm to a target. He wants to run but often places himself in danger when trying to engage in any fast-paced activities as he invariably stumbles and becomes unbalanced.
Family environment	Toby enjoys a stable, consistent and warm family life at home with his mother and father and younger sister. The wider family are supportive, particularly his grandparents.

Please describe the needs that have been identified in the Integrated Assessment (in priority order, where possible) in the following areas:	
Development and Learning	In line with his medical diagnoses of Cerebral Palsy and Autism, Toby experiences difficulties with speech and communication which impact on his ability to interact socially. Associated with Autism, Toby displays a preference for routine and rigidity and this affects the range of activities that he will engage with and the way he understands and interprets the world around him. He has no sense of his own safety and requires constant adult support to avoid putting himself in danger.
Emotional Wellbeing	Toby's difficulties with understanding language and being able to use language effectively to express himself are likely to be an underlying cause of his outbursts of emotional distress. Toby is a very fussy eater and finds some oral textures and tastes distressing although he tends to explore textures through his mouth in the first instance. Overall, Toby appears to have a hypersensitivity to certain sensory feedback

	and it is speculated that these instances of hypersensitivity could be a trigger for some challenging behaviour.
Physical Health	<p>Toby's Cerebral Palsy impacts on both his gross and fine motor skills, as well as his independence, and it is possible that this causes him to feel less confident to explore new materials and activities. He also experiences difficulties with his perceptual and manipulative skills. Toby's walking is worse when he is feeling tired and at these times he can stumble, bump into things and fall over. When this happens, Toby will fall onto both of his arms but is able to get himself to a sitting and then a standing position independently. Toby reportedly wants to run but his right leg is not quite quick enough to keep up and is turned out when he walks. As a result, Toby tends to move very carefully and feels unsure about faster paced activities requiring coordination, although he clearly does want to take part. For example, Toby finds riding a tricycle challenging as the pedal often traps his right foot.</p> <p>Toby experiences significant difficulties sleeping. His mother reports that he sleeps on his back initially, but then prefers to sleep leaning forward which opens his airways. As a result, Sleep Apnoea is currently being investigated. Mrs Smith told the EP that Toby's sleep is disturbed for about 5 or 6 hours each night, although he never calls for his parents but spends time self soothing. It is speculated that there may also be a sensory-feedback dimension to his disturbed sleep patterns.</p> <p>Toby often has a cold and Mrs Smith has noticed that Toby appears to have little resistance to any germs that he encounters. Toby has also experienced occasional seizures which are triggered by a sudden rise in his body temperature.</p>
Family environment	<p>Though Toby's parents have a strong relationship and support each other with the children as much as possible, both Toby's parents has themselves got specific medical needs which result in both parents experiencing muscle weakness, pain and fatigue. Toby's sister is a very active, energetic and enthusiastic toddler who likes to be independent. Toby's parents have noted that his sister tends to 'overwhelm him' and that accommodating for both their children's differing/contrasting needs within their family life can be very challenging.</p>
Please describe the current support arrangements in place:	
<p>At the time of the first Integrated Assessment meeting, Toby was attending Meadow Valley Nursery five sessions per week, where he received 1:1 support from Mrs Sinclair. From September 2013, he will be starting in Reception at Meadow Valley Infant School and the Integrated Assessment Team note that it will be necessary for the current level of intensive adult support to continue. This would need to be subject to a review held by the Lead Professional. Mrs Sinclair reports that despite the intensively high level of adult support which Toby has received since starting at the setting, he has not made the level of progress that would usually be expected.</p> <p>In addition to the Integrated Assessment team named in his application, Toby receives support from the following professionals:</p> <ul style="list-style-type: none"> • Dr Evelyn, Consultant Respiratory Paediatrician • Dr Fredrickson, Paediatric Neurologist 	
Support Network (family and friends):	
<p>Toby lives at home with his mother (Lucinda), father (Joe), and his younger sister, Josie, who is three.</p> <p>The family receive respite care from Anna Piper who takes Toby on a 6 hours per month basis. Toby's parents have stated that they would welcome further respite time if it were available, so that they can pursue family activities with Josie. Mrs Smith told the Prevention Social Worker, Karen Archer, that the family don't really have a great deal of additional support although Lucinda's parents and Joe's sister do help out with babysitting when they can.</p>	

4. Outcomes and Provision

(a) The following section of the Education, Health & Care Plan sets out the Special Education Provision for Toby and the arrangements for monitoring the Education, Health and Care Plan.

Development and Learning

Overall outcome	To support the development of Toby's speech and communication, so that his receptive understanding of language and his expressive use of language are functional and in line with the rest of his development.		
Steps to achieving the outcome over the next 6-12 months	By whom	By when	How will we know we have achieved the outcome?
<p>In order to achieve the above overall outcome, provision for Toby should include the following as advised in the Educational Psychologist's report (03.07.13):</p> <ul style="list-style-type: none"> - Toby will need access three sessions of speech and language therapy a week as advised by the Speech and Language Therapist 	SALT (see below)	Jan 2014	Toby's understanding of language and his ability to express himself verbally will continue to improve and he will continue to develop his understanding of language and that it can be used effectively to make his needs and preferences known to those around him.
<ul style="list-style-type: none"> - Continued opportunities to develop his ability to use language to make choices and express himself. Initially, the continued use of the current strategy (holding out two hands to provide 'motoric' prompts for each of two choices) is recommended until Toby is able to make choices this way consistently. Over time, the level of prompting should gradually be reduced so that he can rely more on language to express his needs and wants. 	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	
<ul style="list-style-type: none"> - Adults should ensure they use consistent language to label the different activities available to Toby within the environment, and that they are verbally (and using Makaton) labelling Toby's choices of activity when he arrives there. 	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	
<ul style="list-style-type: none"> - Continued access to short but frequent focussed attention activities (e.g. sharing a big book) in a quiet environment to develop Toby's ability to attend and focus on developing his language skills. Begin to include some open questions in these focussed sessions to prompt Toby to provide lengthier responses. 	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	
<ul style="list-style-type: none"> - Ensure that adults are providing commentary on his play rather than questioning him (which often only promotes yes or no responses). 	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	
<ul style="list-style-type: none"> - Continue to ensure that Toby's attention is gained before he is spoken to. This does currently require a high level of prompting. 	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	

- Support Toby's understanding through the use of Makaton signing, objects of reference and modelling or demonstrating desired behaviours/activities.	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	
According to the Speech and Language Therapist's report (03.06.13), Toby's communication skills should continue to develop and mature in a stimulating environment, if the following strategies are implemented to address his communication needs:	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	
- Reducing the information level of requests or instructions, following the principles of the Derbyshire Language Scheme.			
- Providing instructions on an individualised basis, allowing extra time for Toby to process the information received.	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	
- Repeating instructions after checking how much Toby has understood	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	
- Ensuring the routine for activities is structured and well established	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	
- Providing opportunities for receptive teaching and generalisation of newly learned linguistic concepts	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	
- Employing visual strategies to enhance understanding of speech such as PECS/Makaton signs, symbols and photos to enhance understanding of speech, including the use of a visual timetable.	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	
- Applying the principles of TEACCH to make the environment predictable and reduce reliance on understanding of temporal concepts	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	
- Facilitating the development of peer relationships	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	
- Providing support to develop the social skills needed for cooperative play	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	
Risks of not achieving these outcomes	Toby's delayed language skills which the SALT indicates are associated with attention and listening difficulties, prevent Toby from making progress in his learning and accessing the curriculum. Toby's 'disordered communication skills' may isolate him from his peers.		

Overall outcome	<p>Long term: To support Toby's responses to learning and play opportunities</p> <p>Short term (next 6-12 months): To support the development of Toby's attention and concentration</p>		
Steps to achieving the outcome over the next 6-12 months	By whom	By when	How will we know we have achieved the outcome?
<p>In order to achieve the above overall outcome, provision for Toby should include the following as advised in the Educational Psychologist's report (03.07.13):</p> <ul style="list-style-type: none"> - Gradually extend the length of time that Toby is expected to engage with adult directed materials. He may require a visual prompt for this (e.g. a sand timer). 	<p>Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents</p>	<p>Jan 2014</p>	<p>Toby is able to attend and concentrate in activities, particularly adult directed ones, for more extended periods of time.</p>
<ul style="list-style-type: none"> - Continued development of Toby's attention skills perhaps through the use of barrier games or card matching games (taking turns to turn cards over and try to find a matching pair etc). 	<p>Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents</p>	<p>Jan 2014</p>	
<ul style="list-style-type: none"> - Explicit teaching around looking at someone when they are talking. This can then be referred to through the use of simple language to provide a simple cue to Toby within the nursery environment. 	<p>Key school staff (Reception staff/lunchtime staff) Parents 1:1 adult support/ Emotional Literacy Support Assistant</p>	<p>Jan 2014</p>	
<ul style="list-style-type: none"> - Continued encouragement to access a wider range of play materials. He may require visual strategies to provide Toby with one adult directed activity (which, after a short time to allow Toby to familiarise himself with the routine, would be an activity that he would not choose) and then one self-chosen activity. 	<p>Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents</p>	<p>Jan 2014</p>	
<ul style="list-style-type: none"> - Continued access to highly visual and active learning opportunities. 	<p>Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents</p>	<p>Jan 2014</p>	
<ul style="list-style-type: none"> - Encouragement to watch the behaviours of his peers in order to support his understanding. 	<p>Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents</p>	<p>Jan 2014</p>	
<ul style="list-style-type: none"> - Ensuring that Toby does not spend excessive amounts of time at one favoured activity before he is given pre-warnings about the need to move to another activity. Concrete and visual cues (e.g. sand timers) may be necessary to convey to Toby that his access to any activity is time limited. 	<p>Key school staff (Reception staff/lunchtime staff/ 1:1 adult support) Parents</p>	<p>Jan 2014</p>	
Risks of not achieving these outcomes	<p>Toby's responses to learning and play opportunities continue to be adversely affected by his limited attention and concentration skills.</p>		

Overall outcome	For Toby to be able to make and maintain friendships		
Steps to achieving the outcome over the next 6-12 months	By whom	By when	How will we know we have achieved the outcome?
<p>In order to achieve the above overall outcome, provision for Toby should include the following as advised in the Educational Psychologist's report (03.07.13):</p> <ul style="list-style-type: none"> - Continue to provide Toby with adult mediation during potential social play situations. It is likely that this will need to be a very gradual process, first with only an adult or perhaps one other peer in a naturally occurring opportunity within the play room. Toby initially should be encouraged to attend to both the other child, and their play behaviour. This can be achieved with very explicit instructions to look at the child/adult. Over time this can be extended to incorporate teaching for turn taking/waiting/sharing skills which should also be made very explicit. E.g. "Toby's turn, my turn, Toby's turn etc". As Toby's tolerance of turn taking develops, gradually add more children. 	Key Reception staff 1:1 support Parents	Jan 2014	Toby can interact more fully and meaningfully with peers when he wants to.
<ul style="list-style-type: none"> - Snack time is another good opportunity for developing some of these social skills. For example, passing the snack plate around the table practices turn taking and waiting skills, and the adult can also mediate Toby showing attention to his peers (e.g., "what fruit will X take?" or "X has taken some banana"). 	Key Reception staff 1:1 support Parents	Jan 2014	
<ul style="list-style-type: none"> - Toby should be given something concrete/explicit (perhaps a number line where the paper clip is moved down one number each time until it is Toby's turn again) which supports him to understand that he will get a turn. e.g. that there will be three more rolls of the dice, and then it is his turn. 	Key Reception staff 1:1 support Parents	Jan 2014	
<ul style="list-style-type: none"> - As Toby grows older it is likely that he will require access to explicit teaching of different social rules and expectations. Approaches such as social stories and comic strip conversations may be appropriate for him. 	Key Reception staff/ Emotional Literacy Support Assistant/ 1:1 support/ Parents	Jan 2014	
Risks of not achieving these outcomes	Toby's current social skills and understanding of social interaction with others will mean that he cannot access the play or social interactions of the peers around him which leaves him isolated.		

Overall outcome	For Toby to be able to use the toilet independently. This is expected to be achieved in full by July 2016.		
Steps to achieving the outcome over the next 6-12 months	By whom	By when	How will we know we have achieved the outcome?
<p>In order to achieve the above overall outcome, provision for Toby should include the following as advised in the Educational Psychologist's report (03.07.13):</p> <p>Toby will receive help in developing his independence skills. This can be done via the IEP process, and ensuring that there are consistent expectations around Toby's performance of these behaviours at home and at school.</p>	Lead Professional Parents All school staff	Jan 2014	Toby is more able to function independently in key skill areas, including his personal hygiene routines
<p>- Once Toby is demonstrating consistent awareness of when he is wet or soiled, he is likely to need a very structured, consistent approach to toilet training. The following websites might be helpful in providing some things to think about when toilet training Toby, and also providing some visual cue resources for toilet training. Toby may need a timetable, or sequencing cue for the different behaviours within toilet training. It is likely that he will also benefit from access to a social story/child friendly book about the process.</p> <p>http://www.autism.org.uk/living-with-autism/understanding-behaviour/toilet-training.aspx</p> <p>http://www.dotolearn.com/picturecards/printcards/selfhelp_toileting.htm</p>	Lead Professional Parents All school staff	Jan 2014	
Risks of not achieving these outcomes	Toby's independence skills prevent him from accessing all learning opportunities that are available to him.		

Emotional Wellbeing

Overall outcome	Long term: To support the development of Toby's emotional wellbeing Short term over next 6-12 months: To ensure Toby experiences a smooth transition into Reception Class		
Steps to achieving the outcome over the next 6-12 months	By whom	By when	How will we know we have achieved the outcome?
In order to achieve the above overall outcome, provision for Toby should include the following as advised in the Educational Psychologist's report (03.07.13): <ul style="list-style-type: none"> - It is likely that as Toby's receptive and expressive language skills develop, he will be more able to tolerate waiting, turn taking and transitions. In the meantime, it will be important to ensure that Toby understands the routines present in his environment. Visual cues will support this. The use of the phrase "first tidy up time, then snack time" may be beneficial. 	Parents/ 1:1 support/ All Reception staff	Jan 2014	Key aspects of Toby's emotional wellbeing will improve and will allow him to manage his feelings, emotions and behaviour more appropriately. He will feel less anxious and better able to calm himself if he does begin to feel distressed.
<ul style="list-style-type: none"> - The continued use of a joint home/school approach to responding to Toby's behaviour will be important. 	Parents/ 1:1 support/ All Reception staff	Jan 2014	
<ul style="list-style-type: none"> - A tailored transition process, involving links between parents and setting staff (meetings/professional discussion) to share information. A bespoke package of guided visits which may include tours, photos, etc 	Parents/ All involved staff	Jan 2014	
<ul style="list-style-type: none"> - If particular triggers are identified (e.g. such as the antibacterial spray for the snack table) perhaps an approach where Toby can be involved in cleaning the table might help to reduce his anxieties. Again, an explicit explanation about what is going to happen, and how long it will last is likely to be necessary, e.g. "Toby, four sprays" and perhaps could be made into a group counting game, or perhaps the use of a visual cue card to pre-warn Toby about this would be beneficial. 	Parents/ 1:1 support/ All Reception staff	Jan 2014	
<ul style="list-style-type: none"> - As Toby grows older, he is likely to require targeted intervention to support his ability to perceive and understand the emotions of himself and those around him. 	Emotional Literacy Support Assistant/ Parents	To be considered at future review point by Lead Professional	
Risks of not achieving these outcomes	Toby's emotional literacy skills (self-regulation, self-awareness, empathy etc) prevent him from remaining in the learning environment and being fully included as a valued member of the group. Toby becomes reluctant to stay in his new Reception class setting and exhibits challenging behaviours and increased distress at being left.		

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(b) The following section of the Education, Health & Care Plan sets out the health and social care provision reasonably required by Toby's learning difficulties and disabilities which result in him having special educational needs. It also specifies the overall outcomes of the provision, and the arrangements for monitoring progress in meeting those outcomes.

Physical Health

Overall outcome	<p><u>Long term goal:</u> To improve Toby's fine and gross motor development</p> <p><u>Short term goal over next 6-12 months:</u> To maintain and extend Toby's range of physical movements and ensure that any difficulties associated with his diagnosis do not prevent Toby's inclusion and participation in the National Curriculum or wider learning opportunities available in school.</p>		
Steps to achieving the outcome over the next 6-12 months	By whom	By when	How will we know we have achieved the outcome?
<p>In order to achieve the above overall outcome, provision for Toby should include the following as advised in the Educational Psychologist's report (03.07.13):</p> <ul style="list-style-type: none"> - Continued access to advice and support, and a structured programme of physiotherapy, from the Physiotherapy Service as they themselves consider appropriate (see below). 	Physiotherapist/ School staff.	Jan 2014	Jan 2014 Jan 2014 Jan 2014
<ul style="list-style-type: none"> - Continued access to advice and support from, and attendance at all clinic appointments with, the Paediatric Neurologist and any supporting clinical staff, as they themselves consider appropriate. 	Paediatric Neurologist / Parents.	Jan 2014	
<ul style="list-style-type: none"> - Continued access to advice and support from the Consultant Respiratory Paediatrician, Dr Evelyn, as he considers appropriate. 	Consultant Respiratory Paediatrician / Parents.	Jan 2014	
<ul style="list-style-type: none"> - Continued access to support to ensure that Toby is able to access all the play activities he wants to at home and in all areas of the school setting. 	Parents/ Reception class staff/whole staff.	Jan 2014	Jan 2014
<p>In order to achieve the above overall outcome, provision for Toby should include the following as advised in the Community Paediatrician's report (12.07.13):</p> <ul style="list-style-type: none"> - Full attendance at all review clinic appointments - Adherence to advice and support from all supporting medical practitioners - Future referral to Occupational Therapy services to consider further equipment/seating options as necessary. 	Community Paediatrician / Parents.	Jan 2014	Jan 2014 Jan 2014

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<p>In order to achieve the above overall outcome, provision for Toby should include the following as advised in the Physiotherapist's report (08.06.13):</p> <ul style="list-style-type: none"> - Ongoing advice and support from the Physiotherapist would be beneficial in planning for and supporting Toby's needs over time. - Access to specialist equipment to support Toby's physical needs (for example any necessary adjustable chairs, toilet seats, appropriate equipment for PE lessons etc). In the future, Toby may require a specialist chair to support him in sitting in order to maintain an improved functional position. - Toby's complex and long term needs will need to be considered when planning learning in the classroom, allowing for continuing access to the curriculum as his needs may flux and change in the future. 	<p>Physiotherapist/ School staff/ Parents</p>	<p>Jan 2014</p>	
<p>Risks of not achieving these outcomes</p>	<p>The difficulties that Toby experiences (associated with his diagnoses) act as a barrier to learning and inhibits him reaching his full and considerable potential.</p>		

<p>Overall outcome</p>	<p>To support the development of Toby's perceptual and manipulative skills</p>		
<p>Steps to achieving the outcome over the next 6-12 months</p>	<p>By whom</p>	<p>By when</p>	<p>How will we know we have achieved the outcome?</p>
<p>In order to achieve the above overall outcome, provision for Toby should include the following as advised in the Educational Psychologist's report (03.07.13):</p> <ul style="list-style-type: none"> - Continued opportunities to practice manipulative skills, and access to adapted equipment. If his condition deteriorates to an extent that further use of specialist equipment is necessary, school staff and parents may wish to consider seeking the advice of the Occupational Therapist in the future. This may become particularly relevant if difficulties with sensory integration become apparent. 	<p>Paediatric Occupational therapist/ Parents/ Reception school staff</p>	<p>Jan 2014</p>	<p>Toby will make progress in his muscle control and coordination.</p>
<ul style="list-style-type: none"> - Toby's perceptual skill development should be monitored closely with specific focussed and achievable targets to ensure that he is making progress. He is likely to benefit from a structured approach to learning opportunities and repeated access to familiar materials to promote muscle control and coordination. 	<p>1:1 LSA/ Reception Class staff/ Parents</p>	<p>Jan 2014</p>	
<p>Risks of not achieving these outcomes</p>	<p>That Toby's speculated difficulties with sensory integration and hypersensitivity to some particular sensory experiences may adversely affect the development of his perceptual and manipulative skills</p>		

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Family/Environment

Overall outcome	<p>Long term: To ensure that the needs of all the family members, particularly Toby's sister Josie, are met appropriately in the light of the extra demands placed on them by Toby's additional needs.</p> <p>Short term, next 6-12 months: To extend the amount of Respite care available to the family</p>		
Steps to achieving the outcome over the next 6-12 months	By whom	By when	How will we know we have achieved the outcome?
<ul style="list-style-type: none"> - Consideration of access to family support provided by various charities and organisations, as suggested by Prevention Social Worker, Karen Archer in her report (15.06.13), (E.g. National Autistic Society) or by calling the Southampton Children and Young People's Information Service, (CYPIS). 	Parents	October 2013	The family environment will remain positive and warm, and the increased Respite care will allow more support to be given to Toby's younger sister who parents have described as being quite demanding.
<ul style="list-style-type: none"> - Continuation and extension of regular 'special time' spent with Josie at times when Anna Piper is providing respite care for Toby, by either Lucinda or Joe together without Toby (e.g. Josie enjoys soft play and attending a local toddler's music and movement group). The family currently receive 6 hours per month but would like to extend this now that Josie is getting older. - The family to sign up for Buzz Network to access further short breaks 	Parents/ Respite Care Services (Buzz Network/KIDS)	October 2013	
<ul style="list-style-type: none"> - Continued close liaison between Toby's parents, the school and other agencies involved in assessing and working with him to help ensure appropriate resources, provision and continued progress. Open and consistent communication and information sharing will ensure that key messages (e.g. pre-school trips, feedback about successful weekend activities, visits from Physiotherapist etc) are quickly and effectively available. This may be done using a Communications book completed by 1:1 LSA/CT. 	Whole school staff/ Parents	Jan 2014	
Risks of not achieving these outcomes	If planning for Toby is not mindful of the needs of his close family (e.g. his sister Josie), this could have detrimental affect on the emotional wellbeing of the family as a whole.		

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5. Arrangements for Review

Date of Review (within 12 months)	How will this plan be reviewed?
07 January 2014	<p>Arrangements for reviewing this plan will be coordinated by the Lead Professional, SENCO at Meadow Valley Infant School two reviews planned within one year. This first review should take place within 6 months to monitor the appropriateness of the provision and review the level of support required to meet Toby's needs in line with his developing skills. Toby's achievements in the light of the goals and the targets set should be considered at the first annual review and new targets set. Toby should be actively involved in setting the targets and monitoring them.</p> <p>A planning consultation with Toby's family should be arranged within two months of issuing the Education, Health and Care Plan. The Lead Professional will ensure continued liaison amongst professionals and Toby's family in planning how to address Toby's special educational needs and agreeing short-term targets towards the objectives of this Education, Health and Care Plan.</p> <p>All annual reviews co-ordinated by the Lead Professional will be undertaken at the appropriate times within statutory timescales.</p> <p>In order to meet the outcomes outlined in the sections above, access to the following facilities and resources are recommended by Dr. Sarah Wallington, Educational Psychologist (report dated 3.07.13), to complement the review process :</p> <ul style="list-style-type: none"> • Continued access to the advice and support from the following services: <ul style="list-style-type: none"> - The Speech and Language Therapy Service (at least one session each term) - The Physiotherapy Service(at least one session each term) • In addition, Toby will require access to the following services: <ul style="list-style-type: none"> - The Specialist Teacher for children with physical difficulties (twice a term) - Support from an Emotional Wellbeing Development Officer (EWDO) • The Isle of Wight and Southampton Psychology Service will provide advice as requested by the school. • Access to support and supervision to ensure that Toby is able to access his desired learning and play activities safely. • An adult familiar with and experienced in the needs of children showing behaviours consistent with meeting the criteria for diagnoses of Autism and also the difficulties associated with cerebral palsy. • Individual, structured programmes of learning across all key areas of difficulty, but with a particular focus on language as this underpins so many other areas. • Excellent home school liaison will be beneficial for Toby and those supporting him to ensure a consistency of approach and to develop a shared understanding of the routines and strategies most effective for Toby. Toby also needs to be encouraged to engage actively in setting targets for his learning programme and monitoring his progress. • Opportunities for close assessment and monitoring of Toby's progress and frequent opportunities for discussion liaison with his parents, using his IEP in the review process.

The Lead Professional responsible for reviewing this plan will be:	SENCO at Meadow Valley Infant School Telephone: 01234 56789
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6. Education, Health and Care Plan Resource Sheet

Education				
6-12 month outcome needing additional resource	Education Support Arrangements	Funding Source	Proposed allocation	Date of agreement
Education support as outlined within the plan to be funded from delegated SEN funding to the named school.				
Personal budget				
		Total	£	

Health				
6-12 month outcome needing additional resource	Health Support Arrangements	Funding Source	Proposed allocation	Date of agreement
Health Services as outlined within the plan to be delivered via commissioned services.				
Personal budget				
		Total	£	

Social Care				
6-12 month outcome needing additional resource	Care Support Arrangements	Funding Source	Proposed allocation	Date of agreement
To extend the amount of Respite care available to the family (page 18)	The family currently receive 6 hours per month of outreach from KIDS. An additional 4 hours per month has been agreed for a total of 10 hours per month. This will usually be used as a block of 5 hours per fortnight but this is flexible.	Buzz Network (Southampton City Council)	Support cost is £2,400 per year	TBC at CYPDS panel
Personal budget The Assessment Coordinator discussed the option of a personal budget with Toby's parents during the first assessment meeting. They felt that they are happy with the current support and that Toby has a good relationship with his support worker, Anna from KIDS, so did not want a personal budget at this time. This option will remain open to the family and will be discussed at the next review.				

Total	£2400
Overall total	£2400

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Education Placement	A mainstream school Meadow Valley Infant School as from 5 September 2013.	
Level of Support	In addition to the usual school arrangements, the level of support that Toby requires in school to support the outcomes specified in this Education Health and Care Plan is equivalent to 15 hours of additional support. Twelve hours of this additional support will be provided by the school, and the local authority will provide a further three hours of support.	
Special School only	Band 1	
	Band 2	
	Band 3	

03/07/2013

(Date of proposed Statement)

Julia Katherine

28/08/2013

(Date of final Statement)

On behalf of the Executive Director for
Children's Services & Learning

Emma's Plan

ONE Plan for Education, Health and Care



My name is Emma Jayne Straker

I like to be known as **Emma or Em**



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Part One: Personal details

*Name:	Emma Jayne Straker		
*Date of birth:	22.06.2007	*Gender:	Female
*Home address:	Education Development Centre, Seaton Lane, Hartlepool TS25 1HN		
*Ethnicity	White british	Religion	Unknown
*Name of parent(s)/person(s) with parental responsibility/Next of Kin:	Mrs Straker		
Address:	As above		
Telephone number:	01429 284242		
Email address:	Unknown		
*Who I live with:	Mum and sister		
c/o address (if different from above):			
*ID number (CareFirst, ICS etc):	AB12345		
*Legal status:	N/A		

* denotes mandatory field

Status of the plan

	Date commenced
ONE Plan replacing a statement of the child's special educational needs <i>Under the terms of Hartlepool Local Authority's SEND Pathfinder status and In accordance with section 324 of the Education Act 1996 ('the Act') and the Education (Special Educational Needs) (England) (Consolidation) Regulations 2001.</i>	01.04.13
Short break care Services provided under section 17 of the 1989 Children Act	
Short break care Services provided under section 20 of the 1989 Children Act	
Personal educational Plan under section 20/31 of the Children Act 1989	
Care Co-ordination Plan	

When assessing the child's special educational needs under Section 323 of the Education Act 1996, in accordance with Regulation 11 of the Regulations, the following reports, evidence and advice were taken into account and are available as Appendices to this plan:

Document/Agency	Written by	Date of report
School report	P. Davidson	15.03.13
Educational psychology report	R. Jones	15.03.13
Hearing Impaired report	R. Vincent	15.03.13
Speech and Language Therapy report	A. Sutton	15.03.13
Social care report	L. Duff	15.03.13

This plan has been written in conjunction with Emma's parents and the professionals listed in Part Three. The views reflected in Part Two were gathered as part of a child centred assessment planning meeting and include Emma's views and those of the adults who support her.

Part Two: All About Me

My name is Emma and I live with my mum, Zoe and my older sister, Jeanette. We also have two dogs called Stella and Toby. We love doing things together as a family, but I also really enjoy spending time with my aunties, Elaine and Julie. I attend Seaton Lane Primary School.

When I was a baby, doctors told my mum that I had a moderate hearing loss in both ears and I started to wear two hearing aids. Unfortunately, my hearing then got much worse and I am now profoundly deaf in both ears. I have a special doctor called an audiologist to look after my ears, who has done lots of assessments with me and they decided that I should have cochlear implants fitted. I went into hospital for this in June 2012 and the implants are slowly being adjusted to the right level so that I can hear lots of new sounds.

My hearing loss has meant that my language skills have not developed as quickly as you would expect for a child of my age. However, everyone at my meeting agreed that I am very determined and have learned to use other means of communicating to take part in my world, like lip reading, signing, gestures and looking at others' body language or facial expressions. I will also take someone to an object I want, or bring something to them. I can say lots of words, and now that my cochlear implants are in place I am going to be working on being able to speak more.

At my meeting, people said that I am really friendly and affectionate, with a gentle nature. They have noticed that I am very confident and outgoing, and that nothing seems to phase me.

People think that I am inquisitive as I am interested in exploring lots of things. I like to choose my own activities and am very independent (everyone agreed that I definitely know my own mind!) but I also needs lots of reassurance from familiar adults. People also said that I have a good memory and that I am helpful.

These are the things that are important TO me now and in the future

I enjoy playing with my toys and, at the moment I really like trains, dolls, Hello Kitty and Peppa Pig. I am a very fashionable girl and take pride in my appearance with things like my hair, clothes and shoes. I also love being in water and have started to enjoy going swimming.

It's important to me to feel comfortable in communicating and having my cochlear implants fitted has made a big difference in this area. While I am developing my speech skills, it's important to me to understand messages in others ways, such as through signing and lip reading.

These are the things that are important FOR me now and in the future

It is important that my cochlear implants and hearing continue to be monitored closely to make sure that I get as much out of them as I can. My needs in this area need to be looked at holistically, in a way that involves my family, school, my speech and language therapist and my teacher from the Hearing Impaired Service, so that I am able to develop my communication skills as much as possible. As part of this, it's important for me to have access to specialist audiological equipment when I need it.

In school, it's important that the staff who support me are fully aware of how my hearing loss impacts on my ability to fully participate in activities. Noise sources in the classroom need to be minimised so that I am not distracted too easily, and consideration needs to be given to my seating position to make sure I can hear what the teacher is saying. Whilst it's important that I am given some extra time to get used to new environments, I also need to be encouraged to take risks with things that I haven't done before. This means that I need to be closely supported by someone who knows me well and have access to a quieter area where I can complete individual work and practise new skills.

These are the things that are working well for me at the moment

My cochlear implants are working really well for me at the moment and I am making good progress in developing my speech and language skills.

I enjoy attending school and I have made the transition to full time school very successfully. The support that I receive from everyone in school is really beneficial and effective. Although I am working below the level expected for a pupil of my age, I am making steady progress with my learning.

These are the things that are not working so well

My confidence when my hearing is tested in a formal situation at the hospital isn't very good so it is a bit unclear how I am progressing in this area. My Mum has highlighted this to the audiology team and they are going to try to see me more often to try to help me with this.

Emma's current needs

Emma was identified as having a moderate bilateral sensorineural hearing loss through newborn screening at 7 weeks old. She was fitted with bilateral hearing aids in May 2008 and, at this point, it was further identified that Emma's hearing loss had a conductive element resulting in a severe loss.

The sensorineural aspect of Emma's hearing loss deteriorated and in March 2011 she was referred to the cochlear implant programme at Seaton Lane Hospital. Her implants were fitted in March 2012 and switched on 01.06.12; at present they are still being tuned but when this process is completed it is anticipated that Emma will have access to all speech sounds.

Due to her hearing difficulties, Emma's language skills are delayed with assessments completed during the summer term 2012 indicating these lay at the 1st and 2nd percentile. Expressively, she uses verbal and non-verbal strategies to communicate, including speech, sounds, single words and signs. She is starting to combine single words in sentences. She finds it difficult to understand spoken words and instructions, but this improves when language is in context or supported by gestures and signs.

Emma's response to assessment tasks is improving. When working with the Speech and Language Therapist, Emma was observed to respond to environmental sounds, take and interest in things she hears and demonstrate shared attention with adults. She also responded to her name and understood appropriate interaction with adults and peers, enjoying involving her friends in activities.

Emma is making good progress in school, where she has settled well since moving into Reception in September 2012. This is particularly noticeable in the area of Communication, Language and Literacy where she has begun to use speech sounds, merging into clear, communicative words, along with a range of signs. She is beginning to develop knowledge of ascribing meaning to marks by pointing to her name on a piece of work and enjoys looking through stories on a 1:1 basis during child initiated play.

Emma can be reluctant to join in with whole class activities and needs encouragement from an adult at these times. She requires input from the teacher to be delivered from a particular position to maximise her access to the activity and minimise distractions from the environment. Emma has built up a trusting relationship with the teaching assistant supporting her and this is enabling her to make progress.

Outside of school, Emma needs to be supported to access certain activities, particularly in noisy and busy environments.

Special educational needs

Emma's hearing loss and speech and language difficulties have a significant impact on her ability to access the curriculum in school.

Emma's school should focus on developing her receptive language skills to enable her to follow teacher instructions and maintain her attention to tasks. This will improve her confidence and ability to join in with group activities.

SAMPLE

Part Three: The Support Emma Needs to Succeed and Achieve

Emma requires a multi agency team to monitor, discuss and review her progress in all areas. This team should meet on at least a 6 monthly basis to review the support plan which follows.

Emma needs access to education provision which provides the following:

- A broad and balanced curriculum, appropriately differentiated to meet her learning needs and enable her to access all activities;
- Individual support from a teaching assistant throughout the day to support her communication, understanding of instructions and activities and to work towards personalised targets;
- Close monitoring of progress with high expectations and challenges to promote development;
- Support to develop her communication skills, including through the use of visual aids, signs and gestures;

Emma's multi agency team will include a Speech and Language Therapist, Teacher of the Deaf and a key person from the Cochlear Implant Team to support her in developing functional communication skills.

Emma's school need to be able to access appropriate advice and support from the professionals working with her, including the Speech and Language Therapist and Teacher of the Deaf. As Emma's communication skills progress, consideration should be given to the need for her to be assessed by an Educational Psychologist to ensure that she is supported in the best possible way to achieve her potential in school.

Emma needs support from the 0-25 Disability Team to enable her to access a wide range of social activities.

The following table provides specific detail about the special educational provision that Emma requires. It also describes the health and social care provision that is reasonably required by her learning difficulties which result in her having special educational needs.

Emma's Support Plan for the next 12 months

Desired Outcomes (what this will mean for Emma)	This is what Emma needs to support her	How often will this happen?	Who will provide this support (named person/people and agency)?	Resources/ Annual Cost	Type of provision
Emma will develop functional communication skills so that she is able to articulate all speech sounds	Cochlear implants	Worn daily	Cochlear implants team	Advanced Bionics Neptune implants	Health care provision
	Close monitoring and tuning of implants	Frequency of appointments varies	Cochlear implants team	Core health provision	Health care provision
	A set programme, targets and review by Speech and Language Therapy team	Half termly	Speech and Language Therapist	£1020	Health care provision
	Implementation of programme set by Speech and Language Therapist	Daily	School staff	Included in education budget	Special education provision
	Support from a Teacher of the Deaf, including direct work and advice for school staff	Weekly	Teacher of the Deaf	£1710	Special education provision
	Contextual/visual clues (sign, gestures and pictures) to support understanding of spoken language	Daily	School staff	Included in education budget	Special education provision

Emma will develop her listening skills so that she is able to follow a simple, spoken instruction given by a member of school staff	Cochlear implants	As before	As before	As before	Health care provision
	Support from a Teacher of the Deaf, including direct work and advice for school staff	Weekly	Teacher of the Deaf	As before	Special education provision
	Simplified instructions, repeated if necessary	Daily	School staff	Included in education budget	Special education provision
	A set programme, targets and review by Speech and Language Therapy team	Half termly	Speech and Language Therapist	£1020	Health care provision
Emma will continue to make progress in school and achieve level 1c in reading, writing and maths	Mainstream school placement	Daily	Overseen by SEN Manager	Up to £4000	School provision
	Differentiated curriculum	Daily	Class teacher Teaching assistant	Included in education budget	School provision
	Individual support throughout the day, focusing on developing communication skills and enabling access to the curriculum.	Daily	25 hours per week	£6000 from school's delegated SEN budget £4890 top up from LA High Needs Block	Special education provision
	Personalised targets	Ongoing	School staff	Included in education budget	Special education provision

Emma will follow the routines of school consistently so that she is able to complete simple tasks independently	Support and reinforcement to assist following of rules and routines in school	Daily	School staff	Included in education budget	Special education provision
	Modelling of behaviours, such as complying with instructions	Daily	School staff	N/A	Special education provision
Emma will develop her ability to apply social skills in different contexts	Support from the 0-25 Disability Team	Ongoing	Social worker	N/A	Social care provision

Emma's Education Placement

Name of Setting	Seaton Lane Primary School
Type of Setting	LA Maintained Mainstream

Personal budget

	Yes	No
Do Emma and her parents want to take a personal budget for her support?		
If yes, is this a:		
Notional budget		
Notional and direct payment budget	x	
Direct payment budget		

Emma's Personal Budget allocation is:	£12, 930
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Description of support	Weekly Cost	Annual Cost
Education	£	£11, 910
Health	£	£1,020.00
Social Care	£	£
Other	£	£
TOTAL AVAILABLE AS PERSONAL BUDGET	£	£12, 930

These are the people who have been involved in Emma's Plan:

Name	Designation (what role do they play?)	Address	Telephone number
Paula Davidson	SENCo	Seaton Lane Primary School, Seaton Lane, Hartlepool TS25 1HN	01429 200000
Rhianne Jones	Educational Psychologist	Education Development Centre, Seaton Lane, Hartlepool TS25 1HN	01429 211111
Rachel Vincent	Teacher of the Deaf	Sensory Support Service, EDC	01429 222222
A. Sutton	Speech and Language Therapist	Hart Building, University Hospital of Hartlepool, Holdforth Road, Hartlepool TS24 9AH	01429 233333
L. Duff	Social worker	Civic Centre, Victoria Road, Hartlepool TS245 8AY	01429 244444

Part Four: Agreeing the Plan

Duly authorised officer (Education)	<i>L P Officer</i>
	Date: 01 April 2013
Duly authorised officer (Health)	<i>CCS Officer</i>
	Date: 30 March 2013
Duly authorised officer (Social care)	<i>Social Care Officer</i>
	Date 30 March 2013

This plan was completed on:	01.04.13
This plan will be reviewed by:	01.04.14



East Sussex

Education Health & Care Plan

EHC Plan Ref No:

Date of Issue:



Education, Health & Care Plan for Jamie Pathfinder

Child's Information			
Surname	Pathfinder	Home address	3 Sandringham Road Haven East Sussex
Other names	Jamie		
Date of birth	02.06.1995		
Gender	Male		
Religion	C of E	Post code	BN9 0TT
Home language	English	Ethnic origin	White British
NHS number	943 476 5919	Tribal Number	12345
Social care number		SEND system number	
Plan start date	January 2013	Plan end date	May 2013
Annual Review date	May 2014	Review end date	
Looked after status			

Child's Parents / Guardian Information			
Surname	Pathfinder	Home address	3 Sandringham Road Haven East Sussex
Title & initials	Mr R T		
Relationship to child	Father		
Home telephone number	01273 444666		
Mobile number	07899 245666		
Work telephone number		Post code	BN9 0TT
Surname	Pathfinder	Home address	3 Sandringham Road Haven East Sussex
Title & initials	Mrs S		
Relationship to child	Mother		
Home telephone number	01273 444666		
Mobile number	07899 245666		
Work telephone number		Post code	



Education, Health & Care Plan for Jamie Pathfinder

Education Information	
Current educational setting	Seaview School
Address	Coast Road, Haven,
Type of School	LA Maintained Special School for Children and Young People with Complex Needs and Autism Spectrum Disorders.
Unique pupil number	123456

Local Authority contact information			
Case worker name	Linda Morris	Telephone number	01273 886699
Address	County Hall	Email Address	Linda.morris@eastsussex.gov.uk

Key practitioners			
School Point of Contact			
Name	Jacqui Russell	Telephone number	01273 476244
Address	Seaview School, Coast Road, Haven	Email Address	jrussell@seaview.e-sussex.sch.uk
Health Practitioners			
General practitioner (GP)	Dr P Rawlings	Telephone number	01323 111111
Address	Lansdowne Surgery, Haven	Email Address	
Specialist health practitioner		Telephone number	
Address		Email Address	



Education, Health & Care Plan for Jamie Pathfinder

Allocated named therapist	Penny Bushell	Telephone number	01323 111111
Address	Seaview School, Haven	Email Address	penny.bushell@email.nhs.uk
Other		Telephone number	
Address		Email Address	
Social Care worker			
Name	Rebecca Smith	Telephone number	01323 111111
Address	County Hall	Email Address	rebecca.smith@eastsussex.gov.uk

Primary area of need	
Primary special education need	Communication and interaction
Diagnosis	Autism spectrum disorder Associated severe learning difficulties
Confirming evidence as per reference list	Attached

Education, Health & Care Plan for Jamie Pathfinder

Part 1

All about me, this is my profile (Written by family members on behalf of Jamie)

I live in Haven with my mum, dad, older brother and younger sister. I see my grandparents each week and enjoy having special time with them.

I like to watch my favourite DVDs and using my computer. I like to download pictures of transport and favourite TV characters from the internet. Having my own space and room is important to me.

I have been in the FE department of Seaview school for two years – I find my way around the dept and I am becoming more used to working with young people from other class groups.

I enjoy going to school and I am happy there. My teacher Jacqui and my teaching assistant, John are very kind and help me. I like to have rewards and choosing time. I usually choose to use the computer or go to the sensory room. Music and using the sensory room calms me.

I need to know what is going on as I have high anxiety and my behaviour can become repetitive and challenging. I need time and space, reminders and prompts. Clear and short instructions give me time to process.

I find it hard to make transitions from one setting to another. I need preparation and warning. I need a consistent approach

I go to a youth club every Saturday. I love using buses and trains and visiting the local steam railway. I like being outdoors, walking and running and going to the beach.

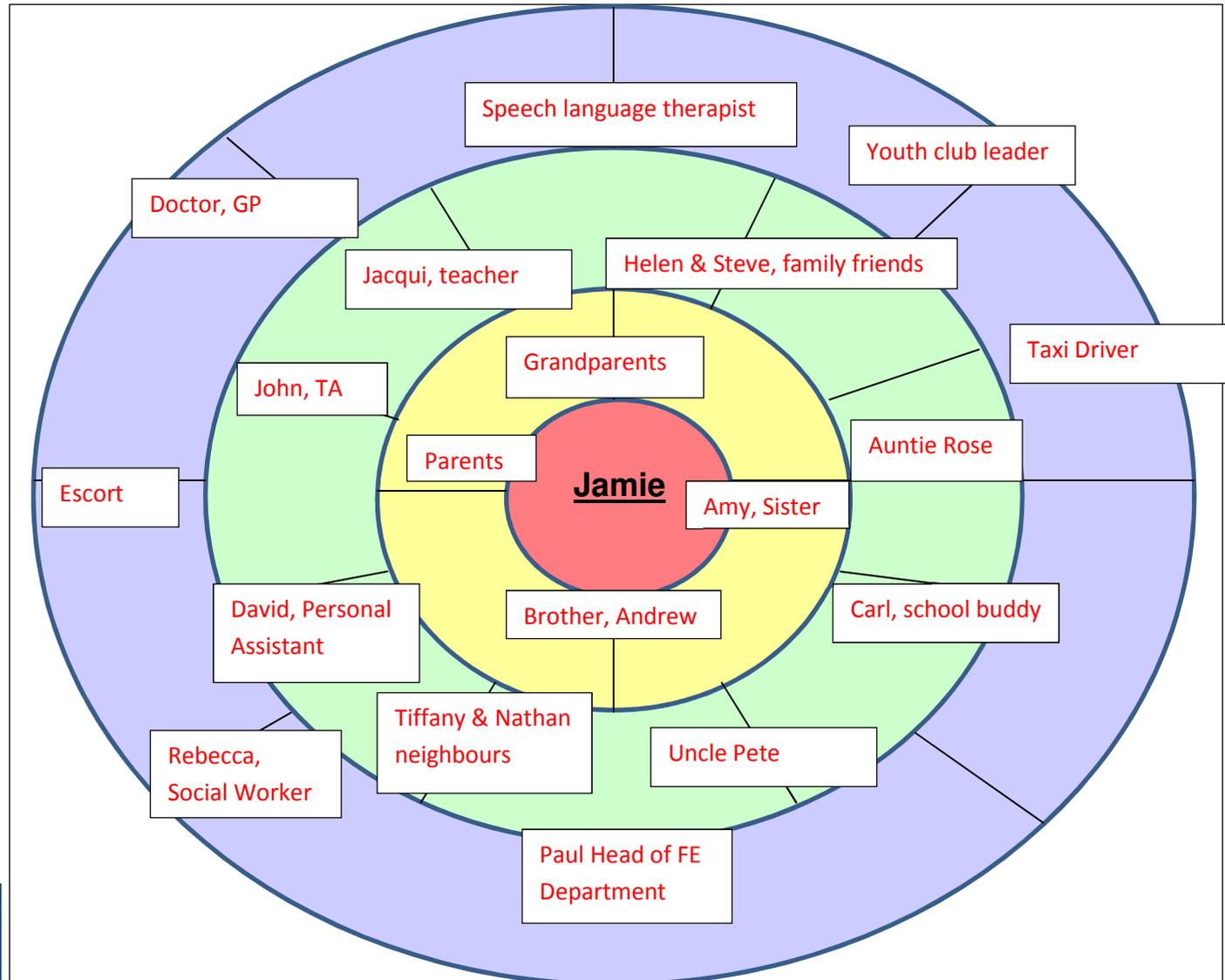
I usually sleep well but when I am anxious, I have a less regular sleep pattern.

I don't like the texture of all foods and I don't like crunchy or chewy food.

Education, Health & Care Plan for Jamie Pathfinder

Part 1

Circle of Support



Education, Health & Care Plan for Jamie Pathfinder

Part 1

Aspirations

Parent / Carer	Child/Young person
<p>What are your aspirations for the short-term?</p> <p>We would like Jamie to continue his learning in school and be prepared for a move onto college.</p> <p>We would like to build on Jamie's communication skills.</p> <p>We would like Jamie to be supported to make choices from a range of activities and we would like to explore the possibility of direct payments with a view to Jamie becoming less dependent on the family.</p>	<p>What are Jamie's aspirations for the short-term?</p> <p>I want to stay in the same class.</p> <p>I want to go out to the cinema and visit the steam railway more often.</p>
<p>What are your aspirations for the long-term?</p> <p>When we look into the future we want Jamie to be as independent as possible. We would ideally like him to have the opportunity to live within a supported group home for adults with learning difficulties located within easy travelling distance of our home. Most of all we would like him to be happy and accepted within the community.</p> <p>However, we are aware that Jamie still has a lot more to achieve if this dream is to become a reality. Jamie remains highly dependent on us, his parents, and although we encourage him to try new things, he is often resistant preferring to stick to familiar and often repetitive routines.</p>	<p>What are Jamie's aspirations for the long-term?</p> <p>I want to live in a flat next door to my family.</p>



Education, Health & Care Plan for Jamie Pathfinder

Part 2 (A) Summary evidence from EHC coordinated assessments

Baseline assessment	Strengths & skills identified in coordinated assessments	Special Educational Needs identified in coordinated assessments
<p>1. Communication and Interaction</p> <p>English speaking</p> <p>P7</p>	<p>Jamie can use phrases with up to 3 key words, signs or symbols to communicate simple ideas, events or stories to others.</p> <p>Jamie can take turns and communicate on a 1:1 basis and within the context of small adult-led group.</p>	<p>Jamie has ongoing identified needs in the following areas:</p> <p>1. (a) Jamie needs to extend his social relationships.</p> <p>1 (b) Jamie needs to develop further with processing and retaining information and with using language in social situations.</p>

Education, Health & Care Plan for Jamie Pathfinder

Baseline assessment	Strengths & skills identified in coordinated assessments	Special Educational Needs identified in coordinated assessments
<p>2. Cognition and learning</p> <p>English reading – P8</p> <p>English listening – P7</p> <p>Maths – P7</p>	<p>Jamie understands that words, symbols and pictures convey meaning.</p> <p>Jamie recognises his own name and that of familiar peers and has a sight vocabulary of a minimum of 25 words. He can recognise many symbols.</p> <p>Jamie enjoys listening to and following simple stories.</p> <p>Jamie can count to 10 and has an understanding of number concept to 5.</p> <p>Jamie can recognise the following coins 1p, 2p, 5p, 10p and £1.</p>	<p>2 (a) Jamie has severe learning needs and difficulties with generalising his learning.</p>

Education, Health & Care Plan for Jamie Pathfinder

Baseline assessment	Strengths & skills identified in coordinated assessments	Special Educational Needs identified in coordinated assessments
<p>3. Emotional, social and behaviour development</p> <p>PHSE –P7</p>	<p>Jamie responds well to teaching approaches geared to the needs of children with an autism spectrum disorder i.e. TEACCH, visual timetables etc.</p> <p>Jamie is confident and secure within the context of known routines and settings.</p> <p>Jamie builds secure relationships with familiar adults.</p> <p>Jamie will work alongside others.</p>	<p>Assessment reveals that Jamie has high levels of underlying anxiety.</p> <p>3. (a) Jamie needs to manage his underlying anxiety and frustration when things do not work out as anticipated or he is faced with unexpected events or situations.</p> <p>3. (b) Jamie needs to cope with planned changes in routine.</p> <p>3. (c) Jamie needs to work cooperatively and to manage unstructured parts of the day.</p>
<p>4. Sensory and physical</p>	<p>When Jamie feels safe and secure he experiences greater success in processing and tolerating sensory input.</p>	<p>4. (a) Jamie has heightened sensory awareness which impacts on his ability to process sensory information.</p>

Education, Health & Care Plan for Jamie Pathfinder

Baseline assessment	Strengths & skills identified in coordinated assessments	Special Educational Needs identified in coordinated assessments
<p>5. Independence and community involvement</p>	<p>With prompts and visual supports Jamie is able to manage basic self-care routines i.e. toileting, dressing bathing.</p> <p>Within a structured adult-led context, Jamie can go to the supermarket and follow a symbol list of five items.</p> <p>Jamie attends a Saturday youth club for young people with learning difficulties.</p>	<p>5. (a) Jamie needs to develop his self help and independence skills in order to participate in the community</p>

Education, Health & Care Plan for Jamie Pathfinder

Part 2 (B)

Additional Health information (in relation to on-going health care needs)

Jamie has no continuing health care needs.

Additional Care information (including links to other plans and personalised support needs)

A transition worker has been working with Jamie and his family since the age of 16. The social worker has undertaken a recent assessment of social care needs and a direct payment of 6 hours has been awarded.

The family have chosen to use their direct payments to employ a personal assistant for Jamie. The role of the personal assistant is to promote Jamie's self help and independence skills and his engagement in community activities outside of the family context and school/college setting.

Education, Health & Care Plan for Jamie Pathfinder

Part 2 (C)

Priorities

The following priorities are based on the identification of assessed need. These will help to shape the outcomes in part 3 below.

To meet need <small>(put in relevant alphabetical letter to link to assessed need identified from co-ordinated assessment)</small>	Agreed priorities based on the identification of assessed need
2.(a) 4.(a)	Prepare for future and move from school to college
3.(a), 3. (b), 5.(a)	Build independence and self care skills
1.(a), 1.(b)	Develop communication skills and social use of language

Education, Health & Care Plan for Jamie Pathfinder

Part 3

Outcomes based on key assessment information and shaped with regard to priorities:

Long-term outcomes (July 2017)	Short-term outcomes (including dates)	To meet need	Provision to Meet Need
<p>Jamie will be initiating social relationships and working cooperatively with others in supported settings.</p> <p>With appropriate support structures, Jamie will be able to communicate and express his needs, feelings and emotions.</p>	<p>Jamie will extend his social relationships through participating in:</p> <ul style="list-style-type: none"> • A supported work placement (Dec 2015) • A social skills group (Oct 2013) 	<p>1.(a), 1.(b)</p>	<p>Jamie will require teaching from staff who are skilled and knowledgeable in strategies for support of young people with ASD and associated learning difficulties.</p> <p>An individually tailored transition programme from the further education department of school into college (to include update of Jamie's Communication Passport).</p> <p>Weekly participation in a social skills group that is reviewed and monitored on a minimum 3 monthly basis by a speech and language therapist or practitioner with accredited training in ASD/Speech, Language and Communication.</p>

Education, Health & Care Plan for Jamie Pathfinder

<p>Jamie will be successfully accessing a college based course and meeting specified assessment criteria.</p> <p>Jamie will be demonstrating that he can apply his skills and understanding in different settings.</p>	<p>Jamie will achieve units towards ASDAN Personal Progress through project based learning in the further education department of school (July 2014) or in College (July 2015).</p> <p>Through participation in the school/college transition programme, Jamie will show an understanding of the structure of the college day. He will have participated in a range of college taster sessions and be familiar with key college staff. (July 2014).</p>	<p>2.(a)</p>	<p>School/College based course which offers ASDAN qualification in Personal Progress.</p> <p>1:1 support in learning situations from qualified teacher or practitioner with knowledge or training in ASD for all learning and work based activities.</p>
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Education, Health & Care Plan for Jamie Pathfinder

<p>Jamie will recognise his own feelings and will be able to self regulate resulting in lower levels of anxiety and higher levels of community participation and independence.</p>	<p>Jamie will be able to demonstrate understanding of basic feelings and emotions (i.e. happy, sad, angry, tired, excited, anxious) through body language, facial expression and pictorial representations.</p> <p>(April 2014)</p>	<p>3.(a), 3.(b), (3.(c)</p>	<p>Practical ASD strategies as described in the educational psychology report to enable Jamie to identify and address his underlying anxieties.</p> <p>A structured and consistent routine with strategies in place to alert Jamie to potential changes.</p>
<p>Jamie's heightened sensory awareness will no longer be a barrier to community participation.</p>	<p>Jamie will have identified those aspects/area of the college which present difficulties in terms of sensory overload and will have strategies in place to support.</p> <p>(Dec 2014)</p>	<p>4.(a)</p>	<p>Jamie will require teaching from staff who are skilled and knowledgeable in supporting young people with ASD and associated learning difficulties.</p>

Education, Health & Care Plan for Jamie Pathfinder

<p>Jamie will be able to participate in appropriate activities within his local community with staged support.</p>	<p>Jamie will follow an independent travel programme supervised by an adult who has undertaken appropriate training.</p> <p>Jamie will be able to use a pedestrian controlled crossing with an accompanying adult. (July 2013).</p> <p>Jamie will be familiar with the college layout and with shadowing, will be able to find his way to a minimum of three key locations within the college and local vicinity. (Dec 2014).</p> <p>Jamie will be able to use a visual shopping list to select and purchase up to 10 items from the supermarket with minimum level of support from staff. (Dec 2013).</p> <p>Jamie will be engaging in one new community activity with his personal assistant on a regular basis. (Dec 2013).</p>	<p>5.(a)</p>	<p>Jamie will need to follow an independent travel programme supervised by school/college staff who have undertaken appropriate training in independent travel.</p> <p>Jamie will require staff who are skilled and knowledgeable in supporting young people with ASD and associated learning difficulties.</p> <p>Direct payment for his personal assistant. (reference additional care needs, page 12)</p>
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Education, Health & Care Plan for Jamie Pathfinder

Part 4

Provision

Allocated resources / supported by

To meet need	Education 1.(a), (b), 2.(a), 3.(a), (b), (c), 4.(a), 5.(a)	Health 1.(a), (b)	Care 1.(a), 2.(a) 5.(a)	Voluntary Sector 1.(a), 5.(a)	Family / Community resources
	Funding for special school place for September 2013-July 14 Funding for specialist college placement from Sept 2014.	Minimum 3 monthly monitoring and review of school based language programme by a speech and language therapist/therapy assistant within the Children's integrated Therapy Service.	Direct Payments- 6 hours per week (refer to Part 2 Additional Care Information page 12)	Youth club for young people with learning difficulties.	Family would like to be fully involved in the transition programme into college. Family will support Jamie's individual programme and involve Jamie's circle of support wherever necessary.
	Group transport from home to nearest school or college with escort plus cost of shared taxi £4,500 p/a				
Level of support	Level 3 banding Group taxi £4,500 per annum	Nil Cost	Direct payments 6 hours a week £72 p/w £3,744 p/a	Nil Cost	

Education, Health & Care Plan for Jamie Pathfinder

Placement	Further Education Department of Seaview School, a Local Authority maintained specialist school for children and young people with complex needs and autism spectrum disorders.
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Signed and dated:

Signature

Date

(Name), being an authorised officer of the Authority

Ged Rowney, Interim Director of Children’s Services PO Box 4, County Hall, St Anne’s Crescent, Lewes, East Sussex, BN7 1SG

Tel: 010273 481000, Fax: 01273 481261



Education, Health & Care Plan for Jamie Pathfinder

Reference list

Reference links to supporting evidence documents

Advice received from:	Dated
Educational advice from Seaview School	8 th March 2013
Advice from ASD Inclusion Support Service	12 th March 2013
Medical advice from Speech and Language Therapy Service	14 th March 2013
Advice from Educational Psychologist	7 th March 2013
Advice from East Sussex Social Services Department	20 th March 2013

The reference links should only contain the information held in the Education, Health and Care folders that have been collated as part of the statutory assessment process as a contribution to this plan.