



HILLINGDON
LONDON

Final Education, Health and Care Plan

For:

XXXXX [REDACTED]

[REDACTED]

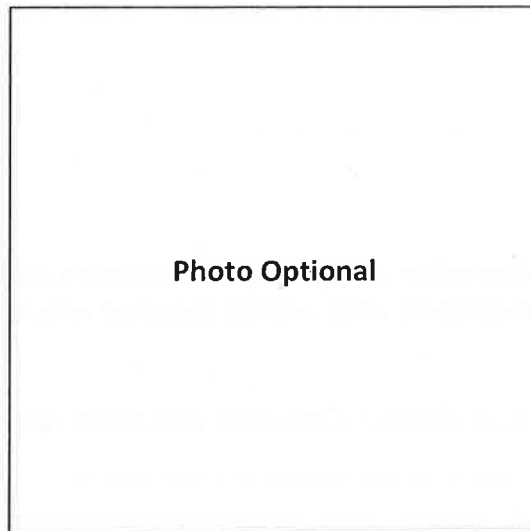


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NHS
Hillingdon
Clinical Commissioning Group

Central and North West London **NHS**
NHS Foundation Trust

Date of final plan: 28 May 2015 Date of final current plan: 28 May 2015

PERSONAL INFORMATION

Child/Young Person

Forename:	XXXXX	Surname:	XXXX
Date of birth:	04.09.96	Gender:	Female
Ethnicity:	Not stated	Religion:	Not stated
Home address:	YYYYYY Avenue, Hayes, Middlesex		
	Postcode:		
Home language:		Unique Pupil Number :	Not stated
Legal status:	Parental responsibility		

Persons with Parental Responsibility

Surname:	N	Forename:	
Telephone number:			
e-mail address:	Not stated		
Surname:		Forename:	
Telephone number:			
e-mail address:			

SECTION A

This section contains information about what is important to and about XXXXX, now and for the future, and describes what will be required when developing the services that will support her.

It also contains the views of XXXXX's parents about her needs now and in the future.

XXXXX's history
XXXXX has development delay and is currently attending A Special School.
XXXXX's interests, likes and dislikes
XXXXX's mum says that she enjoys music and watching Mr Tumble on TV. She likes people chatting to her and cuddles. Her family and quiet places are important to her. She does not like loud noises and prefers people to be in front of her rather than behind her.
How XXXXX likes to communicate and be involved in making decisions
She communicates with smiles and eye contact and has begun to vocalise quietly in class with this becoming more frequent as an expression of enjoyment of an activity. She is also able to use 2 switches to activate her choice between 2 different objects,

e.g fan, toy or vibrating cushion. *Report for the review 2014*

XXXXX can make object based choices by looking at 2 corresponding pictures and then to the place where the item she wants is located.

She is a socially responsive young person who likes the company of familiar people. She is alert and visually explores her environment.

XXXXX's hopes for the future

XXXXX is unable to express her views about the future however her mother says she would like her to be more independent and to be able to communicate.

XXXXX's Parent views about her special educational needs and their hopes for the future

XXXXX is not able to walk unassisted. She walks using her walking frame. She does not have any sense of danger. Her parents would like her to become more independent and to achieve new targets. They think she would learn more at college than at home.

How XXXXX's views were obtained

XXXXX's views were interpreted and written by her mum.

XXXXX's support network

XXXXX lives with her parents.

SECTION B

This section describes all of XXXXX's special educational needs, including her strengths.

<p>Communication and Interaction</p>	<p>Strengths: XXXXX is increasingly vocalising to express her enjoyment of an activity. She can choose between two switches connected to two different objects, then press a switch to operate one of the objects, and communicates that she would like 'more' of an activity by pressing a 'more' switch. She is able to show understanding of photographs that represent her favourite things.</p>
	<p>Special educational needs: XXXXX is non-verbal and does not sign. She does not yet vocalise to get an adult's attention.</p>
<p>Cognition and Learning</p>	<p>Strengths: XXXXX explores her environment visually and interacts with objects, showing a good understanding of cause and effect through pressing switches. She is able to access ICT through eye gaze, activating programmes by looking at the icons on the screen. She is motivated by messy and water play and loves music, including making her own sounds with the guitar and keyboard.</p> <p>XXXXX works well in her wheelchair and continues to improve her motivation and confidence in exploring familiar and unfamiliar objects.</p>
	<p>Special educational needs: XXXXX is at the stage of sensory exploration and does not yet act purposefully in her environment. She does not yet show anticipation of routine events, distinguish the familiar from the unfamiliar or show persistence in making objects do something.</p>
<p>Social, Emotional and Mental Health</p>	<p>Strengths: XXXXX is a sociably responsive young person. She likes familiar people, tracks them with her eyes and smiles readily. She is aware of the other students and likes to watch the more active ones. She values one-to-one interaction and works well in a small group situation. XXXXX's confidence is growing.</p>
	<p>Special educational needs: XXXXX depends on adult support to encourage her social interaction with other students.</p>

	<p>XXXXX tends to be passive in nature and can become anxious in unfamiliar situations. At these times, she puts her hands to her mouth and chews her fingers.</p>
<p>Sensory and/or Physical Needs</p>	<p>Strengths: XXXXX is able to roll independently from side to side and on to her tummy with support. She is able to sit unsupported on the edge of a plinth with her feet on the floor for a short time. <i>Physiotherapy report 9.12.14.</i> She can walk with a walking frame and mobilise around the school with this with a lot of encouragement. She stands with the support of a standing frame. <i>Physiotherapy report 9.12.14.</i> XXXXX shows great confidence in water during hydro activities. XXXXX continues to improve her motivation and confidence</p> <p>She occasionally picks up small objects using her pincer grip and holds the object in both hands. Her ability to cross the midline is developing and she is able to roll a ball across the table left to right She has been observed to have isolated finger control.</p> <p>XXXXX has no reported difficulties with her vision and hearing. She tolerates touching and being touched with objects while previously she was tactile hyper-sensitive.</p> <p>Special educational needs:</p> <p>XXXXX has scoliosis in her thoracic spine concave to the left and in her lumbar spine concave to the right. She is not independently mobile and cannot yet sit or stand unsupported. She wears a spinal brace and uses a wheelchair.</p> <p>XXXXX depends on hand over hand support to reach and grasp objects most of the time and is not yet able to release an object into a box, although her voluntary releasing skill is starting to develop. She often grasps objects using a palmar grasp and is not yet consistent in using a pincer grip to pick up small objects. Her hand transfer skill has not yet developed. <i>Occupational therapy report 12.11.2014</i></p> <p>XXXXX is dependent on adults for eating, dressing and toileting. She has eating and drinking difficulties. She wears pads during the day and night.</p> <p><i>Parental advice 10.12.14 states that XXXXX is epileptic.</i></p>

SECTION C

This section sets out the health needs of XXXXX that are related to her special educational needs.

Health needs:

XXXXX wears a spinal brace, provided by the Royal National Orthopaedic Hospital. She uses a wheelchair supplied and monitored by the Wheelchair service in Hillingdon,

A Rifton pacer, walking aid - at home supplied by the physiotherapist and in the learning setting provide by the setting but monitored by the physiotherapist.

A lackey 3 a standing frame in the learning setting, provided by them and monitored by the physiotherapist.

SECTION D

This section sets out XXXXX's social care needs that relate to her special educational needs.

Social Care needs:

XXXXX requires continuing social care input.

XXXXX has specialist seating at home provided by the Social Services Occupational Therapist.

SECTION E

This section sets out the outcomes that have been identified for XXXXX.

Outcome	How will we know the outcomes have been achieved?	Involvement		
		E	H	C
1. XXXXX will develop her language skills to a level where she can vocalise and copy vocalisation.	<p>XXXXX will be able to:</p> <ul style="list-style-type: none"> • Indicate preference for a motivating activity/item from a choice of two photographs; • Actively seek out attention from others by vocalising or reaching out; • Demonstrate understanding of photographs or familiar and motivating activities by looking towards the activity once shown the photo. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. XXXXX will develop her exploration skills.	<p>XXXXX will be able to:</p> <ul style="list-style-type: none"> • Anticipate routine events; • Access ICT using differing methods, such as eye-gaze and switches; • Persist in making toys do something. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. XXXXX will develop her social skills to a level where she can take turns in activities.	<p>XXXXX will be able to:</p> <ul style="list-style-type: none"> • Build positive relationships with classmates and the class team. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. XXXXX will extend her mobility, postural management, gross and fine motor skills, and self-help skills.	<p>XXXXX will be able to:</p> <ul style="list-style-type: none"> • Maintain her muscle length and joint range; • Prevent further contractures; • Maintain her level of mobility with her walking frame; • Sit comfortably; • Use her hands in purposeful activities by reaching-grasping-releasing objects voluntarily; • Pick up small objects using a pincer grip consistently; • Eat and drink safely. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Outcomes for young people in year 9 and upwards, please ensure the outcomes desired by the young person and family in relation to Preparation for Adulthood, such as further education, training and employment, housing and independence etc, are included.

HOW THE OUTCOMES WILL BE REVIEWED

6 months for pupils under 5 years of age and 12 months for pupils over 5 years of age of the first final plan and annually from the date of the previous review. In addition:

- The educational setting may devise an individualised learning plan that incorporates short term targets, outcomes and any further advice that is provided by relevant professionals. Alternatively the setting may use provision mapping to set out the support that is required in order to achieve the outcomes specified in this plan. Short term targets should be set and these should be specific, measurable, achievable, realistic and time based and should be reviewed, monitored and evaluated at least once per term*
- The setting's designated person (or as appropriate the SENCo) has the duty to ensure continued liaison amongst professionals and parents/carers in planning how to address their child or young person's special educational needs to achieve the specified outcomes*
- Close liaison with home is essential to ensure consistency of approach to maximise progress*
- It is important for the young person to be actively involved in her/his learning programme, target setting and monitoring*
- The achievements in the light of the outcomes and the targets set should be considered at the first annual review and new targets set. The setting will coordinate and conduct annual reviews on behalf of the Local Authority. The EHC Plan will be reviewed on the first anniversary of issue of the final plan as far as is practicable with regard to school holidays. Thereafter the review date will be twelve months from the date of the last review*
- Subsequent reviews must include planning for her transition to further education, training or employment and then to adult living. This Education, Health and Care Plan will be reviewed and updated as necessary at all subsequent reviews*

SECTION F

This section sets out the special educational provision that has been identified to help XXXXX achieve the outcomes.

Outcome 1, relating to Communication and Interaction: XXXXX will develop her language skills to a level where she can vocalise and copy vocalisation.

	What provision/support is needed to achieve the outcome?	Who is going to provide the support and how often will it be provided?
a.	Programmes which can be integrated into the learning day to promote XXXXX's language and communication skills.	Speech and Language Therapist devised and monitored, delivery by learning setting staff. Throughout the day

Outcome 2, relating to Cognition and Learning: XXXXX will develop her exploration skills

	What provision/support is needed to achieve the outcome?	Who is going to provide the support and how often will it be provided?
a.	An environment that has a high staff/student ratio and staff skilled and experienced in working with young people with development delay.	Learning setting , daily
b.	A member of staff who has responsibility for her and who will co-ordinate programmes for her.	Learning setting , daily
c.	A learning environment which provides tactile, auditory and visual stimulation.	Learning setting , daily
d.	Programmes which allow for consolidation and repetition of new skills.	Learning setting , daily
e.	Activities being made accessible to her, taking account her learning difficulties. This will involve establishing short-term attainable goals and breaking down activities into small manageable parts which will allow her to achieve success.	Learning setting , daily

Outcome 3, relating to Social, Emotional and Mental Health: XXXXX will develop her social skills to a level where she can take turns in activities.

	What provision/support is needed to achieve the outcome?	Who is going to provide the support and how often will it be provided?
a.	An environment where she feels valued and staff are prepared to communicate with her.	All staff working with her throughout the day
b.	Support to continue to build her confidence and access to individual and small group work.	All staff working with her throughout the day

Outcome 4, relating to Sensory and/or Physical Skills: XXXXX will extend her mobility, postural management, gross and fine motor skills, and self-help skills

	What provision/support is needed to achieve the outcome?	Who is going to provide the support and how often will it be provided?
a.	Programmes which can be integrated into the curriculum to promote XXXXX's fine and gross motor skills, mobility and self-help skills.	Developed and monitored between teaching staff, Occupational Therapist and Physiotherapist. Carried out daily by support staff..
b.	Ongoing implementation of her fine motor programme. This will be reviewed as and when required and updated according to her changing needs.	Developed and monitored between teaching staff, Occupational Therapist.

SECTION G

This section sets out any health provision that is reasonably required by the learning difficulties or disabilities that result in XXXXX having special educational needs.

Outcome 4, relating to Sensory and/or Physical Skills: XXXXX will extend her mobility, postural management, gross and fine motor skills, and self-help skills.

	What provision/support is needed to achieve the outcome?	Who is going to provide the support and how often will it be provided?
a.	XXXXX requires her spinal alignment and equipment monitored and her aids and appliances. She requires review and updating of her physiotherapy programme as appropriate.	Physiotherapist
b.	XXXXX requires review of her spinal brace.	Royal National Orthopaedic Hospital
c.	XXXXX requires a wheelchair.	Hillingdon Wheelchair Service
d.	Resources including a standing frame and Rifton pacer.	Physiotherapist

SECTION H1

Describes any social care provision that must be made for XXXXX (disabled child or young person under 18) under section 2 of the Chronically Sick and Disabled Person's Act 1970 (CSDPA).

	What provision/support is needed to achieve the outcome?	Who is going to provide the support and how often will it be provided?
	None required	

SECTION H2

This section sets out details of any other social care provision reasonably required by the learning difficulties and disabilities that results in XXXXX having special educational needs.

The LA can choose to specify other social care needs not linked to SEN. This could include CIN, CP Plan and care order. Delete if not appropriate.

Outcome 4, relating to Sensory and/or Physical Skills: XXXXX will extend her mobility, postural management, gross and fine motor skills, and self-help skills

	What provision/support is needed to achieve the outcome?	Who is going to provide the support and how often will it be provided?
a.	XXXXX has specialist seating at home.	Social Service Occupational Therapy Team
b.	XXXXX is supported by Social Care provision.	Social Care

SECTION I

This section describes the type of educational setting that XXXXX will attend together with the name of the setting.

(the section is not filled in when the draft plan is issued so that XXXXX or her parents can express a preference for a particular maintained setting to be named or make representations for an independent or non-maintained setting to be named) remove this sentence when final plan is issued.

Name of Setting:	A School remains appropriate until July 2015
Type of Setting:	Special School
Name of Setting:	B College from September 2015
Type of Setting:	General FE College

SECTION J – PERSONAL BUDGET

This section sets out what elements of the notional budget may be funded as a personal budget.

Do XXXXX and her Parents want to take a Personal Budget?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
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Provision in this plan that is eligible to be provided as a Personal Budget is:

Outcomes Supported	Weekly Cost	Annual Cost	How will this Personal Budget be used to deliver the agreed provision and how will it be managed?
	£	£	
	£	£	
	£	£	
	£	£	
	£	£	

Signature on Behalf of the London Borough of Hillingdon:

This Education, Health and Care Plan is made in accordance with sections 36-50 of the Children and Families Act 2014 and the relevant sections of the following Regulations:

- *Special Educational Needs and Disability Regulation 2014*
- *The Special Educational Needs (Personal Budgets) Regulations 2014*
- *The Community care Services for carers and Children's Services (Direct Payment) Regulations 2009*
- *The National Health Service (Direct Payments) Regulations 2013*

SECTION K

This section sets out details of the advice gathered in order to prepare the Education, Health and Care Plan, who gave the advice and when.

Title & Name	Role/Responsibility	Service/Agency	Type of Advice (Advice could be written or have come from initial EHC meeting, review, person centred planning meeting etc.)	Date of Report or Contribution
	Young Person	N/A	Supported to give written views.	10.12.14
	Mother	N/A	Attended meeting. Written report.	20.11.14 10.12.14
	Chair of Annual Review Meeting	School.	Attended meeting.	20.11.14
	Head of School	School.	Written report.	14.01.15
	Class Teacher	School	Attended meeting/Written report	20.11.14
	Speech and Language Therapist	School	Written report	Autumn term
	Occupational Therapist	School	Written report	12.11.14
	Music Therapist	School	Written report	12.11.14
	Health Care Worker	School	Written report	05.11.14
	Senior Paediatric Physiotherapist	Paediatric Physiotherapy Department, Child Development Centre	Written report	09.12.14