

LUTON BOROUGH COUNCIL

EDUCATION, HEALTH AND CARE PLAN

XXXX XXXX

Date of first plan: 13.05.15

Date of current plan/version :

Personal details

Name: Child's Name		Preferred name: XXXX
Date of birth:	12.34.2004	Gender: Male
Home address: 22 My Close, Luton		
Ethnicity : White British		Religion: Church of England
Name of parent(s)/person(s) with parental responsibility: Parents names		
Address: 22 My Close, Luton		
Telephone number: 12345678900		
Email address:		
Who I live with: Dad		
<i>c/o address (if different from above):</i>		
Unique Pupil Number: x1234567890		
NHS Number:		
ID number (CareFirst, ICS etc):		
Ofsted Code: HI		

Status of the plan

<p>EHC Plan replacing a statement of the child's special educational needs</p> <p><i>Under the terms of Luton Borough Education, health and social care plan and In accordance with section 324 of the Education Act 1996 ('the Act') and the Education (Special Educational Needs) (England) (Consolidation) Regulations 2001.</i></p>	<p>New EHC Needs Assessment Final EHC Plan:13.05.15</p>
Short break care Services provided under section 17 of the 1989 Children Act	
Short break care Services provided under section 20 of the 1989 Children Act	
Personal educational Plan under section 31 of the Children Act 1989	
Health Care Plan	

Section A: All About Me

The views, interests and aspirations of the child/young person and their parents/carers:

XXXX attended the meeting and presented his own views.

1) Things that are important to me:

- Dad
- My pet dog, Bamboo
- Art

2) Things that I am good at:

- Art
- Reading – I have lots of books at home and I especially like animal books
- Riding my bike
- Xbox
- Football – I support Arsenal

3) Things that I would like to achieve:

- I would like to see my artwork on display somewhere
- To build houses
- To stay at school all day until home time

4) Things that I need more help with:

- Telling the time
- Learning my times tables
- Lots of work so that I can do the harder work in class

5) Things that are working for me:

- Sometimes TAs are helpful

What my parents/carers think:

- XXXX helps well at home
- XXXX likes coming to school but he struggles academically
- School are doing their best to help XXXX
- Dad is keen for XXXX to attend school full-time when he is ready for it.
- Dad is pleased that XXXX now has hearing aids that fit properly and that now means that XXXX wears them all the time without any battles at home.

Section B: My Special Educational Needs

XXXX is a 10 year old boy who attends YYYYY Primary School. In the past 4 years he lost both his sister and his mother on separate occasions. He has a sensorineural hearing impairment and has had hearing aids for the past 4 years, but has only worn them regularly for the past year. He has delayed speech and language and has difficulty regulating his emotions due to frustrations associated with his learning difficulties.

Communication and Interaction

- XXXX has delayed receptive and expressive language skills. He is on the 1st centile for verbal reasoning and has a 4 year delay in understanding.
- He has considerable vocabulary gaps.
- There are some sounds that XXXX cannot make correctly and he can be difficult to understand by unfamiliar people.

Cognition and Learning

- XXXX has developmental delay which affects most areas of the curriculum. He is Level 2c in reading and writing, but with lower comprehension skills. Weak grammar impacts on his writing ability.
- XXXX has poor number skills and is working at level 1a in maths.
- Tasks need to be simplified for him.
- He has a relatively poor working memory.

Social, Emotional and Mental Health

- XXXX finds it difficult to make relationships with his peers; he wants to interact with them but lacks the skills to do so. XXXX gets on better with younger children
- His frustrations can lead to challenging behaviour such as verbal abuse and swearing.
- XXXX is unable to regulate his emotions in an age-appropriate way.

Physical/Sensory

- XXXX has hearing loss that was identified at birth

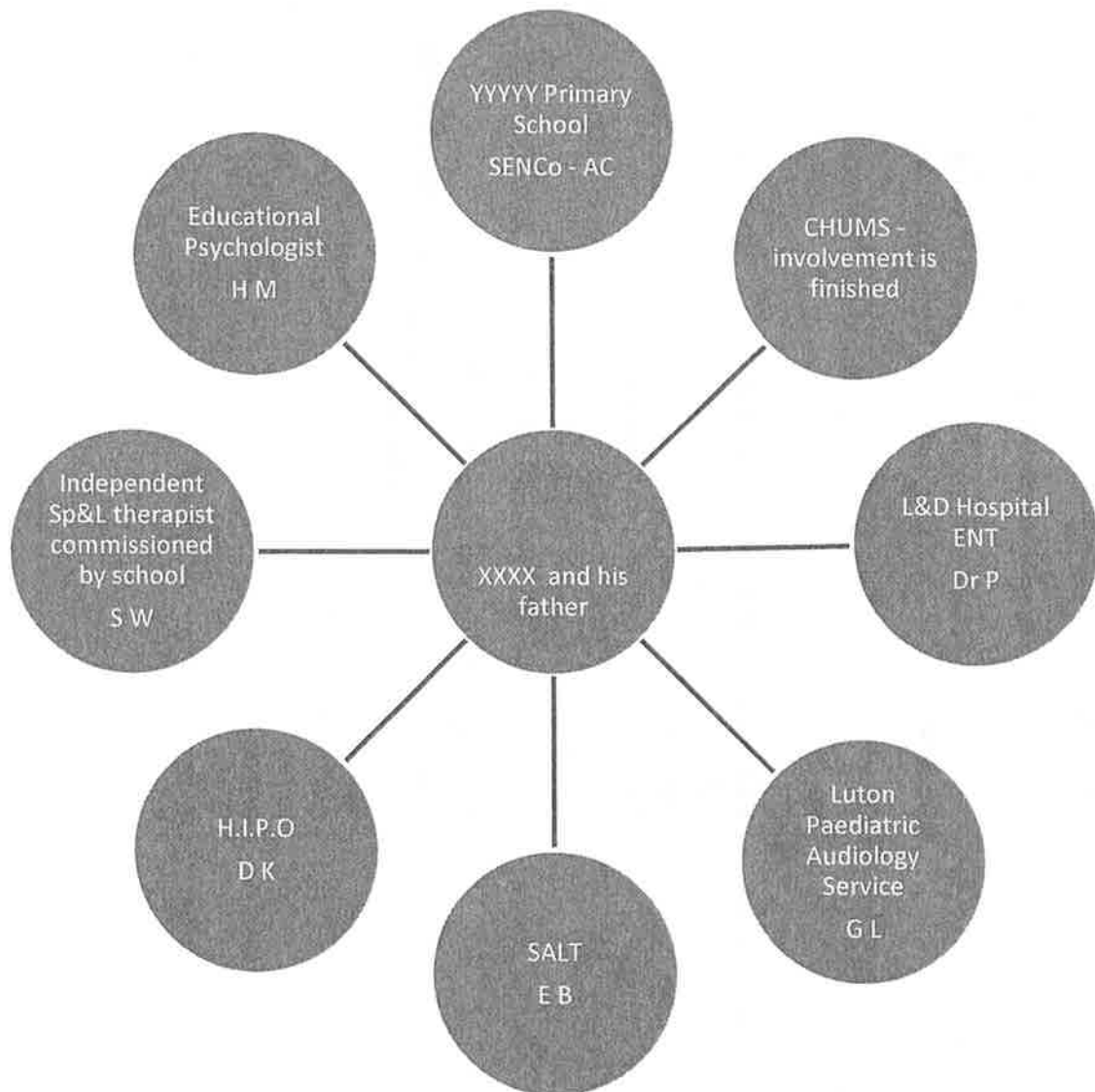
Section C: My Health

- Sensorineural hearing loss since birth. He has had hearing aids for 4 years but has only worn them regularly for the past year. He also suffered from glue ear.
- XXXX is under Dr P for glue ear.
- XXXX receives regular input from H.I.P.O.
- CHUMS provided support but their involvement has now finished
- XXXX receives regular support from S W, an independent speech and language therapist commissioned by the school.
- SALT provide regular advice

Section D: My Social Care

There is no current involvement of Social Care.

CURRENT NETWORK OF SUPPORT BEING PROVIDED



MY PLAN : Outcomes and Provision

1. Communication and interaction

OBJECTIVES →	Leading to →	OUTCOMES (Section E)		
<i>ALL needs identified for education in summary of needs MUST be linked to an outcome.</i>				
To develop his receptive language skills	so that	XXXX can take an active part in class lessons	<ul style="list-style-type: none"> XXXX follows a 3 step instruction 	
To develop his expressive language skills	so that	XXXX can be understood by everyone around him, both adults and peers		
This is what I need to support me to achieve the outcomes above.	How often will this happen?	Who will provide this support ?	Resources/ Annual Cost	Type of provision
Pre-teaching of vocabulary – 1:1	15 mins daily	Teaching assistant at YYYYY		Section F (Educational)
Daily speech and language input	15 mins daily	Speech therapist commissioned by YYYYY		
Language sessions with H.I.P.O	1.5 hours a fortnight	Teacher from H.I.P.O	4.5 hours weekly	
Grammar programme 1:1	15 mins daily	Teaching assistant at YYYYY		
Advice from SALT	According to his needs	E B (SALT)		Section G (Health)
				Section H1/H2 (social care)

MY PLAN : Outcomes and Provision

2. Cognition and learning

OBJECTIVES	Leading to	OUTCOMES (Section E)		
	→	<i>ALL needs identified for education in summary of needs MUST be linked to an outcome.</i>		
To develop his comprehension skills	so that	XXXX can research areas of interest independently	<ul style="list-style-type: none"> XXXX finds 3 appropriate facts about a specific animal 	
To develop his number skills	so that		XXXX can confidently add and subtract within 20	
This is what I need to support me to achieve the outcomes above.	How often will this happen?	Who will provide this support ?	Resources/ Annual Cost	Type of provision
1:1 reading and guided reading	30 minutes daily	Teaching assistant at YYYYY School		Section F (Educational)
1:1 Big Cat Phonics programme	15 mins daily	Planned and monitored by a teacher and delivered by a TA at YYYYY School		
1:1 structured maths programme	1 hour weekly	Teaching assistant at YYYYY School		
1:1 support in ICT lessons	12 hours weekly	Teaching assistant at YYYYY School	Total 16.75 hours a week	
2:1 support in all lessons				Section G (Health)
				Section H1/H2 (social care)

MY PLAN : Outcomes and Provision

3. Social, Mental and Emotional Health Development

OBJECTIVES	Leading to	OUTCOMES (Section E)
	→	→
		<i>ALL needs identified for education in summary of needs MUST be linked to an outcome.</i>
To manage his behaviour	<i>so that</i>	XXXX attends school full-time in Year 6
To recognise his emotions	<i>so that</i>	XXXX responds appropriately in different situations
	<i>so that</i>	
This is what I need to support me to achieve the outcomes above.	How often will this happen?	Who will provide this support ?
2:1 sessions with social stories and social activities	2 x 30 mins weekly	Planned and monitored by a teacher and delivered by a TA at YYYY School
1:1 support at lunch and break times	6.25 hours weekly	Teaching assistant at YYYY
		7.25 hours weekly
		Section F (Educational)
		Section G (Health)
		Section H1/H2 (social care)

MY PLAN : Outcomes and Provision

4. Sensory and physical needs.

OBJECTIVES →	Leading to →	OUTCOMES (Section E) <i>ALL needs identified for education in summary of needs MUST be linked to an outcome.</i>
To monitor his hearing aids	<i>so that</i>	XXXX is comfortable wearing them all the time
	<i>so that</i>	
	<i>so that</i>	
This is what I need to support me to achieve the outcomes above. Access to the technician at Icknield HI Provision	How often will this happen? As needed	Who will provide this support ? Hearing technician
Reviews to check hearing	Annually	Type of provision Section F (Educational)
		Section G (Health)
		Section H1/H2 (social care)

Summary of the support XXXX needs to succeed and achieve

XXXX will need access to an educational provision in a school/college which provides the following

- A broad and balanced curriculum differentiated appropriately to meet his learning needs and enable him to access all activities and all areas of the curriculum
- XXXX will require support from a teaching assistant for a total of 25.5 hours per week to support him in accessing the curriculum to support his communication, social interaction, and understanding of instructions and to work toward his personal targets
- XXXX will require support from a specialist teacher/therapist for a total of 2 hours per week to support him in accessing the curriculum to support his communication, social interaction, and understanding of instructions and to work toward his personal targets
- Close monitoring of progress with high expectations and challenges to promote developments

The previous tables (**Section E, F, G, H1 and H2 pages 8-11**) provide specific details about any special educational provision, the health and social care provision that will be required to ensure all that XXXX's needs are met in an integrated way.

If XXXX needs support from health professionals and social care services this will include access to appropriate professionals working with him and with staff with in the school/college setting.

This will include, if appropriate, speech and language therapy/occupational therapy/ CAMHS /physiotherapy to support XXXX's development and progress in relation to desired outcomes.

Section I: Educational Establishment:

This is the type of school I will go to:	A Maintained Mainstream School
This is where I will go to school:	XXXXX Primary School

These are the people who have agreed to help me with my Plan:

The following partners to my plan have agreed to the needs and actions listed above and have agreed to undertake these actions within the timescales specified in the Plan.

Name	Role	Lead Person (this is the lead person for each agency who will help make this Plan work)	Signature	Date
	SENCO	A C		
	Speech and Language Team	E B		

Section J: Personal Budget

Need:

Outcomes:

	Yes	No
Does xxx and his parents want to take a personal budget for his support?		
If yes, is this a:		
Notional budget		
Notional and direct payment budget		
Direct payment budget		

Xxx's Personal Budget allocation is:

£xxxxx

Description of support	Weekly cost	Annual cost
Education	£	£
Health	£	£
Social Care	£	£
Other (e.g. transport)	£	£

Section K: Appendices

Role/Responsibility	Title/Name	Service	Date of report	Comment	Present at Meeting Yes/No
SENCo	A C	YYYYY School	Feb 2015		Yes
Paediatrician	Dr H	Edwin Lobo Centre	Feb 2015		No
Educational Psychologist	Dr H M	EPS	Feb 2015		Yes
Speech and Language therapist	S W	Giving Voice	Feb 2015		No
Speech and Language therapist	E B	SALT	March 2015		
Father	Mr M				Yes
Luton Paediatric Audiology Service	G L		May 2014		No

Monitoring Arrangements:

Arrangements for monitoring and reviewing my EHC Plan:

The next review of my EHC Plan will take place annually. The review will be held at my school/college. All people helping in this Plan will be invited to join me at the meeting or send in information.

It is possible that the frequency and duration of some provision in the EHC Plan will be less than 12 months and reviews may need to be held more frequently to reflect these changes (e.g. short term objectives for health and social care provision.)

Education monitoring:

The school/college is responsible for the setting, monitoring and reviewing of short-term targets to meet the educational outcomes of this plan.

Health monitoring:

The relevant Health Provider is responsible for monitoring and reviewing XXXX's health provision and needs.

Social care monitoring:

The relevant social care manager is responsible for monitoring and reviewing XXXX's social care provision and needs.

If there are any significant changes in XXXX's needs Education, Health or Care services can consider calling an additional review of this Plan.

Signatures /Legal Requirements

We agree with the contents of this Plan

Written by: AO Name

Signed:

Signed:

Parent/Carer and/or

Date:

Signed:

Child/Young Person

Date:

DS
(Duly Authorised Officer – on behalf of Luton Borough Council – Education)

Date: 13.05.15

Signed:

(Duly authorised officer – on behalf of Health Commissioners)

Date:

Signed:

(Duly authorised officer – on behalf of Luton Borough Council – Social Care)

Date:

