

**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.

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

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

<b>NHS Number</b>	123456789
<b>Paris Number</b>	123456789

<b>Please name everyone who has contributed and wrote this Education Health and Care Plan</b>			
<b>Name</b>	<b>Title</b>	<b>How did they contribute?</b>	<b>Report Attached? (inc date of report)</b>
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

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

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

<b>Date EHCP Agreed</b>	<b>28.08.2013</b>
<b>Scheduled Review Date</b>	<b>7.01.2014</b>
<b>Version Number</b>	<b>1</b>

### 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):	
<b>Development and Learning</b>	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.
<b>Emotional Wellbeing</b>	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.
<b>Physical Health</b>	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.
<b>Family environment</b>	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:	
<b>Development and Learning</b>	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.
<b>Emotional Wellbeing</b>	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.
<b>Physical Health</b>	<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>
<b>Family environment</b>	<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>
<b>Please describe the current support arrangements in place:</b>	
<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"> <li>• Dr Evelyn, Consultant Respiratory Paediatrician</li> <li>• Dr Fredrickson, Paediatric Neurologist</li> </ul>	
<b>Support Network (family and friends):</b>	
<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

<b>Overall outcome</b>	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.		
<b>Steps to achieving the outcome over the next 6-12 months</b>	<b>By whom</b>	<b>By when</b>	<b>How will we know we have achieved the outcome?</b>
<p><b>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):</b></p> <ul style="list-style-type: none"> <li>- Toby will need access three sessions of speech and language therapy a week as advised by the Speech and Language Therapist</li> </ul>	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"> <li>- 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.</li> </ul>	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	
<ul style="list-style-type: none"> <li>- 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.</li> </ul>	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	
<ul style="list-style-type: none"> <li>- 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.</li> </ul>	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	
<ul style="list-style-type: none"> <li>- Ensure that adults are providing commentary on his play rather than questioning him (which often only promotes yes or no responses).</li> </ul>	Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents	Jan 2014	
<ul style="list-style-type: none"> <li>- Continue to ensure that Toby's attention is gained before he is spoken to. This does currently require a high level of prompting.</li> </ul>	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	
<b>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:</b>	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	
<b>Risks of not achieving these outcomes</b>	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.		

<b>Overall outcome</b>	<p><b>Long term:</b> To support Toby's responses to learning and play opportunities</p> <p><b>Short term (next 6-12 months):</b> To support the development of Toby's attention and concentration</p>		
<b>Steps to achieving the outcome over the next 6-12 months</b>	<b>By whom</b>	<b>By when</b>	<b>How will we know we have achieved the outcome?</b>
<p><b>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):</b></p> <ul style="list-style-type: none"> <li>- 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).</li> </ul>	<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"> <li>- 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).</li> </ul>	<p>Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents</p>	<p>Jan 2014</p>	
<ul style="list-style-type: none"> <li>- 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.</li> </ul>	<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"> <li>- 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.</li> </ul>	<p>Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents</p>	<p>Jan 2014</p>	
<ul style="list-style-type: none"> <li>- Continued access to highly visual and active learning opportunities.</li> </ul>	<p>Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents</p>	<p>Jan 2014</p>	
<ul style="list-style-type: none"> <li>- Encouragement to watch the behaviours of his peers in order to support his understanding.</li> </ul>	<p>Key school staff (Reception staff/lunchtime staff/1:1 adult support) Parents</p>	<p>Jan 2014</p>	
<ul style="list-style-type: none"> <li>- 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.</li> </ul>	<p>Key school staff (Reception staff/lunchtime staff/ 1:1 adult support) Parents</p>	<p>Jan 2014</p>	
<b>Risks of not achieving these outcomes</b>	<p>Toby's responses to learning and play opportunities continue to be adversely affected by his limited attention and concentration skills.</p>		

<b>Overall outcome</b>	For Toby to be able to make and maintain friendships		
<b>Steps to achieving the outcome over the next 6-12 months</b>	<b>By whom</b>	<b>By when</b>	<b>How will we know we have achieved the outcome?</b>
<p><b>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):</b></p> <ul style="list-style-type: none"> <li>- 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.</li> </ul>	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"> <li>- 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").</li> </ul>	Key Reception staff 1:1 support Parents	Jan 2014	
<ul style="list-style-type: none"> <li>- 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.</li> </ul>	Key Reception staff 1:1 support Parents	Jan 2014	
<ul style="list-style-type: none"> <li>- 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.</li> </ul>	Key Reception staff/ Emotional Literacy Support Assistant/ 1:1 support/ Parents	Jan 2014	
<b>Risks of not achieving these outcomes</b>	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.		

<b>Overall outcome</b>	For Toby to be able to use the toilet independently. This is expected to be achieved in full by July 2016.		
<b>Steps to achieving the outcome over the next 6-12 months</b>	<b>By whom</b>	<b>By when</b>	<b>How will we know we have achieved the outcome?</b>
<p><b>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):</b></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><a href="http://www.autism.org.uk/living-with-autism/understanding-behaviour/toilet-training.aspx">http://www.autism.org.uk/living-with-autism/understanding-behaviour/toilet-training.aspx</a></p> <p><a href="http://www.dotolearn.com/picturecards/printcards/selfhelp_toileting.htm">http://www.dotolearn.com/picturecards/printcards/selfhelp_toileting.htm</a></p>	Lead Professional Parents All school staff	Jan 2014	
<b>Risks of not achieving these outcomes</b>	Toby's independence skills prevent him from accessing all learning opportunities that are available to him.		

## Emotional Wellbeing

<b>Overall outcome</b>	<b>Long term:</b> To support the development of Toby's emotional wellbeing <b>Short term over next 6-12 months:</b> 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?
<b>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):</b> <ul style="list-style-type: none"> <li>- 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.</li> </ul>	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"> <li>- The continued use of a joint home/school approach to responding to Toby's behaviour will be important.</li> </ul>	Parents/ 1:1 support/ All Reception staff	Jan 2014	
<ul style="list-style-type: none"> <li>- 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</li> </ul>	Parents/ All involved staff	Jan 2014	
<ul style="list-style-type: none"> <li>- 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.</li> </ul>	Parents/ 1:1 support/ All Reception staff	Jan 2014	
<ul style="list-style-type: none"> <li>- 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.</li> </ul>	Emotional Literacy Support Assistant/ Parents	To be considered at future review point by Lead Professional	
<b>Risks of not achieving these outcomes</b>	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.		

**This EHC plan has been published to show an example of one LA pathfinder's approach to the new EHC plans. The LA will continue to develop the format as the Bill progresses and more detailed guidance and regulations are made available by the DfE. This plan is not a template and should not be used as such.**

**(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

<b>Overall outcome</b>	<p><b><u>Long term goal:</u></b> To improve Toby's fine and gross motor development</p> <p><b><u>Short term goal over next 6-12 months:</u></b> 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>		
<b>Steps to achieving the outcome over the next 6-12 months</b>	<b>By whom</b>	<b>By when</b>	<b>How will we know we have achieved the outcome?</b>
<p><b>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):</b></p> <ul style="list-style-type: none"> <li>- Continued access to advice and support, and a structured programme of physiotherapy, from the Physiotherapy Service as they themselves consider appropriate (see below).</li> </ul>	Physiotherapist/ School staff.	Jan 2014	Jan 2014 Jan 2014 Jan 2014
<ul style="list-style-type: none"> <li>- 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.</li> </ul>	Paediatric Neurologist / Parents.	Jan 2014	
<ul style="list-style-type: none"> <li>- Continued access to advice and support from the Consultant Respiratory Paediatrician, Dr Evelyn, as he considers appropriate.</li> </ul>	Consultant Respiratory Paediatrician / Parents.	Jan 2014	
<ul style="list-style-type: none"> <li>- 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.</li> </ul>	Parents/ Reception class staff/whole staff.	Jan 2014	Jan 2014
<p><b>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):</b></p> <ul style="list-style-type: none"> <li>- Full attendance at all review clinic appointments</li> <li>- Adherence to advice and support from all supporting medical practitioners</li> <li>- Future referral to Occupational Therapy services to consider further equipment/seating options as necessary.</li> </ul>	Community Paediatrician / Parents.	Jan 2014	Jan 2014 Jan 2014

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<p><b>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):</b></p> <ul style="list-style-type: none"> <li>- Ongoing advice and support from the Physiotherapist would be beneficial in planning for and supporting Toby's needs over time.</li> <li>- 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.</li> <li>- 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.</li> </ul>	<p>Physiotherapist/ School staff/ Parents</p>	<p>Jan 2014</p>	
<p><b>Risks of not achieving these outcomes</b></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><b>Overall outcome</b></p>	<p>To support the development of Toby's perceptual and manipulative skills</p>		
<p><b>Steps to achieving the outcome over the next 6-12 months</b></p>	<p><b>By whom</b></p>	<p><b>By when</b></p>	<p><b>How will we know we have achieved the outcome?</b></p>
<p><b>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):</b></p> <ul style="list-style-type: none"> <li>- 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.</li> </ul>	<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"> <li>- 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.</li> </ul>	<p>1:1 LSA/ Reception Class staff/ Parents</p>	<p>Jan 2014</p>	
<p><b>Risks of not achieving these outcomes</b></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

<b>Overall outcome</b>	<p><b>Long term:</b> 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><b>Short term, next 6-12 months:</b> To extend the amount of Respite care available to the family</p>		
<b>Steps to achieving the outcome over the next 6-12 months</b>	<b>By whom</b>	<b>By when</b>	<b>How will we know we have achieved the outcome?</b>
<ul style="list-style-type: none"> <li>- 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).</li> </ul>	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"> <li>- 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.</li> <li>- The family to sign up for Buzz Network to access further short breaks</li> </ul>	Parents/ Respite Care Services (Buzz Network/KIDS)	October 2013	
<ul style="list-style-type: none"> <li>- 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.</li> </ul>	Whole school staff/ Parents	Jan 2014	
<b>Risks of not achieving these outcomes</b>	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"> <li>• Continued access to the advice and support from the following services: <ul style="list-style-type: none"> <li>- The Speech and Language Therapy Service (at least one session each term)</li> <li>- The Physiotherapy Service(at least one session each term)</li> </ul> </li> <li>• In addition, Toby will require access to the following services: <ul style="list-style-type: none"> <li>- The Specialist Teacher for children with physical difficulties (twice a term)</li> <li>- Support from an Emotional Wellbeing Development Officer (EWDO)</li> </ul> </li> <li>• The Isle of Wight and Southampton Psychology Service will provide advice as requested by the school.</li> <li>• Access to support and supervision to ensure that Toby is able to access his desired learning and play activities safely.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>

<b>The Lead Professional responsible for reviewing this plan will be:</b>	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
<b>Personal budget</b> 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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<b>Education Placement</b>	A mainstream school Meadow Valley Infant School as from 5 September 2013.	
<b>Level of Support</b>	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.	
<b>Special School only</b>	Band 1	
	Band 2	
	Band 3	

03/07/2013

(Date of proposed Statement)

*Julia Katherine*

28/08/2013

(Date of final Statement)

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