

Model Education, Health and Care Plan

‘Steven’ – A child with vision impairment, aged five
March 2017 Edition

Date: *March 2017*

Version: *vP1*

Status: *For publication*

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 *Steven Smith* (name of child)

Proposed Plan No 1 issued on:	
Date Plan 1 agreed:	15 June 2014
Date of review:	14 June 2015

Details of the child:

Name:	Steven Smith
Gender:	Male
Date of birth	3 July 2008
Home address:	
Educational setting currently attended (if applicable)	Highton Primary School

Child's Parents/Person Responsible

Name:	Mr Tom Smith Mrs Tania Smith
Relationship to child:	Father and mother
Home address (if different to above):	
Telephone number:	
Home language/communication method	English

The following people have contributed to this plan:

Name:	Role/position
Mr and Mrs Smith	Parents
	Specialist VI Teacher
	Educational Psychologist
	Ophthalmologist
	Occupational Therapist
	Paediatrician
	Social Worker
	SENCo
	VI Mobility Specialist

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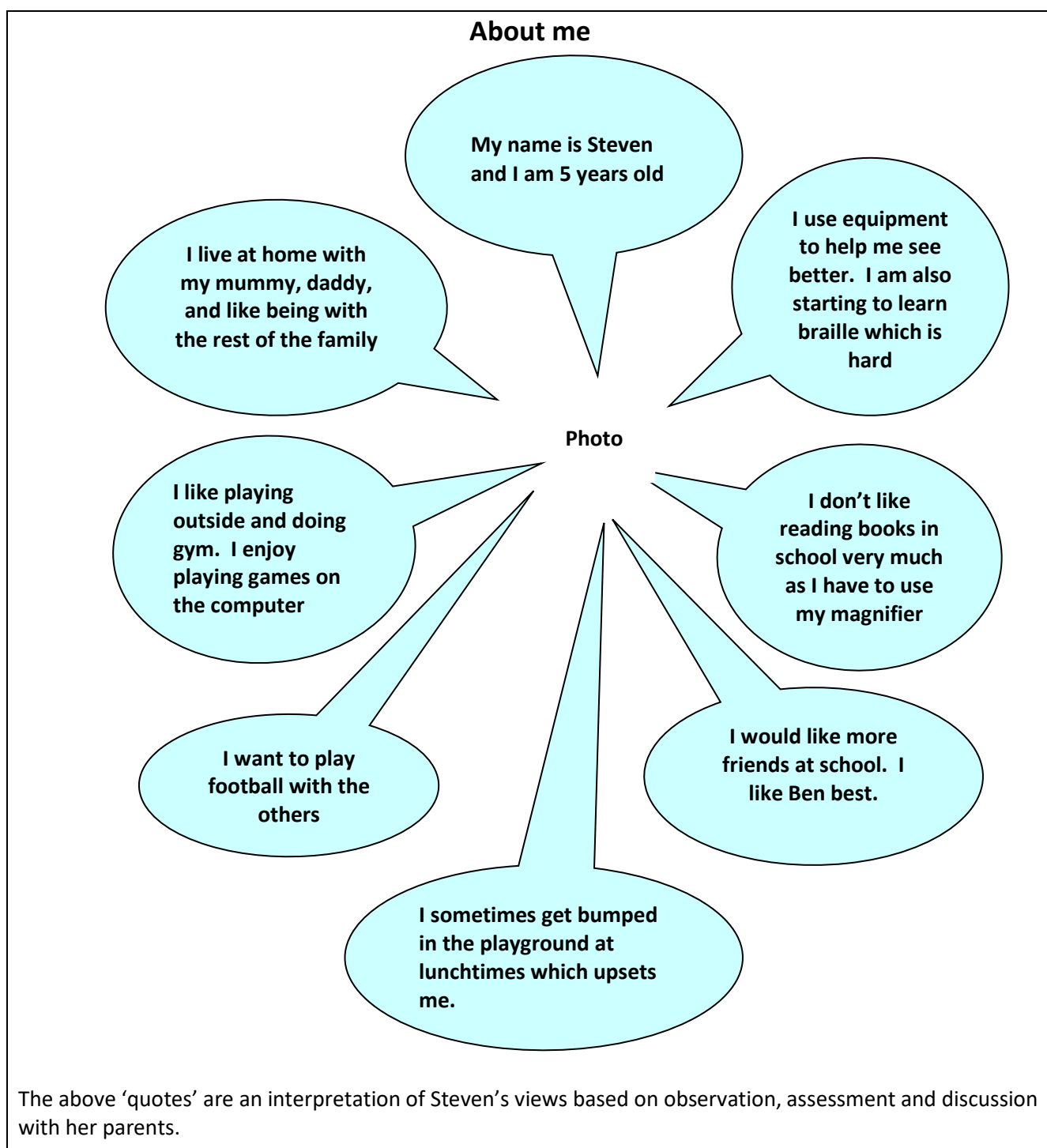
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7. Plan Section A. Views, interests and aspirations – Getting to know Steven

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.



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.

Steven's strengths and challenges

The assessments and information gathered indicate that Steven has the following strengths:

- He has developed good strategies to make best use of his severely reduced residual vision
- He is confident and generally happy in school
- His language and communication skills are age appropriate.
- He is able to identify his needs clearly and talk about his feelings
- His understanding of language is at an age-appropriate level and he is able to follow verbal instructions.
- Numeracy is a strength for him, particularly when the task is practical and requires little vision.
- His gross and fine motor skills are age appropriate, and he particularly enjoys PE activities (although, on occasions, can show a lack of confidence)

The assessments and information gathered for this plan also indicate that Steven has the following challenges:

- A severe progressive vision impairment caused by early onset retinal dystrophy. Early onset retinal dystrophy means that the special light sensitive cells at the back of the eye are not working properly, resulting in reduced vision. Further deterioration in vision may occur later on
- Severely reduced near and distance vision necessitating adaptations to printed classroom materials and restricted visual fields.
- Difficulties in development of social skills and interaction with peers
- Difficulties with safe mobility in an unfamiliar environments, especially with poor lighting and not very confident in his home environment
- Difficulties in the development of self-help and independence skills
- Cannot see sufficiently well to read any of the normally printed classroom materials such as books and worksheets
- Literacy skills are behind those expected for children of his age and ability
- Large print may soon not be sufficient to help him read or see information in all settings and this may then become a barrier to learning in the classroom. Therefore, he will need to learn Braille to prepare him for a possible transfer from print in future.
- Difficulties in maintaining concentration on tasks.
- No colour vision.

Steven's story to date

SEND Code of Practice advises if history is 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 the parents and / or professionals are being represented.

Steven was referred to the Vision Impairment Service in March 2010 by Mr Douglas Orwell, Consultant Paediatric Ophthalmologist at Oakwood Hospital as he has an eye condition (called retinal dystrophy) which began early in life and causes severe reduction of visual acuity, severely affecting the way he sees, e.g. for reading, and in his wider visual field (to the sides and above and below). Steven was registered with social services as severely sight impaired/blind in April 2011.

Steven lives with his mother and younger sister. His father has recently returned to the family home following a period of time when he lived away.

Steven's mother has used his personal budget to access mobility/habilitation support at home from the local society for the blind.

His home has been adapted with appropriate lighting and wet room facilities following recommendations from the occupational therapist who also advised on equipment to help Steven with eating meals in school.

Steven is in Year 2 at Highton Primary School. He is a summer born child and so one of the youngest in his class. He has 37 hours per week specialist teaching assistant support which includes time for modifying and adapting learning materials. He is also supported weekly by the specialist vision impairment (VI) teacher.

He is confident and happy to explore and has developed his own methods to learn about the world. However, his visual difficulties are affecting his progress with social interaction, self-help skills and literacy skills.

He has a strong personality and he often likes to play on his own. He has to be encouraged to interact socially with his peers and he will now sometimes play with one or two other children.

Steven has recently had an ICT assessment by the VI Service and uses a CCTV, portable magnifier and iPad in the classroom to enable independent access to learning materials. A recent assessment using the UK Learning Media Assessment indicates that Steven should learn Braille to prepare him for a possible switch from using print in future. This switch could be triggered by a further loss of sight and/or by the fact that the reading demands of the curriculum are likely to become too great for Steven to manage with his current 48 point size print.

How to communicate with Steven

Steven's language and communication skills are age appropriate. He is able to identify his needs clearly and talk about his feelings.

His understanding of language is good and he is able to follow verbal instructions.

Steven's concerns, aspirations, views and interests for the future

Steven expresses his views and preferences during his school day. He particularly enjoys outdoor play and most gymnastic activities.

Steven also enjoys computer games but says that he cannot read and that he does not like the books in school because he cannot see them very well unless he uses his magnifier. This makes him feel different to his class mates. He would like to be able to share in reading activities with the rest of the class.

He enjoys spending time at home and with his large extended family. But he says that he would like more friends in school. Steven wants to be able to play football outdoors with Ben who is in the same class.

Steven finds lunchtimes difficult. Although he can find his way from the dining hall to the playground on his own, he says he often gets bumped in the playground and would like to be able to find Ben there more easily.

He wants to be like the rest of the class and join in all activities with them, both in school and out of school.

Steven's parents' views and aspirations for the future

Tania and Tom are very happy with Steven's learning in school and feel that he is making good progress given his visual difficulties. They are also very happy with the support he receives in school.

However, they also know that he is not doing as well as his friends in reading and writing and would like to know what they can do to help. They would also like to be able to support his mobility and independence skills at home.

Tania is keen for Steven to continue to develop his Braille skills as she feels that he will need to rely on these in the future. Both of his parents are aware that print access (being able to see the print on the page) is an increasing struggle for him and they are willing to learn Braille themselves.

Although they are pleased that Steven enjoys going to school and is generally happy there, they would both also like Steven to have more friends. In particular, they would like him to be able to bring friends home.

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

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

Sensory - vision

The report of the VI Service states that Steven has a distance visual acuity of 6/38 with both eyes. This level of acuity means:

- that things need to be roughly six times closer or bigger to be seen and targets of some size or complexity may not be distinguished or seen well enough for recognition
- he would need to be at 6 metres to see what a normally sighted person can see at 38 metres, so seeing facial expressions and gestures and recognising people over a distance will be difficult. This will make some classroom activities difficult, such as demonstrations by the teacher, and cause problems in social situations in recognising his friends (e.g. in the playground).
- his visual fields are severely reduced and he is unaware of any objects in his lower visual field. Steven also has problems with his peripheral vision, that is seeing all around him.
- he has difficulty judging depth and distance so may misjudge steps and because of his poor distance vision his ability to see and recognise obstacles will be impeded.
- in order to access print, Steven needs to use font size 48 on the computer.

The font in this sentence is size 12.

This is size 48.

- There are implications for safe mobility, inclusion in large group situations, particularly PE lessons and in the playground. This means that he will not be able to see children coming towards him from the side and he may feel that any 'bumps' are deliberate.

Speech, language and communication

Steven's spoken language and communication skills are age appropriate and no support from a speech and language therapist has been needed.

Social and emotional skills

- Steven enjoys the company of his family and plays well with his younger sister.
- He interacts well with adults and has formed relationships with one or two children in school.
- He is able to participate in learning activities and is developing independent play at home in familiar surroundings, but is reliant on adult support to compensate for some of the visual aspects of organising his work and play space.
- Steven is an independent child who is able to get his views and needs across to others. He can become frustrated due to his visual difficulties, but is able to verbalise his concerns.
- He has developed his own useful strategies in developing learning skills and will take an activity to a well-lit area in order to play effectively whilst making best use of his reduced vision. But this sometimes isolates him from his peers.

Cognition

The educational psychologists report shows that Steven has above average General Conceptual Ability as measured on the British Abilities Scale (BAS3 - Early Years Battery). His non-verbal scores were lower than his verbal scores on the subtests, which may represent the difficulty in testing a child with severe VI using materials that were designed for sighted children.

However, the educational psychologist found that his reading and writing were well below the levels expected for his age and so he is not performing at a level that matches his underlying ability. The educational psychologist also found that Steven had a dislike of reading and, in fact, refused to share a book with him. This may have been because he could not see the words or pictures in the book and using a magnifier or CCTV can be tiring and frustrating. See comment below under 'reading' – Steven's reading difficulties could also be associated with dyslexia, and should therefore be monitored closely.

Educational attainment

Generally, Steven's access to the curriculum is hindered by his severe vision impairment and consequently he is achieving below age related levels of attainment, particularly in literacy.

Consequently, all aspects of the curriculum will need to be reviewed for any necessary modifications and adaptations e.g. art and PE where specialist equipment may be required. In particular:

Reading

- Steven's reading levels are below those expected for his age and ability. He has found phonics particularly challenging and can only match a few letters to their sound while rhyming is also difficult for him. He only recognises his first name and a few other words instantly. Because of his need for large print, scanning is much more difficult for Steven so his ability to learn sight vocabulary is severely reduced. These difficulties could also be indicative of dyslexia, which needs to be monitored.
- His class teacher and teaching assistant have also noticed that recently Steven has been more unwilling to join in with literacy work.
- Steven is still able to access enlarged print and his assessments will continue to be through print at this stage. However, this will need to be closely monitored by the VI specialist teacher to assess whether access issues are undermining Steven's progress and motivation.
- Steven will continue to learn to read uncontracted braille (where a sign stands for one letter) but he will have to learn contracted Braille (where one sign can stand for multiple letters) to develop his speed and fluency for his probable use in the future as print becomes increasingly difficult and less manageable.

Writing

- Steven finds written tasks particularly demanding and tiring due to his visual difficulties.
- Longer written tasks are completed through dictation to his teaching assistant combined with writing short sentences onto a white board with a bold felt tip pen.
- As Steven makes progress with his touch-typing skills he will use his laptop to record his work.
- Steven's teacher has reported that he finds it difficult to recall the events of a story or develop ideas for creative writing. This is because he finds the physical act of writing slow, demanding and frustrating. Steven's spoken language is age appropriate but the process of recording his thoughts needs all his attention. Recording his work on to a voice recorder gives him more freedom to use his imagination and develop ideas.

Mathematics

- Mathematics is Steven's relative strength and he is predicted to achieve level 2 by the end of Key Stage 1.
- Steven is encouraged to work independently in Maths with all work being adapted for his access prior to the lesson in enlarged modified print.

Self-help and independence skills

- Steven has age appropriate self-help skills for dressing and toileting.
- He is being encouraged to cut his own food at school using equipment such as lipped plates and Dycem mats to support. He cannot yet tie his shoe laces.
- Steven is being encouraged to identify times when he is required to use his low vision aids for tasks involving near and distance vision and access these independently e.g. moving to the CCTV for quiet reading times.

9. Plan Section C. Steven's health needs related and unrelated to 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.

Related to SEN

Related to vision impairment

Steven has a severe early onset retinal dystrophy causing reduced central vision. Deterioration may occur over time but this is difficult to predict and may not happen. Steven's eye condition needs to be monitored regularly by an ophthalmologist to pick up on any deterioration. Steven, his parents or teachers may also note the deterioration, and if this happens he should be referred to the ophthalmologist for assessment.

Steven should also continue to attend the low vision clinic for advice on low vision aids.

This evidence will be particularly important to support decisions about changing Steven's reading and writing media from print to Braille/audio.

Steven also has difficulties cutting up his food and scooping food into his mouth.

Unrelated to SEN

Steven's general health is currently good and he is rarely absent from school due to illness. He does not have any other recorded health needs.

10. Plan Section D. Steven's social care needs related and unrelated to 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 (CDSPA) 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.

Related to SEN

Steven has an eye condition that will affect his ability to find his way independently around his home and school. It will be particularly difficult for Steven in unfamiliar environments. Steven will also need support to develop independence skills such as eating and dressing.

Unrelated to SEN

The family can be assessed for access to funding from short breaks to provide outings/activities/respite for Steven.

11. Plan Section E. Desired outcomes for Steven

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 desired outcomes for Steven are as follows:

- a. Steven will confidently use alternative reading and recording skills in order to reach his full potential in all areas of the curriculum, including effective independent learning skills (e.g. concentration, resilience, ICT skills etc). His attainment will be age appropriate by the end of Key Stage 1 and continue to be maintained at age appropriate levels thereafter.
- b. By the end of Key Stage 1, Steven will enjoy the company of other children, interacting confidently with them in a range of situations, employing effective social and emotional skills.
- c. Steven will move confidently around the environment, employing age-appropriate mobility skills by the end of Key Stage 1 (in line with outcomes expected for children with vision impairment) and will continue to develop these skills in a range of environments at levels appropriate for his age as he gets older.
- d. Steven will look after his own care needs, using age-appropriate daily living and independence skills by the end of Key Stage 1 (in line with outcomes expected for children with vision impairment) and will continue to develop these at levels appropriate for his age as he gets older.
- e. By the end of Key Stage 1, Steven will be able to complete tasks independently in a variety of school environments, such as classroom, playground, dining room, school trips, using a variety of skills to manage his own vision impairment.

Arrangements for monitoring and reviewing Steven's progress

The class teacher, TA, SENCO, QTVI, Steven and his parents will meet at least termly to write and review Steven's STAR (school targets) Programme which breaks down the contents of the steps in this document into smaller achievable targets. The STAR Programme and its reviews will be appended to this document.

This Education Health and Care plan will be reviewed at least annually.

Planning for any transfer

To assist with the planning for transfer Steven will need:

- Support from a mobility specialist at times of transition
- A review of ICT needs by Qualified Teacher of the Visually Impaired (QTVI)
- An assessment of the implications of the move for maintaining and developing his social network and friendships

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

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 Steven'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.	Steven will confidently use alternative reading and recording skills in order to reach his full potential in all areas of the curriculum, using effective independent learning skills (e.g. concentration, resilience, ICT skills etc). His attainment will be age appropriate by the end of Key Stage 1 and continue to be maintained at age appropriate levels thereafter.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
a1	Improved concentration and independence when faced with challenging tasks.	<p>Ensure, daily, that curriculum and resources are made accessible in enlarged modified print or tactile format as appropriate for daily activities.</p> <p>Given one task per day to complete without an adult.</p> <p>Tasks to be adapted (as above) for Steven in advance to allow him time to work independently and develop these skills. The number of tasks will be increased over time.</p>	<p>Class teacher and specialist TA (VI trained with Braille knowledge) with support from Qualified Teacher of Learners with Vision Impairment (QTVI).</p> <p>Class teacher</p>
a2	Ability to find the letters he knows within Braille words and add other letters as part of his Braille literacy programme	<p>Braille literacy programme to be written.</p> <p>Braille practice of not less than 20 minutes for 4 days a week to be built into appropriate daily activities</p> <p>Programme for developing tactile learning written.</p> <p>Tactile learning programme to be delivered daily in class for 20 minutes for days a week</p> <p>Weekly VI Braille lesson for a hour in quiet environment on the day when he is not having his 20 minute sessions.</p>	<p>QTVI</p> <p>Specialist TA</p> <p>QTVI</p> <p>Specialist TA</p> <p>QTVI</p>
a3	Improved engagement in classroom reading activities	<p>Able to follow the class programme for teaching reading with appropriately modified/adapted materials and texts.</p> <p>Support Steven's enjoyment of reading by encouraging storytelling and reflection on the story as part of class activities</p>	<p>Class teacher and specialist TA with support from QTVI.</p> <p>Class teacher and specialist TA with support from QTVI.</p>

a.	Steven will confidently use alternative reading and recording skills in order to reach his full potential in all areas of the curriculum, using effective independent learning skills (e.g. concentration, resilience, ICT skills etc). His attainment will be age appropriate by the end of Key Stage 1 and continue to be maintained at age appropriate levels thereafter.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
a4	Record short pieces of work independently using his touch typing skills.	Daily touch typing practice to learn high frequency word spellings. Touch typing applied in lessons lasting 20 minutes or more if he is keen, such as phonics.	QTVI to advise on touchtyping programme. Specialist TA to deliver
a5	Steven is able to use the equipment made available (portable magnifier, iPad, CCTV) independently	Daily, ongoing training in the use of appropriate equipment. Ongoing observation of changes in Steven's behaviour in relation to his use of equipment for reading which may indicate a change in level of vision	QTVI and TA specialist Specialist TA
a6	Provide staff with training to understand Steven's needs	Awareness raising sessions for all staff in the school. An initial 1 hour session with a 2 hour follow up. Then ongoing support on a weekly basis for the staff from a QTVI (3 weekly visits)	QTVI

b.	By the end of Key Stage 1, Steven will enjoy the company of other children, interacting confidently with them in a range of situations, employing effective social and emotional skills.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
b1	Steven will be able to play games where turn taking is needed.	<p>Provide Steven with ground rules for turn taking in groups.</p> <p>Praise to be given to Steven when he responds and contributes appropriately (as written in ground rules) when working in groups requiring turn taking.</p> <p>Provide a weekly lunchtime 'challenge' club for Steven and 3 friends where children play turn taking games. This should also support his listening skills.</p>	<p>Class teacher</p> <p>Specialist TA, class teacher and anyone else working with Steven.</p> <p>QTVI to provide challenges and specialist TA to deliver</p>
b2	Steven will use an appropriate response when he feels he can't cope with a task by expressing the difficulty he is having instead of seeking to avoid the task due to frustration.	<p>Provide Steven with a list of appropriate responses which will be added to over time as each response is used by Steven.</p> <p>All adults to refer to the above list and remind Steven what he can do if he feels he can't cope.</p> <p>Use social stories with Steven once a week, in a group of 3 children, to help him think about different situations and how best to respond to them.</p> <p>Provide Steven with a safe place where he can go to have time out when he feels he can't cope.</p>	<p>Class teacher with advice from QTVI</p> <p>All adults working with Steven at both home and school.</p> <p>Class teacher to supply stories for specialist TA to use with Steven, with advice from QTVI</p> <p>Class teacher</p>
b3	Steven's classmates will understand his needs by being VI aware	Session to raise awareness of how they can help Steven, e.g. when he misses facial expressions/gestures	QTVI with specialist TA

c.	Steven will move confidently around the environment, employing age-appropriate mobility skills by the end of Key Stage 1 (in line with outcomes expected for children with vision impairment) and will continue to develop these skills in a range of environments at levels appropriate for his age as he gets older.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
c1	Will use his cane correctly when necessary.	Monthly specialist mobility assessment for Steven and liaison with TA to monitor safe mobility especially in group situations and on school trips. Advice to staff on use of cane. Input from mobility specialist at times of transition to a new environment.	Mobility specialist with TA Mobility specialist Mobility specialist
c2	Increased confidence in certain parts of the PE curriculum.	PE buddy to work with Steven to practice skills together rather than independently. Appropriate equipment, e.g. ball with a bell. Also see if simple games can be taught to the whole class (e.g. goalball) which Steven can access. A range of social stories linked to PE for Steven to talk about with friends.	Class teacher and TA QTVI to advise Class teacher/specialist TA to deliver Class teacher
c3	Steven will have strategies to locate his friend Ben in the playground at lunchtime	Support to help Steven learn a route to the play area where Ben plays football. Ball with bell available for game with Ben	Mobility specialist, working with Ben and Steven Mobility specialist, working with Ben and Steven

d.	Steven will look after his own care needs, using age-appropriate daily living and independence skills by the end of Key Stage 1 (in line with outcomes expected for children with vision impairment) and will continue to develop these at levels appropriate for his age as he gets older.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
d1	Improved independence in daily living skills	A daily programme of eating and dressing skills built into school routine with equipment provided as appropriate, such as Dycem mat and lipped dishes.	Habilitation officer to advise Specialist TA to deliver

e.	By the end of Key Stage 1, Steven will able to complete tasks independently in a variety of school environments, such as classroom, playground, dining room, school trips, using a variety of skills to manage his own vision impairment.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
e1	Steven will be able to find the best place for himself to sit in class teaching and assemblies in order to access visual presentations.	Use of personal laptop connected to whole class screen. Opportunities 3 or 4 times a week to encourage Steven to use the laptop in preference to the big screen. To make sure Steven moves to a space to work that is best for him with good environmental or on task lighting	Class teacher and specialist TA to support Steven in taking responsibility.
e2	Steven will develop his listening skills so that when moving and sitting he is also doing his best listening.	Ask Steven to repeat back tasks/instructions when they have been given to ensure he has listened well.	Specialist TA
e3	Steven will take more responsibility for his own visual needs and know when and how to ask for support	Daily ask for Steven to select and use the most appropriate equipment/resources for the task. Monitor change in use of equipment for reading which may indicate a change in level of vision.	Class teacher and specialist TA, with advice from QTVI

13. Plan Section G. Health provision required by Steven

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.

Steven should be seen at least 6 monthly at the Ophthalmology clinic so that any changes to his visual functioning can be assessed, recorded and shared with parents and the people who work with Steven. Regular (6 monthly) low vision assessment at low vision clinic.

The need for an updated occupational therapy assessment to be considered at all reviews of progress, i.e. at school level and annual review of EHC 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.

Monthly visits for Steven from an habilitation specialist to deliver mobility and independent living skills at both school and home. This is provided by the local authority's social care team through a personal budget.

Re-assessment by mobility/habilitation specialist in line with ophthalmology report and at times of transition to new environments to promote independent travel and daily living skills

Provision of a long cane by social care will also be needed.

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

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.

Continued offer of short break provision as required by family in response to changing circumstances.

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

Steven 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 Steven

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.

Purpose of Personal Budget:

To provide access mobility/habilitation support at home and school from the local society for the blind to support outcomes 'c' and 'd' in building up Steven's confidence within his home and locality so that he has safe mobility. This would be for half day home and half day school per month to monitor and observe and liaise with teaching assistants and teachers and parents. This is likely to increase as Steven's need for formal cane work increases.

Steven's parents have asked for a direct payment from social care and have agreed to purchase the support described above. There will be two payments per year in April and October to cover monthly visits by the habilitation specialist and provision of long cane.

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: _____

17. Plan Section K. Advice and information received for Steven'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 Smith		Proforma completed at initial meeting
	Child	Steven Smith		TA acted as scribe
Education	Specialist VI Teacher			
Education	SENCo			
Education	Educational Psychologist			
Social Care	Social Worker			
Health	Ophthalmologist			
Health	Occupational Therapist			
Health	Paediatrician			

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