

Model Education, Health and Care Plan

‘Chloé’ – A child with multi-sensory impairment, aged two years ten months
March 2017 Edition

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Preface



This paper was prepared using funding provided by the Department for Education under grant agreement with NatSIP, the National Sensory Impairment Partnership:



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1. Purpose of this document

The purpose of this document is to illustrate the **written** content of an Education, Health and Care (EHC) Plan for children and young people with a sensory impairment by following the requirements and the sections for a Plan as set out in the SEND Code of Practice, published in January 2015.

2. Intended audience

This document is for:

- a. those who are responsible for coordinating the assessment and drafting of an EHC Plan and/or the key worker and professionals contributing to the assessment and plan.
- b. parents who would like to know what kind of information should be included in an EHC Plan to ensure it accurately identifies their child's needs and sets out how they will be met.

3. Recommended action:

NatSIP recognises that local authorities will have their own format for their EHC Plans. NatSIP encourages local authorities to use the model Plans as:

- an aid to ensure any format they develop reflects the required content of EHC Plans.
- a check to ensure that Plans developed for individual children and young people with sensory impairment fully reflect the level of content suggested in the exemplars
- a way to ensure the EHC Plan is based on a thorough assessment of the child or young person as required by the SEND Code of Practice and as set out in Better assessments, better plans, better outcomes: a multi-disciplinary framework for the assessment of children and young people with sensory impairment, developed by NatSIP.¹

4. Background

NatSIP has been commissioned by the Department for Education to produce exemplar EHC Plans for children and young people with a sensory impairment. This model EHC Plan is based on the structure outlined in the SEND Code of Practice.² The boxed text in this model plan is taken from the guidance in the SEND Code of Practice regarding the required written content of each section of the Plan.

This model Plan is one of a series covering hearing impairment, vision impairment and multisensory impairment across different age groups. Other model Plans are available on the NatSIP website.

¹ Available online at <https://www.natsip.org.uk/index.php/send-reforms>

² See <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

5. EHC Plan Cover Sheet

Education, Health and Care (EHC) Plan

This is EHC Plan No. 1 for Chloé Roberts

Proposed Plan No 1 issued on:	07/09/20XX
Date Plan 1 agreed:	03/09/20XX
Date of review:	03/09/20XX

Details of the child:

Name:	Chloé Roberts
Gender:	Female
Date of birth	07/09/20XX
Home address:	
Home Language	English
Preferred mode of communication	Multi-sensory touch and sound
Educational setting currently attended (if applicable)	Little Learners Nursery, a private nursery

Child's Parents/Person Responsible

Name:	Mr Liam Roberts Mrs Connie Roberts
Relationship to child:	Father and mother
Home address (if different to above):	
Telephone number:	
Email:	

The following attended meetings and have contributed to this plan:

Name:	Role/position
Mr and Mrs Roberts	Parents
	Educational Psychologist
	Audiologist
	Ophthalmologist
	Specialist speech and language therapist
	Paediatrician
	Key worker, Nursery
	MSI Teacher
	Paediatric Physiotherapist
	Epilepsy Nurse
	Neurologist

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7. **Plan Section A – Getting to know Chloé: the views, interests and aspirations of Chloé and her parents**

There is no requirement in the SEND Code of Practice to produce a one-page summary. It may, however, be a useful way of presenting key information about the child/young person at a glance.

Hi! I am Chloé

Photo of Chloe to go here

What people like about me

I am a delightful little girl who is happy and smiley most of the time.

I love to be cuddled.

I love going to nursery provided I am well.

What is important to me

My mum and dad and my sisters.

My dog, Alfie.

My teddy bear which goes everywhere with me.

I love the colour yellow and am especially interested in anything yellow.

Spending time with my sisters.

Having my MSI needs met.

Staying safe and well.

How best to support me

Let me know what's happening by using a range of communication methods to suit my sensory needs (e.g. on-body signing, objects of reference).

Give me time to process information.

Make sure I feel safe.

Reassure me with physical contact.

The above 'quotes' are an interpretation of Chloe's views based on observation, assessment and discussion with her parents.

The SEND Code of Practice states that, if written in the first person, the plan should make clear whether the child or young person is being quoted directly, or if the views of parents or professionals are being represented.

The SEND Code of Practice states this section should also include details about play, health, schools, independence, friendships, further education and future plans including employment (if practical); how to communicate, child / young person's history.

Chloé's story to date

Give a brief case history/summary

Chloé was born with a rare genetic mutation causing pontocerebellar hypoplasia which is a condition that affects the development of the brain, resulting in severe developmental delay, multi-sensory impairment (MSI) and many other complex health needs including epilepsy. The condition was diagnosed shortly after birth.

She started at her current nursery in September XXXX. She is totally dependent on adults for all aspects of daily life. She is not yet able to interact with her peers because of her complex needs. However, she indicates that she is enjoying something by smiling and flexing her limbs. She especially enjoys it when her older sisters play with her. She enjoys the presence of the family pet, a dog called Alfie.

How to communicate with Chloé

Parents and nursery staff use a combination of speech, sounds, Makaton, on-body signing and objects, as recommended by the Sensory Support Service.

Chloé's views and aspirations for the future

I want to carry on going to nursery and having fun with my sisters and my Mum and Dad.
(This is what we think Chloe's view is, based on observation, assessment and discussion with her parents.)

Chloé's parents' views concerns and aspirations

Chloe's parents want her to carry on being happy and smiley. They are still coming to terms with her complex medical condition. They feel sad for all the things that she will be unable to do or experience but they are determined to do everything they can to support her and give her the happiest life possible. They want to see her develop to the best of her ability and get the most out of her life. They are keen to ensure that she goes to a school where staff will understand the complexity of her needs, both medical and educational.

8. Plan Section B. Chloé's special educational needs

The assessments carried out and information gathered, provide the following more detailed information about Chloé's needs. *(Include how this compares with children of a similar age without sensory needs):*

Cognition and learning

- Chloé has complex learning needs arising from pontocerebellar hypoplasia (see Section A). She has severe global developmental delay (behind in all her milestones). When she was assessed at the age of 31 months using the Early Years Foundation Stage Development Matters framework, she was functioning mostly at the age equivalent level of 0-11 months.
- Her multi-sensory impairment has an impact on all areas of learning.
- She is unable to learn incidentally in the way that other children of the same age do.
- She is able to explore objects with her hands and feet and can sometimes spend a short time doing this independently.

Communication and interaction

- Chloé has very limited communication and interaction skills.
- She usually communicates her needs and feelings using vocalisations (making non-verbal sounds). When happy, she laughs or smiles, and she cries when upset or hungry or when she wants physical reassurance. She can also use gestures and body movements to communicate her wishes or mood. For example, she may flex her limbs or arch her back to show pleasure, or turn her head away if she has had enough of an activity.
- Her family and nursery staff use communication systems recommended by the Sensory Support Service. These include some Makaton signs and on-body signing. They also use objects of reference (i.e. presenting – visually or through touch - an object which matches what is being said, such as a brush when it is time to brush her hair).

Sensory needs

- Chloé has multi-sensory impairment (MSI).
- She has optic nerve hypoplasia (under-development of the optic nerve) in both eyes, nystagmus (involuntary eye movement) and cortical visual impairment (a form of visual impairment caused by a brain problem rather than an eye problem). Her sight fluctuates from day to day so she does not receive consistent visual information, but she usually pays more attention to things which are moving. She is registered as severely visually impaired.
- She has moderate sensori-neural hearing loss in both ears and has worn hearing aids since she was 3 months old. She occasionally pulls them out but for the most part she tolerates them well. When she is wearing her aids, she is able to recognise a familiar voice from across the room.

Physical and mobility needs

- Chloé has delayed physical development and low muscle tone.
- Her condition affects her balance and coordination.
- Her movements are disorganised and uncoordinated.
- When lying on her tummy she can lift her head and then her chest, supporting herself on her forearms.
- She is able to sit independently for a short time but does not have saving reactions. This, together with her difficulties with balance, makes her physically vulnerable.
- She can move around the room to a limited extent by rolling. She can roll over onto her tummy and return to her back.
- She enjoys exploring objects with her hands and feet, often preferring to use her feet first.

- She is able to reach out for and touch objects and is starting to hold them, but still has difficulty grasping objects unless she is supported to sit up by an adult.
- She is able to turn her head in response to sounds and sights and can hold her head up to look around for lengthy periods of time.

Social, emotional and mental health needs

- Most of the time Chloé smiles a lot and is happy, but there are times when she is not content and she is unable to communicate why that is. This makes it difficult to console her, as it can be difficult to work out what is affecting her mood.
- She loves being with people, in spite of her limited interaction skills.
- She appears to recognise and respond to the voices and faces of familiar adults and her sisters when they are near. She sometimes cries when being separated from a familiar adult.
- At nursery, she looks at the other children but does not interact with them.
- She enjoys physical contact which she seems to find reassuring.

Independence and self-help skills, including personal care

- Chloé is dependent on adults for all aspects of daily living.
- She wears nappies throughout the day and night.
- She is spoon fed, but is able to hold and feed herself finger foods such as breadsticks or pieces of banana. However, she has a tendency to choke, so she must never be left to do this unsupervised.
- She is able to drink from a specialised cup if an adult holds it for her.

9. Plan Section C. Chloé's health needs related and unrelated to her SEN

The SEND Code of Practice states that an EHC Plan must specify any health needs identified through the EHC needs assessment which relate to the CYP's SEN.

The Clinical Commissioning Group (CCG) may also choose to specify other health care needs not related to the SEN.

- Pontocerebellar hypoplasia. This is a condition that affects the development of the brain. It is associated with complex medical, sensory and physical needs and global developmental delay.
- Epilepsy – short seizures/absences.
- Optic nerve hypoplasia (underdevelopment of the optic nerve), nystagmus and cortical visual impairment resulting in severely reduced vision.
- Mild-moderate hearing loss (sensori-neural) in both ears.
- Uncoordinated swallow when eating and drinking which means that she is at risk of choking and aspirating (taking food into the lungs).
- Poor general health: she is often unwell with colds and is susceptible to chest infections. This can have a significant impact on her level of engagement with learning activities.

10. Plan Section D. Chloé's social care needs related and unrelated to her SEN

The SEND Code of Practice states that the EHC Plan must specify any social care needs identified through the EHC needs assessment which relate to the child's SEN or which require provision for a child or young person under 18 under section 2 of the Chronically Sick and Disabled Act (CDSA) 1970. The local authority may also choose to specify other social care needs not linked to CYP's SEN or disability but must have the consent of the child and their parents.

- Chloe has been assessed by a social worker from the Children's Disability Team working jointly with the MSI teacher. The assessment met the requirements of the Deafblind Guidance issued by the Department of Health in 2014.
- As a result of this assessment, Chloe is supported for four hours each weekend by a trained intervenor who plays with her at home while her parents spend time with her sisters, and also takes her to a water play session at a local hydrotherapy pool.
- Her parents would like to consider respite care for her at some point in the future.

11. Plan Section E. Desired outcomes for Chloé

The SEND Code of Practice requires a range of outcomes over varying timescales covering education, health and care as appropriate plus steps towards achieving the outcomes (see table below for the steps). It advises against confusing outcomes with provision. It also requires the inclusion of forward plans for any change in a child or young person's life such as a change of school. For young people aged over 17, the EHC plan should identify clearly which outcomes are education and training outcomes.

The following are the desired outcomes for Chloé:

- a. By the end of the Early Years Foundation Stage (EYFS), Chloé will have made measurable year on year progress in communication and language.
- b. By the end of the EYFS, Chloé will have made measurable progress in her early learning skills.
- c. By the end of the EYFS, Chloé will have made measurable year on year progress in the development of her physical and mobility skills.
- d. By the end of the EYFS, Chloé will be making the best possible use of her residual senses.
- e. By the end of the EYFS, Chloé will have made measurable year on year progress in her personal, social and emotional development.
- f. By the end of EYFS, Chloé will have made measurable progress in the development of independence skills.

Arrangements for monitoring and reviewing Chloé's progress

- This plan should be reviewed in February 20XX and then every six months until Chloé is five, when it should be reviewed at least annually.
- The nursery will set learning targets which should be monitored and reviewed at least termly with Chloé and her parents.

Preparing for Chloé's transition to school

Chloé's parents have already identified a maintained special school within the Local Authority area which they would like Chloé to attend and the LA will begin consulting next term for a placement in September 20XX. Once a place has been offered, there will need to be close liaison between her nursery and the school to ensure a smooth transition. This should include planning visits to familiarise her with the new environment and key members of staff before she starts there.

12. Plan Section F. The special educational provision required by Chloé

The SEND Code of Practice states: provision MUST be detailed and specific and normally be quantified (e.g. in terms of the type, hours and frequency of support and level of expertise) including where this support is secured through a personal budget. Provision MUST be specified for every need specified in Section B. It should be clear how the provision will support the outcomes. There should be clarity as to how advice and information gathered has informed the provision. The plan should specify: any appropriate facilities and equipment, staffing arrangements and curriculum; any modifications to the application of the National Curriculum; any appropriate exclusions from the application of the National Curriculum, in detail, and the provision which it is proposed to substitute for any such exclusions in order to maintain a broad and balanced curriculum; where residential accommodation is appropriate; arrangements for setting shorter term targets and monitoring progress; where there is a personal budget, the details for this. Should also identify arrangements for the setting of shorter term targets by the educational setting. Note: where provision made by social care or health services educates or trains a young person (e.g. speech and language therapy), it must appear in this section.

The following table identifies the steps and the special educational provision required to meet Chloé's special educational needs set out in section B and to ensure the outcomes identified in Section E are achieved (see sections G, H1 and H2 for any required health and social care provision).

a.	Outcome: By the end of the Early Years Foundation Stage (EYFS), Chloé will have made measurable year on year progress in communication and language.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
a1	Chloe will be able to recognise and respond to many familiar sounds (e.g. the family dog barking, a favourite tune, the doorbell) and will demonstrate that she has heard, e.g. by stilling or turning towards the source.	<ul style="list-style-type: none"> Chloe needs a bespoke communication programme that caters to her needs. The programme will be drawn up by a speech and language therapist working in conjunction with a qualified MSI teacher. It will be delivered by nursery staff throughout the curriculum, with monitoring and review once per term by the speech and language therapist. Chloe requires a Total Communication approach – speech, on-body signs, sign language, facial expression, gesture, hand-under-hand signing and support and objects of 	Specialist speech and language therapist to draw up the programme, train nursery staff and monitor and review progress at least once per term. The programme will be delivered on a daily basis throughout the curriculum by all staff working with Chloe.
a2	She will show emergent understanding of the everyday language of routines.		
a3	She will enjoy rhythmic patterns in rhymes and stories and will demonstrate listening by trying to join in with actions or vocalisations.		
a4	She will make her own sounds in response when talked to by a familiar adult.		

a.	Outcome: By the end of the Early Years Foundation Stage (EYFS), Chloé will have made measurable year on year progress in communication and language.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
a5	She will use clear intentional non-symbolic communication, such as gently pushing away unwanted items and moving or vocalising to join in a turn-taking game.	<p>reference.</p> <ul style="list-style-type: none"> • She needs a good listening environment where distractions, background noise and reverberation are kept to a minimum. • She requires individual support to develop her communication skills around the everyday language of routines and to consolidate those skills. • She needs sensitive, suitably trained communication partners who can help her to express her needs, and convey meaning to her through on-body signs and tactile clues. • 1:1 support will be required to enable Chloe to use specialist equipment and resources, including resonance board, a variety of tactile toys, visual/tactile timetable, objects of reference and sound cues. • She needs to be given time to process information. 	<p>The local authority will fund 1:1 support from a suitably trained intervenor with experience of Makaton, for 15 hours per week (i.e. for all the time Chloe spends at nursery).</p>

b. By the end of the EYFS, Chloé will have made measurable year on year progress in her early learning skills.			
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
b1	Chloé will show understanding of familiar cues used in context.	<ul style="list-style-type: none"> Chloe needs specialist support from a wide range of professionals and a focused education programme to meet her particular complex multi-sensory needs. She needs a nurturing and supportive nursery environment with small classes and 1:1 support from a trained intervenor throughout her time at nursery She needs staff who are trained and experienced in meeting the needs of children with severe multisensory impairment and severe global developmental delay. She needs a highly structured communication and learning programme which focuses on helping her senses to work together in a co-ordinated fashion. Learning must be based on a specialist MSI curriculum (such as the Victoria curriculum), to encourage Chloe to use all her residual senses in order to make sense of her world. She needs specialist teaching approaches such as hand-under-hand support, Intensive Interaction, appropriate pace and presentation and the use of well-cued, consistent routines for all activities. <p>Chloe needs motivation, stimulation and interaction in early years development activities through foods, favourite toys and play.</p>	Nursery staff, including trained intervenor, to work with external specialists (including paediatric physiotherapist, specialist speech and language therapist and MSI teacher) to design an individual learning programme to meet her needs.
b2	She will anticipate some steps within familiar routines such as familiar turn taking games.		
b3	She will understand cause and effect in specific settings where the effect rapidly and reliably follows the cause.		
b4	She will recognise and know the function of most objects used in her familiar daily routines (e.g. her cup, spoon, standing frame).		

c.	By the end of the EYFS, Chloé will have made measurable year on year progress in the development of her physical and mobility skills.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
c1	Chloe's gross and fine motor skills will reach optimum physical potential.	<ul style="list-style-type: none"> Physiotherapy reviews at least once per month for one hour to advise parents and staff on how best to support Chloe's posture when accessing educational and other activities and promote her gross motor development and exploration skills. A daily programme of exercises and movements will be drawn up by the paediatric physiotherapist and implemented by staff and parents who will also be trained by the physiotherapist. Daily positioning/handling and therapy input, at home and at school/nursery, as advised by the paediatric physiotherapist. All staff working with Chloe must be aware of her stage of development and must work to keep her safe and encourage next steps in development. Daily use of specialist equipment including supportive chair and standing frame to provide a functional position to access educational activities. Daily checking of equipment by nursery/school staff to ensure that it is in a safe and working condition. Safe, interesting environment supporting active exploration and orientation, including a small individual base area for one-to-one working and relaxation. 	Paediatric physiotherapist, once per month for one hour.
c2	Chloe will increase her mobility and body strength.		<p>Paediatric physiotherapist to draw up the programme and train nursery/school staff in its delivery. Programme to be implemented daily by staff and parents.</p> <p>All staff working with Chloe.</p> <p>Designated member(s) of staff following advice from the physiotherapist.</p> <p>Nursery</p>
c3	She will be more able to explore her environment.		
c4	She will be able to orientate herself within her secure base area and other very familiar environments, showing recognition of particular areas or boundaries.		

d.	By the end of the EYFS Chloe will be making the best possible use of her residual senses.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
d1	With hand-under-hand support Chloé will explore new items using touch, hearing and vision	<ul style="list-style-type: none"> • A specialist MSI curriculum which encourages the use of all Chloe's senses, in particular hearing, vision and tactile skills in order to make sense of her world. • Advice and support at least once per fortnight from a qualified MSI teacher. • Specialist equipment and resources, such as a resonance board, iPad, Wowee, bubble tube, Little Room and/or other equipment, to help Chloe make the most of her residual senses, as recommended by the MSI teacher. • Her ICT needs should be kept under review by the MSI teacher. • She needs to be offered choices, e.g. different foods or toys, to encourage her to express a preference. • Daily checking and maintenance of hearing equipment 	All nursery staff throughout the day, following advice from the MSI teacher.
d2	She will show consistent preferences for specific sounds, items, textures etc. (although these may change over time)		MSI teacher one hour per fortnight
d3	She will locate preferred items in a small area using hearing, touch or vision		Sensory Support Service MSI teacher Daily checking by designated member(s) of staff following advice from the MSI teacher

e.	By the end of the EYFS, Chloé will have made measurable year on year progress in her personal, social and emotional development.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
e1	Chloé will differentiate between familiar adults, e.g. showing increased pleasure when a favourite adult interacts with her	<ul style="list-style-type: none"> 1:1 support from a trained intervenor throughout the nursery/school day, for a combination of one to one and small group activities (2 or 3 pupils). The use of Intensive Interaction, turn-taking routines and other fun interactions to help Chloé realise that she can initiate and maintain communication and affect others' actions by so doing. All staff working with Chloé need to respond to what she shows she is interested in and wants to do, by providing a variety of activities, stories and games. Activities must go at Chloé's pace, allowing her time to process and respond to information. Staff responses must be consistent and predictable. Chloé has a favourite toy, a yellow teddy bear, which she finds comforting. Staff should ensure that the toy is at hand when she needs it. 	<p>1:1 support for 15 hours per week, funded by the local authority.</p> <p>All nursery staff, throughout the day</p>
e2	She will learn that her own voice and actions have effects on others.		
e3	She will show awareness of her peers		
e4	She will demonstrate a growing ability to moderate her emotional responses with support from a trusted adult (e.g. calming to the adult's voice or touch)		

f.	By the end of the EYFS, Chloé will have made measurable progress in the development of independence skills.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
f1	Chloé will increase her eating and drinking skills.	<ul style="list-style-type: none"> Chloe needs specialist support to enable her to develop her physical and independence skills while also being kept safe (see outcome c). Staff to use on-body sign/tactile cues/hand-under-hand, when it is lunch time and encourage Chloe to ask for more using on-body sign. They should encourage her to hold finger foods. Chloe should be offered a choice of foods to ascertain likes and dislikes. She should be encouraged to look at and smell food. She should be encouraged to hold the spoon and find her mouth using the hand-under-hand method. Staff to encourage Chloe to participate in care-giving routines. 	<p>See outcome c for involvement of the paediatric physiotherapist.</p> <p>All nursery staff, throughout the day.</p>
f2	She will be able to move herself into the position she wants.		
f3	She will become increasingly co-operative with care-giving experiences e.g. by raising her arms when a being dressed in a top		

13. Plan Section G. Health provision related and unrelated to SEN

SEND Code of Practice requirement: Provision should be detailed and specific and normally quantified including who will provide it. It must be clear how it will support the achievement of outcomes, including the health needs to be met and the outcomes to be achieved through provision secured through a personal (health) budget; clarity as to how advice and information gathered has informed the provision specified. Health provision may include specialist support and therapies, including medical treatments and delivery of medications, nursing support, specialist equipment and continence supplies. The local authority and CCG may also choose to specify other health care provision reasonably required by the child or young person which is not linked to their health or disabilities.

Assistance with movement/postural management (Outcome d)

- This is provided in Section F (special educational provision).
- A future referral for orthotics/boots will be made if required.

Visual and hearing (Outcome c)

- Chloé requires on-going assessment and support for her hearing and vision needs by specialist services in hearing and vision impairment.
- She requires on-going input from audiology/ENT services, including the monitoring of hearing thresholds and hearing aids, and replacement of ear moulds as required.
- She requires on-going input from the ophthalmology service.

Feeding and swallowing (Outcome f)

- The specialist speech and language therapist will train parents and staff in feeding techniques to enable Chloé to swallow without choking.

Epilepsy and other needs

- Chloé requires input from health professionals including the community paediatrician and neurology consultant to monitor and provide support for her complex health needs.
- Nursery/school staff and parents have been trained in the administration of Chloé's medication.

IMPORTANT

Full details of Chloe's care plan, including emergency medication for her epilepsy, are appended to this plan.

14. Plan Section H1. Social care provision required under Section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970.

SEND Code of Practice requirements: Social care provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it (including where this is to be secured through a social care direct payment). It must specify all services assessed as being needed for a disabled child or young person under 18, under section 2 of the CSDPA. It may include services to be provided for the parent carers of disabled children, following an assessment of their needs under sections 17ZD-17ZF of the Children Act 1989. It should be clear how the provision will support the achievement of outcomes.

Outcome g:

Chloé and her family will be supported in maintaining family life and access to community activities.

Provision:

Continuation of intervenor support for four hours each weekend.

Consideration of respite care provision if and when Chloé's parents wish to pursue this.

15. Plan Section H2. Any other social care provision required by Chloé

SEND Code of Practice: Social care provision may include provision identified through early help, children in need assessments and safeguarding assessments or adult social care assessments, but MUST only include services not provided under section 2 of the CSDPA. Social care provision will include any adult social care provision to meet eligible needs for young people over 18 (set out in the adult care and support plan). When 18, care provision specified in the EHC Plan will be provided by adult services. Local authority may also choose to include other social care provision which is not linked to their learning difficulties or disabilities, such as child in need or child protection plans.

None identified

16. Plan Section I. Name and type of placement for Chloé

Chloé will attend the following type of educational setting:
[This information must only appear in the final plan]

17. Plan Section J. Personal budget arrangements for Chloé

If there is a personal budget, the details of how the personal budget will support particular outcomes; the provision it will be used for including any flexibility in its usage and the arrangements for any direct payments for education, health and social care.

Chloé's parents do not want to access a personal budget for any of the provision outlined in this plan for Chloé.

The table below is an example of a possible way of recording the details required if a personal budget is being accessed.

Outcome step	What is being funded?	Annual cost	Funding agency	Comments (Note if all or part required as a personal budget)

18. Plan Signatures

Signed: _____ (Lead Officer)

Date: _____

Signed: _____ (Parent/Carer)

Date: _____

19. Plan Section K. Advice and information received for Chloé's assessment

SEND Code of Practice: The advice and information gathered during the EHC needs assessment MUST be attached (in appendices). There should be a list of this advice, who provided it and when it was provided.

Agency (If appropriate)	Role/Position	Written by	Date of report	Comments
	Parents	Mr & Mrs Roberts	01/09/20XX	
Education	MSI Teacher		18/10/20XX	
Education	Keyworker		20/10/20XX	
Education	Educational Psychologist		14/09/20XX	
Social Care	Social Worker		01/11/20XX	
Health	Senior Audiologist		04/08/20XX	
Health	Specialist speech and language specialist		21/09/20XX	
Health	Physiotherapist		17/10/20XX	
Health	Paediatrician		11/08/20XX	
Health	Epilepsy Nurse		11/08/20XX	
Health	Ophthalmologist		11/08/20XX	
Health	Neurologist		27/08/20XX	

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