

0-25 Coordinated Assessment and Education, Health and Care (EHC) Plan (Version 5 – October 2014)

Appendix 3 – Nottinghamshire Example EHC Plan - August 2014 *(Please note: This includes an example EHC plan from Nottinghamshire (for a 2 year old child). It follows the requirements for writing EHC plans as outlined in the July 2014 Code of Practice)*

Education, Health and Care Plan

for

Andrew Dalton

(06.10.11)

Not included in order to preserve
anonymity

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|-----------------------|----------|-----------------------------|---------------|
| Date completed | 06.08.14 | Planned review date: | February 2015 |
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Education, Health and Care Plan

Section 1

The following Education, Health and Care Plan is made on 19.05.14 by Nottinghamshire County Council in respect of Andrew Dalton whose particulars are set out below. ***This Plan should be read in conjunction with the All About Me document and multi-media Wiki (if in place) and the relevant appendices attached***

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|--|---|------------------------|-------------|
| Name: | Andrew Dalton | Date of Birth: | 06.10.11 |
| UPN number: | Not yet assigned | NHS number: | 5679831 |
| Address: | 70 Harrow Walton Road, Mansfield, Nottinghamshire, NG19 7OP | Contact number: | 07728166855 |
| Current Setting / School / College: | Yeoman Park Special School from January 2015 | | |

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|--|---|---|-------------------|
| Name of Parents who have parental responsibility: | Sally and Greg Dalton | Relationship to child | Mother and Father |
| Address: | 70 Harrow Walton Road, Mansfield, Nottinghamshire, NG19 7OP | Contact number: | 07728166855 |
| Is this child looked after | <input type="checkbox"/> No | Care Authority (where appropriate) | |

Please name everyone who has contributed to the production of Andrew's Education, Health and Care Plan:

| Name: | Title: | How did they contribute? | Report attached? (inc. date of report) |
|-------------------------------------|--|---|---|
| Sally and Greg Dalton | Andrew's parents | By completing Andrew's 'All About Me' report parental report and attendance at EHC Plan meeting | Yes-14.03.14 |
| Amanda Redfern and Patricia Wootton | Early Years Teacher and Teaching Assistant | Report and attendance at EHC Plan meeting | Yes-24.03.14 |
| Pat Cliffe | Educational Psychologist | Report | Yes-17.03.14 |

| Name: | Title: | How did they contribute? | Report attached? (inc. date of report) |
|---------------------------|--|---|---|
| Sally Freeman | Teacher of the Visually Handicapped | Report and attendance at EHC Plan meeting | Yes- 12.03.14 |
| Dr C Duncan | Consultant Community Paediatrician | Report | Yes-11.04.14 |
| Jane Duke | Speech and Language Therapist | Report | Yes-17.04.14 |
| Rachel King and Sue Smith | Senior Occupational Therapist and Senior Physiotherapist | Report | Yes 14.04.14 |
| Christine Johns | Children's Epilepsy Nurse | Attendance at EHC Plan meeting | No |
| Madeleine Leigh | EHC Assessment and Plan Co-ordinator | Compiling EHC Plan and chairing EHC meeting | No |

A. Summary of the views, interests and aspirations of Andrew and his parents Sally and Greg

At the time of writing this plan Andrew is 2 years and 8 months old. He is a very happy, sociable little boy who enjoys playing and interacting with both adults and children. Andrew likes his siblings to play with him and prefers to play with someone rather than by himself. He likes having his mother nearby and giggles with pleasure when she tickles him.

Andrew loves toys that play music, make a noise and have flashing lights. He enjoys playing with soft balls (throwing them), pressing buttons on interactive musical toys and putting balls into a ball run. Andrew also enjoys visiting the sensory room at a local Children's Centre, swimming and going out in his new pushchair as he can see what is going on around him.

Andrew communicates with those around him by crying, vocalising and babbling. He also uses physical touch, eye-contact and facial expression to interact and get someone's attention. Andrew can vocalise particular sounds in appropriate contexts, e.g. he said 'Go'!' when he threw a ball. Mrs Dalton feels that he sometimes understands simple verbalisations from herself, for example "don't throw".

Andrew does not like angry voices, shouting, brushing his teeth and not being able to join in the play of other children. He is frustrated by his limited communication skills and can bite himself and smack and pinch others in frustration.

Andrew has a loving family, including extended family, and has positive attachments to a number of people, especially his mother and has access to a range of social and learning experiences as appropriate to his age and level of need. Mrs Dalton understands Andrew's needs well and works with a wide range of medical and educational professionals to support his progress.

Andrew lives at home with his mother, sister and two brothers. His father does not currently live with the family but is actively involved in his children's lives and supports with child care.

Andrew was diagnosed with Hemimegalencephaly when he was two weeks old. This means that the left hand side of his brain is larger than the right side. This condition caused severe epilepsy and until Andrew had surgery in October 2012, he was in and out of hospital. The surgery that he had was a left hemispherotomy to disconnect the left side of his brain from the right. This surgery was very effective in controlling his epilepsy and Andrew has been seizure free for over a year. However, since his surgery Andrew's other special needs have been more severe and evident.

Andrew's parents have met with a number of professionals through the EHC assessment process and been able to fully contribute their views, expertise and aspirations for Andrew.

Mrs Dalton has visited two special schools recently and the mainstream school which her other children attend. She liked both special schools and feels that either could meet Andrew's needs, as they have access to hydrotherapy, speech and language services and sensory rooms. Mrs Dalton feels that if Andrew were mobile she may consider a mainstream school but at the moment she feels a special school would be more appropriate.

Andrew's parents are keen to find a school that will cater well for his complex needs, especially his mobility, toileting, eating and daily physical therapy needs and where he will fit in with the other children. Mrs Dalton wants Andrew's educational provision to build on his existing skills, which is the approach that she adopts rather than focus on what he cannot do.

Longer term parents would want Andrew to be as independent as possible, living and learning in the most enabling environment possible. They would want Andrew to be fully part of his community.

B. Summary of Andrew's special educational strengths and needs:

Andrew has complex and severe special educational needs as a result of his neurological condition. His primary needs are physical, however he also has very significant cognition and learning and communication needs as a result of global developmental delay.

Cognition and Learning

Strengths:

- Andrew responds to daily tactile, visual, auditory and movement stimulation
- He touches new objects inquisitively
- He is beginning to anticipate some familiar daily events based on sensory cues.
- He combines three or more behaviours when exploring a toy, e.g. shakes, mouths, pats, throws
- He removes objects from a container by reaching inside
- Andrew will move to obtain an object when given a visual or auditory clue. He moves by rolling or commando crawling.

Special Educational Needs:

- Portage assessment indicates that Andrew is functioning at 6-9 months in terms of his cognitive ability
- He needs to develop an understanding of the use of objects, by initially learning how to explore objects, and to resist throwing them
- He needs to learn how to express a desire for a familiar activity to be continued either by movement or vocalisation
- Andrew's exploration of his environment is affected by his mobility and motor skills needs
- He needs to develop his speech and language skills in order to improve his ability to learn and develop
- Andrew needs to learn how to tolerate being in community settings for increased periods of time in order to improve his access to social learning environments.

Communication and Interaction

Strengths:

- Andrew has a separate cry for different discomforts
- He responds pleurably to the sound of the human voice
- He coos and gurgles
- He will repeat his own sound
- He will stop an activity momentarily to say 'no'
- He is beginning to respond to simple phrases with specific non-verbal response, i.e. gets excited about going out
- He vocalises to gain attention
- Andrew is beginning to combine two different syllables in vocal play
- Andrew can let others know what he wants by vocalising and using his left hand and foot to tap or grab someone.

Special Educational Needs:

- Andrew is at an early stage of developing his language and communication skills, using verbal and non-verbal means

- Andrew needs to learn how to use and read non-verbal communication, taking into account his visual impairment
- Andrew needs to learn how to use gesture and signing as means of communication, taking into account his level of motor skills
- Andrew needs to learn how to manage frustration without recourse to self-harming behaviours such as biting his hand, smacking and pinching, including others.

Social, Emotional and Mental Health and Wellbeing

Strengths:

- Andrew has a close and loving bond with his mother
- He loves his siblings and cousins whom he sees regularly
- He is usually happy and sociable
- Andrew enjoys a range of activities e.g. swimming, playing with toys, going out in his pushchair.

Special Educational Needs:

- Andrew is working at one year old levels in relation to his socialisation skills
- Andrew needs to learn how to use a range of communication strategies to support his social interaction with others
- Andrew needs to learn how to use his physical and mobility skills to access community activities and join in the play of other children
- Andrew needs to learn how to develop his social skills and engage with other children in order that he can build relationships and make friends with his peers
- Andrew needs to learn how to maintain attention and evenness of mood throughout the day, despite being tired because of difficulties sleeping at night.

Sensory and/or Physical

Strengths

- Andrew is very determined and can now independently move across the room by bottom shuffling or commando crawling to reach his favoured toy/activity/person
- Andrew can hold his bottle in his left hand and drink from it
- He can maintain a sitting position
- He is beginning to react to tactile stimulation of arm or leg
- Andrew can now stand with full support and uses his standing frame daily.

Special Educational Needs:

- Andrew needs to learn how to tolerate eating a wider range of foods, despite having a condition called 'geographic tongue', including foods with a variety of flavours and textures
- Andrew needs to learn how to feed himself, initially by finger feeding
- Andrew is working within birth to one year levels in terms of his visual ability
- Andrew needs to learn how to look for objects out of view or those which have fallen onto the floor
- Andrew is working within birth to 1 year levels for his fine and gross motor skills
- Andrew needs to learn how to manipulate objects using both hands together, and to extend his arms to protect himself from falling whilst in the sitting position
- Andrew has significant right upper limb impairment
- Andrew needs to develop his independent mobility.

C. Summary of Andrew's health needs which relate to his SEN:

Strengths

- Andrew has made excellent developmental progress since the epilepsy surgery
- He is generally a healthy little boy
- He has been seizure free for over a year.

Health needs

- Focal epilepsy – Andrew will need to develop an awareness of how epilepsy affects him and ultimately what actions he can take to reduce its impact
- Feeding difficulties – Andrew will need to learn how to tolerate eating a wider range of food, flavours and textures. Andrew needs to develop self-feeding skills
- Constipation – Andrew's bowel habits will need to be monitored and diet and medication adjusted accordingly
- Asymmetrical upper limb function – Andrew will need to develop strength and capacity in his right upper limb.
- Delayed fine motor skills – Andrew will need to how to manipulate objects using both hands together, and to extend his arms to protect himself from falling whilst in the sitting position
- Visual impairment – Andrew needs to develop tactile skills so that he can manage his environment
- A life-long disability that is likely to be similar to Cerebral Palsy which affects his mobility - Andrew will need to expand his range of physical movements so that he can move around more independently

D. Summary of Andrew's social care needs which relate to his SEN:

Strengths

- Andrew lives with his mother who has a very good understanding of his needs
- He benefits from support offered by his father and from the company and support of his siblings and extended family.

Needs

- Andrew's social care needs arise as result of his physical disabilities – Andrew needs to learn how to use the equipment provided in order to be as independent as possible.
- Andrew needs opportunities to socialise with his peers within the community, as well as participating in fun and enjoyable social experiences.

E. Outcomes sought for Andrew including steps towards meeting the outcomes and arrangements for monitoring and reviewing progress:

All outcomes will be reviewed with parents and professionals at Andrew's Annual Review arranged by the educational setting. Short term targets, or steps towards the outcomes, will then be set as appropriate and reviewed half-termly.

These outcomes are to be achieved by the end of Foundation 2, when Andrew is 5 years old. They represent reasonable and aspirational targets for Andrew to reach taking into account progression guidance given his current baseline assessment.

Outcomes

1. Andrew will develop his cognitive skills and make progress in his learning and development so he has a greater understanding of the world around him and can participate safely and confidently in school and home life.
 - He will be able to demonstrate the use of familiar objects, e.g. how to use a spoon,
 - He will be able to remove covers to obtain partially hidden toys
 - He will be able to demonstrate anticipation of daily events
 - He will be able to recognise and respond to photographs associated with a routine event
 - He will be able to explore objects in order to take advantage of their characteristics, i.e. shake a bell, and roll a ball.
2. Andrew will develop his language and communication skills so that he is more able to make his wishes and needs understood to those around him. This will hopefully decrease his frustration and make it easier for others, especially his family, to understand and meet his needs and will enable him to take a fuller part in interactions with others.
 - He will be able to imitate the voice intonation pattern of others
 - He will use single words appropriately
 - He will be able to make a sign to show that he needs help with toileting
 - He will be able to indicate through a sign or word attempt his wish for a familiar activity to take place or continue (movement/vocalisation)
 - He will be able to follow simple verbal directions accompanied by gestures or physical cue, e.g. give me your hands.
3. Andrew will develop his social skills and be able to engage with other children and adults safely and have fun and enjoyable social experiences, including participating in educational and community activities.
 - He will be able to take an active part in simple turn taking games
 - He will be able to stay at a community stay and play activity for a full session.
4. Andrew will continue develop his gross and fine motor skills so that he do more for himself and make more choices, including being able to stand and move with appropriate aids.
 - He will be able to reach for and retrieve objects
 - He will be able to feed himself
 - He will be able to move into and out of the sitting position independently
 - He will be able to isolate movements of one or two fingers to explore holds and to push buttons
 - He will be able to play with his own hands and feet.

Arrangements for Review

Arrangements for the review of this plan will be coordinated by the Education, Health and Care Plan Co-ordinator.

- The first review will take place within 6 months of the issue of this EHC plan to monitor the appropriateness of the plan and the level of support described therein to meet Andrew's needs.
- Reviews will continue to take place every 6 months until Andrew reaches 5 years of age when they will become annual.

The following professionals should be involved in the first review; Education, Health and Care Plan Co-ordinator, Head Teacher or representative from Andrew's school setting, Educational Psychologist, Specialist Teacher for Visual Impairment, Speech and Language Therapist, Occupational Therapist, Physiotherapist, Paediatric Consultant or a representative and any other professionals that Andrew's parents would like to invite or who are deemed appropriate to enhance the planning and provision.

F. The special educational provision required by Andrew to support identified outcomes:

| <i>The special educational provision</i> | <i>By whom (and funding source where appropriate)</i> |
|--|---|
| <p>Andrew will be provided with a Foundation Stage curriculum in a special school which will teach him self-help and independence skills, language and communication skills, cognition and learning strengths and social interaction skills. His educational placement will initially be 15 hours a week, increasing to full-time by the age of 5 years.</p> <p>Home to school transport</p> | <p>Early Years Specialist Teacher and Teaching Assistant. Special School Foundation provision <i>Local Authority SEN Place funding and top-up funding -High Needs funding Level 5</i></p> <p><i>Local Authority</i></p> |
| <p>A highly staffed and skilled teaching and learning environment with a minimum staffing ratio of 1 adult to 3 children. Staff will be trained in meeting the needs of children with Profound / Moderate Learning difficulties, physical disabilities and speech and communication needs.</p> | <p>Special School Foundation provision <i>Local Authority SEN Place funding and top-up funding -High Needs funding Level 5</i></p> |
| <p>A comprehensive individualised education programme that includes strategies and programmes guided at least termly by the advice of physiotherapists, occupational therapists and speech and language therapists. His educational environment must be suitable for the manoeuvring of postural equipment.</p> | <p>Special School Foundation provision with advice from health practitioners. <i>Local Authority SEN Place funding and top-up funding -High Needs funding Level 5</i></p> |
| <p>Termly Portage assessment to measure small steps of progress and identify individualised appropriate and aspirational targets for Andrew.</p> | <p>Special School Foundation practitioners initially working with Early Years Specialist Teacher and Teaching Assistant. <i>(From normally commissioned provision by the school)</i></p> |

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| Monthly teaching from the Schools and Families Specialist Service (Early Years and Sensory) to work on identified targets using Portage and the Oregon Project for Visually Impaired pupils in order to identify and address how his visual impairment may be impacting on his communication skills. | Teacher from the Visually Impaired Team SFSS in collaboration (<i>Local Authority</i>) with Special School Foundation practitioners (<i>From normally commissioned provision by the school</i>) |
| Weekly use of the sensory room at the Children's centre, A Place To Call Our Own (APTCOO) and Collingo Children's Group. | Early Years Specialist Teacher and Teaching Assistant. (<i>From normally commissioned provision</i>) |
| An individualised communication programme delivered at least three times a week to develop his receptive and expressive language skills based on the termly advice of the specialist speech and language therapist. | Special School Foundation practitioners, advised by Speech and Language Therapist. (<i>From normally commissioned provision</i>) |
| Educational Psychology Service will review progress and offer advice in liaison with other professionals termly, to be reviewed by the Bi-Annual review process for an early years child. | Educational Psychology Service (<i>From normally commissioned provision</i>) |
| At least termly advice to home and school in regard to eating/drinking, language development and the provision of communication aids. Assessment and monitoring. Contribute to a multi-disciplinary team to integrate consistent learning strategies. | Speech and Language Therapist (<i>From normally commissioned provision</i>) |

G. Health provision required by the learning difficulties or disabilities which result in Andrew's SEN:

| <i>The health provision</i> | <i>By whom (and funding source where appropriate)</i> |
|---|---|
| Ongoing care and 6 monthly monitoring from specialist Paediatric Health professionals to support Andrew's health needs and general development. | Consultant Paediatrician Consultant Paediatric Neurologist Palliative Specialist Children's Nurse Children's Epilepsy Nurse (<i>From normally commissioned provision</i>) |

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| <p>The provision of appropriate advice and necessary equipment, and offer of support to family, teachers and carers in school in order to develop Andrew's mobility and gross and fine motor skills. This includes:</p> <ul style="list-style-type: none"> • Fortnightly occupational therapy and physiotherapy appointments. • Six weekly blocks of hydrotherapy and rebound therapy on an annual basis. • Provision of specialist equipment to support him in standing, sitting and taking steps. • Contribution to a multi-disciplinary team to integrate consistent learning strategies. | <p>Paediatric Occupational Therapist Paediatric Physiotherapist Occupational Therapist <i>(From normally commissioned provision)</i></p> |
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| H1. Social Care provision: which must be made for the child/young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970 which must be legally provided | |
|---|--|
| <i>Social Care Provision</i> | <i>By whom (and funding source where appropriate)</i> |
| <p>Andrew is eligible to receive universal and early help activities in the community such as weekly attendance at 'Stay and Play' Children Centre sessions in order to ensure that he has a peer group and opportunities for friendship. This will be accessed via the Short Breaks and Personalisation Service, when his mother feels that this is appropriate.</p> | <p>Disabled Children's Social Care team</p> |
| <p>Andrew is eligible for the provision of a Befriending Service to offer 80 hours of flexible support throughout the year when the service is requested by Andrew's parents.</p> | <p>Flexible Short Breaks Service <i>(this may be taken as a personal budget via a direct payment)</i></p> |
| <p>Andrew will be provided with specialist seating for use at home and his home may require adaptations in future. This will need to be kept under review as he develops</p> | <p>Social Care Occupational Therapy team. <i>(From normally commissioned provision)</i></p> |

| H2. Social Care provision: required by the learning difficulties or disabilities which result in Andrew's SEN: | |
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| <p>No provision required.</p> | |

| I. Placement: |
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| <p>Yeoman Park School, a Nottinghamshire maintained special school from January 2015.</p> |

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| J. i) Personal Budget: Provision in this plan that is eligible to be provided through a personal budget is: |
| Provision in Andrew's plan that is eligible to be provided through a personal budget is described in Section J (ii), as Mr and Mrs Dalton have opted to take these elements as a direct payment. |

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| ii) Direct Payments |
| Elements of Section J eligible to be taken as a direct payment (include details of the service and costs): |
| Mr and Mrs Dalton have opted to take the following elements as a direct payment: <ul style="list-style-type: none"> • Home-school transport – to enable Andrew to attend school. This will be provided as a mileage allowance allocation totalling £6,250 per annum (to be paid termly in advance at a rate of £2,083 per term) • Flexible short breaks - to enable Andrew to develop his social skills by offering opportunities for him to engage with other children within his community (Outcome 3 - Page 7). This will be funded by flexible short breaks (£1,250 per annum). |

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| K. Appendices - advice and information gathered during the process: | |
| <i>Source</i> | <i>Evidence</i> |
| Child's parents/young person | All About Me and parental contribution |
| Education | Early Years Teacher and Teaching Assistant Report |
| Educational Psychology Service | Educational Psychology report |
| Medical | <ul style="list-style-type: none"> • Paediatric Occupational Therapist and Paediatric Physiotherapist Report • Consultant Paediatrician Report • Speech and Language Therapist Report |
| Social Care | Social Care Duty officer advice. |
| Any other requested by parents or young person or deemed appropriate | Not applicable |

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| Local Authority Designated Officer | Madeleine Leigh, Education, Health & Care Plan Co-ordinator | Signature and Date M.N.Leigh 19 May 2014 |
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