

## Model Education, Health and Care Plan

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**‘Hannah’ – A young person with a vision impairment, aged sixteen**  
**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.<sup>1</sup>

## **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.<sup>2</sup> 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.

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

<sup>2</sup> 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 EHC Plan No 1 for: **Hannah Newman**

Date of Birth	12 November 2000
Date Plan 1 agreed	
Date for review	
Gender	Female
Home language	English
Preferred mode of communication	Spoken English
Address	
Current educational provision (name, type, phase)	XXXX High School, a maintained mainstream secondary school with a specialist unit for students with a vision impairment
Parents/persons with parental responsibility	Ray and Kathryn Newman
Relationship	Father and mother
Contact Information	
Telephone	
Email	

The following have contributed to Hannah's plan:

Name	Role/Position
Ray and Kathryn Newman	Parents
Sylvia Marsden	Ophthalmologist
Stuart Hannah	Educational Psychologist
Maria Clayton	QTVI
Linda Harrison	Head Teacher
Renata Meyer	Paediatrician
Pat Hawkins	School Counsellor
Laura Eames	Habilitation Specialist

## **6. Plan table of contents**

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Communication and interaction

Social and emotional needs

Mobility and Independence

Cognition and learning

Self-help and independence

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The desired outcomes for Hannah

Arrangements for monitoring and reviewing Hannah's progress

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

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.

### 8. Hi! I'm Hannah! – All about me

Photo of Hannah

#### ***Things I am good at***

- Music – I play guitar and piano
- Drama/acting
- Swimming
- French
- English
- Spanish

#### ***What other people think are my best qualities and skills***

- Music
- Languages
- I've been told I am very caring
- I've been told I have a good sense of humour

#### ***Things I like***

- Music (playing instruments and listening to music)
- Drama and acting
- Swimming
- Goalball
- Animals – especially my cat Jasmine
- My cousins, aged 6 and 9

#### ***Things I don't like***

- Maths
- Chemistry
- Large crowds/meeting new people
- Not being as independent as I would like

#### ***New things I would like to try***

- Going to the gym
- Doing more things like normal teenagers do, like going in to town for shopping and a meal

#### ***How to support me***

- You need to understand that I get tired easily, especially if I've been concentrating hard.
- Let me go and sit somewhere quiet when I get tired.
- Prepare my lessons in advance - I do most of my work on a laptop and if the teachers or my TA (teaching assistant) prepare the lessons in advance I can do most of my work independently
- Take advice from the QTVI (qualified teacher of the vision impaired). I'm used to being in a school with a specialist unit for students with VI (vision impairment) and I'm a bit worried about moving to a college which doesn't have QTVIs there all the time.
- I'd like a TA who knows when to help and when to leave me to get on with things by myself.
- Ask me what help I need to move around school/on trips/in new environments
- Languages can help me overcome my reluctance to interact and communicate with others in a non-threatening way by improving my confidence.

## Hannah'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.

It requires details about play, health, schooling, independence, friendships, further education and future plans (where practical)

### *Give a brief case history/summary*

Hannah was born a fully sighted child. There were no health or developmental concerns until the age of 10 months, when her parents noticed that she didn't appear to be able to focus as well as her older brother had done at the same age. She had also been rubbing her right eye, which was looking red and obviously causing her discomfort. She was diagnosed with intraocular retinoblastoma (cancer of the light-detecting tissue in the eye) in both eyes and treated with chemotherapy and radiotherapy. Unfortunately, due to the size of the tumours and nature of the treatment it was not possible to save Hannah's sight and she now has light perception only and is severely sight-impaired/blind.

Hannah is monitored on a routine basis by the eye clinic at [hospital].

She is prone to mild anxiety and has received support from the school counsellor to help her manage her anxiety.

She often has difficulty sleeping, particularly if she is anxious or worried.

She has attended mainstream schools with specialist vision impairment units since the age of 4.

## How to communicate with Hannah

Hannah communicates in spoken English. She uses text-to-speech software and Braille for written information.

## Hannah's views and aspirations for the future

### **My aspirations and goals for the future**

- To go to college and complete my A levels. I am definitely going to do English and French and will do Spanish as my 3rd option
- To go to university and study languages or English

### **What's working well at the moment?**

- I get good support at school from my teachers and my friends
- The support I get from my TA because she knows when to help and when to let me do things by myself
- My lessons being prepared in advance - I do most of my work on a laptop and the teachers or my TA prepare the lessons so that I can do most of my work independently
- The support I get from my QTVI and TA and the other teachers and TAs in the VI resource centre as they are all qualified to work with young people with vision impairments and they are all understanding
- Being able to sit quietly in the VI resource base if I am tired
- Being able to keep in touch with my friends on Facebook
- My social life at school – I have a group of friends. Some are vision impaired but most of them aren't



- I went on a school trip to Spain in the summer and had a really good time. I was one of the best Spanish speakers in the group so I was often the person who acted as interpreter in restaurants! It was really good for my confidence especially as I get very anxious when I meet new people.

#### **What's not working well?**

- My social life outside school isn't very good so weekends and holidays are boring and I get quite lonely sometimes. Because I live such a long way from school I can't get to see my friends from school very often as we live a long way away from each other. One of my friends is partially sighted so if we want to meet outside of school we have to rely on our parents to drive us.
- If I do want to meet my other friends from school they have to come to me at home because I can't travel very far independently. So if we want to go out, they have to come to me first. I think it must be annoying for them that they have to do all this for me.
- Most of my mobility training is around school, so I don't know many routes around home, which stops me getting out and about independently.
- I don't have very good independent living skills. I get some training from the habilitation officer at school so I can do lessons like food technology, but at home my mum does most things for me. I can do some things for myself, but I'll need to do more if I want to go to university later on, after I leave college.
- At school I find diagrams and tables in maths and science really hard
- I get tired easily, especially if I've been concentrating hard.

#### **What help and support I think I need**

- At school I have QTVIs and I can go the VI resource centre if I need any extra help. I think I will still need some support from specialist VI teachers when I am at college
- I need my lessons to be prepared for me in advance so I can use my laptop
- I need mobility training so I can get to college and can find my way around college
- At school I have homework support and I can go back over to the VI resource centre and ask for help with my homework if I need it. I would like to have the same sort of support when I am at college.
- My friends at school can help with any school work issues that I have. I would like to be part of a group of students at college so we can still help each other.
- I have friends at school who are also vision impaired and we help each other with problems and tell each other about new technology and apps that are good for people like us. There won't be other vision impaired students at college but it is important to me to still be in touch with my vision impaired friends and other vision impaired young people
- I can talk to the QTVI or my TA about any issues I have and I would like to have someone like this at college
- I can get quite anxious around a lot of new people so this is worrying me for when I start college.
- I can also get anxious when I feel I'm not able to keep up with my school work and this can stop me from sleeping. The school counsellor has helped me to manage my anxiety so it is much better now.

## **Hannah's parents' views, concerns and aspirations**

In the short-term future I am expecting Hannah to make the transition from school to the local mainstream college. She has been very well supported at her school, which has a specialist unit for supporting pupils who are vision impaired, including specialist teachers and other staff. She has equal opportunities at the school and has a number of good friends, which is so good for her mental and psychological wellbeing. Despite a certain amount of anxiety, Hannah is thriving at her current school, both academically and socially although we know that more needs to be done to help with her mobility and independent living skills.

She is very happy and content with life at the moment and this has given her the good grounding that she needs to do well academically. Although there is some risk associated with moving from a school with specialist resources for vision impaired pupils to a mainstream college with no specialist resources, we and Hannah feel that this is now the time for her to move to [name] college. The college has a very good reputation for teaching languages. Also, as Hannah wants to go to university after completing her A levels, we feel that this will be the first stage for her in coping in a more 'general' environment. She is very well-liked and very caring towards others and although she is anxious about meeting new people, I have noticed that her social skills have improved a lot in the last 18 months. The school trip to Seville has helped her confidence in dealing with strangers enormously.

Another advantage of going to college is that it is closer to the family home. Hannah has started local habilitation training with a registered qualified habilitation specialists from a national charity on a goodwill gesture basis, in preparation for getting a guide dog. We hope that once she has had mobility training and has a guide dog, she will be able to get to and from college independently, which will make it easier to meet up with the new friends that she will make at college.

In the longer-term future, Hannah wishes to go to university to study languages, and as long as she continues to have good support at college, I expect she will achieve the required A levels to fulfil her dream.

My expectations after University are for her to successfully gain employment, have the independent life skills to be able to live independently, be self-sufficient, healthy and happy and earn her rightful place contributing to society.

### **Summary of aspirations and wishes for Hannah**

- To complete her A levels at college
- To go to university to study languages
- To successfully gain employment
- To have the independent life skills to be able to live independently
- To be self-sufficient, healthy and happy
- To earn her rightful place contributing to society.

Provided by Hannah's mother

## 9. Plan Section B. Hannah's special educational needs

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

### **Sensory and physical needs**

Hannah was born a fully sighted child. There were no health or developmental concerns until the age of 10 months, when her parents noticed that she didn't appear to be able to focus as well as her older brother had done at the same age. She had also been rubbing her right eye, which was looking red and obviously causing her discomfort. She was diagnosed with intraocular retinoblastoma (cancer of the light-detecting tissue in the eye) in both eyes and treated with chemotherapy and radiotherapy. Unfortunately, due to the size of the tumours and nature of the treatment it was not possible to save Hannah's sight and she now has light perception only and is severely sight impaired/ blind.

### **Communication and interaction**

Hannah's language skills are age-appropriate. She has difficulties in the area of social and communication skills which can be explained in the context of her vision impairment and is not due to a social communication disorder. Hannah's difficulties arise primarily from the fact that because she is blind she is unable to see, and therefore respond appropriately to, facial expression and other non-verbal cues. This makes it difficult for her to turn-take during conversations, and to know the effect that what she is saying or how she is acting, has on the people around her. It can sometimes be difficult for her to take/understand another person's perspective.

### **Social and emotional needs**

- Outside of school Hannah is frequently quite socially isolated. She has a few good friends at school but because the school is a considerable distance from home and a difficult journey by public transport, she doesn't have many opportunities to meet up with friends outside of school. She doesn't have any friends living locally as although she attended a local primary school her interaction with her old classmates has decreased significantly since the transition to secondary school.
- She reports being bullied in the past by other pupils, both at her primary school and her current school, although this was dealt with by the school at the time and hasn't been a problem in recent years. The experience did, however, have a significant effect on her confidence and she is still very anxious about meeting new people.
- Hannah is subject to anxiety in social situations, and also worries about her academic performance and keeping up with her peers. She has very low self-esteem.
- She fatigues easily, which is due to the effort she has to make to concentrate and keep up with her studies and occasional sleep difficulties, which are exacerbated when she is worried or anxious.
- Hannah is happily settled in her current school. She has fully sighted and vision impaired friends, and benefits from having a small peer group of other vision impaired pupils at the school.
- Although Hannah lacks local friends, she keeps in touch with her school friends daily during weekends and school holidays via social media.
- She is emotionally vulnerable. Now she is older, she is realising the social implications of being blind, and is having difficulty coping with her emotions.
- While Hannah is positive about the potential benefits of the transition to a local mainstream college, she is also anxious about meeting new people and the challenges she will face as the only blind student in the college, of making new friends.

### **Cognition and learning**

- Assessment by the educational psychologist has indicated that Hannah has above average cognitive skills. She is a very bright young woman and needs to achieve her full potential rather than simply keep up with the average in the class. She can become bored easily if not intellectually stimulated and this

may impact upon her mood. She is highly motivated to learn, but can become anxious if she feels she is not keeping up with her studies.

- Hannah participates fully in most classroom activities. She accesses the curriculum through tactile and auditory means. She is a Brailist. She is continuing the learning of specialist Braille codes, in particular, modern foreign languages, and will be learning these at an advanced level in college. She has also learnt Braille music and continues to develop her skills with this. She uses a talking dictionary when completing written work and a talking calculator in maths lessons. In French and Spanish Hannah uses NVDA (Nonvisual Desktop Access) screen reader and Braille French and Spanish. She can touch type and uses a laptop with a screen reader which means she can have auditory access to everything she types and what is on screen. She uses a specialist Braille-input computer called BrailleNote which gives auditory and Braille feedback. Hannah is unable to read print, view wall boards or to view activities presented to the class. Hannah is unable to record her work using handwriting.
- Her vision impairment/blindness also affects her ability to attend and concentrate on the curriculum. She is easily distracted by sounds and finds it difficult to concentrate with sounds and activities going on around her.
- Hannah is able to work reasonably well for the majority of her lessons but often loses concentration and focus towards the end of the day and can still be distracted by noises outside of the classroom. She sets high standards for herself and can become frustrated when she struggles with any aspect of work. As she has matured she understands the importance of organising her work so that she is able to complete work on time, however she still needs to ask when she is unsure of work so she can allow time for work to be completed by the deadline. She is managing her time well and seems to have adapted to the heavier workload in year 11 without too many issues.
- It must be noted that Braille is slower than direct print reading and fatigue is an issue for Hannah. She has difficulty managing her homework in more challenging subjects, and often becomes anxious.

#### **Self-help and independence**

- Hannah uses a long cane for mobility and she is applying for a guide dog. She is currently developing her skills to travel longer routes as well as on train travel.
- She continues to develop her independent living skills. She is able to look after her own personal space and although it's a little 'messy' she seems to have her own liking for a mild form of chaos.

## 10. Plan Section C. Hannah'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.

Hannah had intraocular retinoblastoma (cancer of the light-detecting tissue in the eye) in both eyes as a young child. As a result of this she now has light perception only and is educationally blind.

She is prone to mild anxiety and has received support from the school counsellor to help her manage her anxiety. She often has difficulty sleeping, particularly if she is anxious or worried

## 11. Plan Section D. Hannah'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 (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.

Hannah does feel isolated from her friends due to difficulties with accessing public transport safely. She therefore has reduced opportunities to meet with her friends and either relies on her parents to transport her or communicates with her friends via social media.

She requires access to a peer group of similarly blind/vision impaired children/young persons. She needs to be provided with positive role models from other blind young people and adults.

Hannah has been offered a social care assessment but she has declined this stating that she feels the help she is currently being given to travel independently by a national charity is the main support she wants to focus on to help her independence.

Hannah is aware that she could ask for a social care assessment in the future particularly in relation to mobility and independence for going to university, and when Hannah returns home from university.

## 12. Plan Section E. Desired outcomes for Hannah

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.

### The following are the desired outcomes for Hannah

- a. By the end of Key Stage 5, Hannah will achieve exam grades which are in line with her cognitive ability as assessed by the educational psychologist (namely above average).
- b. By the time she leaves college to go to university, Hannah will be able to live and travel independently.
- c. By the time she leaves college, Hannah will show measurable improvement in her social interaction and communication skills which will in turn promote her integration and psychological well-being to enable her to develop and maintain supportive friendships and positive self-esteem.

### Arrangements for reviewing and monitoring Hannah's progress

The school/college, in consultation with parents and appropriate professionals, will set individual targets based on the steps toward the outcomes within 4 weeks of the issue of the EHC plan. The targets will be shared with her parents. Hannah should be actively involved in setting the targets and monitoring her own progress towards them.

There must be close liaison between home, school and all professionals working with Hannah so as to ensure consistency of approach and appropriate information sharing.

The school/college must ensure that an annual review is undertaken within 12 months of the issue of the agreed plan and annually thereafter. Hannah, her parents and all professionals working with her should be invited and asked to contribute to the review. The local authority will arrange for the annual monitoring of the plan.

**Planning for Hannah's transfer to higher education**

Hannah is due to leave [Name] College in July 2019 and hopes to go to university after that. Once a university has been identified and a place offered, Hannah will need opportunities to visit the new university at least twice before the end of the Summer term 2019 to meet staff, including the disability service, and familiarise herself with the building and facilities, both academic and residential. She will need support in preparing for her DSA (Disabled Students Allowance) assessment.

### 13. Plan Section F. The special educational provision required by Hannah

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 Hannah'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.	<b>Outcome: By the end of Key Stage 5, Hannah will achieve exam grades which are in line with her cognitive ability as assessed by the educational psychologist (namely above average).</b>		
	<b>Section E</b>	<b>Section F</b>	
	<b>Steps towards achieving outcomes</b>	<b>Special educational provision</b>	<b>Who will be responsible?</b>
		<ul style="list-style-type: none"> <li>• The way in which the curriculum is delivered needs to be differentiated to take into account her strengths (high verbal ability, good memory, linguistic ability, musical ability) as well as her difficulties (blindness/severe vision impairment, concentration fatigue).</li> <li>• A qualified teacher of vision impaired children should closely monitor Hannah's overall programme of work, together with her emotional state.</li> <li>• Hannah will be provided with non-visual means of learning including Braille and specific Braille codes, to include Braille for English, French and Spanish. Facilities for Braille will also include a Dictaphone, audio resources, computers, embossers and other specialist materials for the blind and severely vision impaired student.</li> <li>• She needs alternative modes of communicating her thoughts and ideas, including the use of specialised writing equipment, information technology and other specialised techniques.</li> <li>• She will receive support and encouragement to maintain and develop accuracy when touch-typing and will be provided with support to further develop her IT skills and use of the laptop, including opportunities to practise these skills during lesson time.</li> </ul>	

a.	<b>Outcome: By the end of Key Stage 5, Hannah will achieve exam grades which are in line with her cognitive ability as assessed by the educational psychologist (namely above average).</b>		
	<b>Section E</b>	<b>Section F</b>	
	<b>Steps towards achieving outcomes</b>	<b>Special educational provision</b>	<b>Who will be responsible?</b>
		<ul style="list-style-type: none"> <li>• The volume of coursework and homework Hannah is expected to complete will be monitored carefully to ensure that she maintains progress without suffering undue fatigue or loss of confidence.</li> <li>• The college will be supported by specialist staff to include specialist technicians, who will provide technical support to Hannah or for her equipment as required, particularly in relation to her use of the following equipment:               <ul style="list-style-type: none"> <li>- BrailleNote and printer and access to the internet at college and home via the BrailleNote</li> <li>- Student laptop with Jaws software and access to the internet at college and at home</li> <li>- College based PC with scanner, Braille translation software, embosser and printer for producing modified materials</li> <li>- Fuser</li> </ul> </li> </ul>	

<b>b.</b>	<b>Outcome: By the time she leaves college to go to university, Hannah will be able to live and travel independently.</b>		
	<b>Section E</b>	<b>Section F</b>	
	<b>Steps towards achieving outcomes</b>	<b>Special educational provision</b>	<b>Who will be responsible?</b>
<b>b1</b>	Hannah will become confident in long cane techniques and body protecting procedures.	<ul style="list-style-type: none"> <li>Hannah requires an orientation and mobility programme, in particular to enable her to orientate herself around the college site and buildings, to travel to and from college using public transport, and to negotiate intermediate and complex environments and road crossings.</li> <li>She will also need six two-hour sessions of habilitation training from home locations around her local area outside of college hours and during college holidays, under the instruction of qualified habilitation specialists.</li> <li>During the next two years, Hannah will need an advanced course in independent daily living skills in order to provide her with the training she needs to live independently at university. This will include the training and development of kitchen skills, home care and life skills.</li> <li>All such training needs to emphasise real life situations. While some of the training should be integrated into Hannah's weekly educational programme and embedded into her curriculum, some will need to be provided outside college hours during holiday periods</li> <li>The college disability officer, on the advice of the appropriate professionals and assessment by the habilitation officer, will make necessary adaptations to the physical environment and equipment in order to facilitate Hannah's independent access and safety.</li> <li>All adults working with Hannah will help and</li> </ul>	<p>The programme will be delivered at least twice a week for a minimum of one hour per session, by a qualified and trained mobility/habilitation instructor bought in from a national voluntary organisation</p> <p>Hannah's mobility and independence provision should be regularly reviewed on a termly basis by a qualified mobility/habilitation officer as this provision will be increased as necessary when Hannah needs to learn new routes and when more intensive input is required for her to learn independent living skills prior to going to university.</p>
<b>b2</b>	Hannah will learn how to do her own laundry when needed and develop her cooking skills so she can prepare food independently using her Braille recipe book.		

<b>b.</b>	<b>Outcome: By the time she leaves college to go to university, Hannah will be able to live and travel independently.</b>		
	<b>Section E</b>	<b>Section F</b>	
	<b>Steps towards achieving outcomes</b>	<b>Special educational provision</b>	<b>Who will be responsible?</b>
		encourage her to be as independent as possible when carrying out activities to maximise her independence as a vision impaired learner.	

<b>c.</b>	<b>Outcome: By the time she leaves college, Hannah will show measurable improvement in her social interaction and communication skills which will in turn promote her integration and psychological well-being to enable her to develop and maintain supportive friendships and positive self-esteem.</b>		
	<b>Section E</b>	<b>Section F</b>	
	<b>Steps towards achieving outcomes</b>	<b>Special educational provision</b>	<b>Who will be responsible?</b>
<b>c1</b>	Hannah will continue to maintain good emotional and psychological wellbeing and confidence.	<ul style="list-style-type: none"> <li>Hannah needs daily opportunities to enable her to develop and maintain positive interactions with other young people who are fully sighted. This will require carefully managed group work in lessons. Hannah will also be encouraged to join clubs and societies within the college which match her interests.</li> <li>She needs support to explore opportunities to meet with similarly blind/vision impaired children/young persons. Similarly, she needs to be helped to seek out positive role models from other blind young people and adults.</li> <li>Hannah requires sessions with a specialist counsellor to help her manage her anxiety and to ensure her continued emotional development of her self-esteem and independence and - as required - provision of individual counselling and/or group work. Hannah's progress should be monitored closely by the specialist counsellor and/or a key member of staff designated for that purpose.</li> <li>Hannah will be made aware of who the group members are when she is working in a small group.</li> <li>All adults working with Hannah will use her name to replace eye contact, and encourage other students to do so too. They will need to use turn to face the speaker, as a social convention. Hannah will be encouraged to use</li> </ul>	College staff
<b>c2</b>	Hannah will maintain the friendships she has already established.		<p>This will be provided outside of college through membership of a group organised by a voluntary sector organisation. This will be facilitated by the QTVI by signposting Hannah to an appropriate organisation</p> <p>College staff Specialist counsellor, sessions arranged and facilitated by the college.</p> <p>Subject teacher/TA</p> <p>All staff</p>

c.	<b>Outcome: By the time she leaves college, Hannah will show measurable improvement in her social interaction and communication skills which will in turn promote her integration and psychological well-being to enable her to develop and maintain supportive friendships and positive self-esteem.</b>		
	<b>Section E</b>	<b>Section F</b>	
	<b>Steps towards achieving outcomes</b>	<b>Special educational provision</b>	<b>Who will be responsible?</b>
		precise language to replace non-verbal communication.	

## 14. 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.

### **Vision impairment**

#### **Outcome 1**

Hannah is under the care of the Consultant Ophthalmologist at [name] Hospital who will keep the college and the VI service QTVI informed of any changes to Hannah's vision.

#### **Emotional and psychological needs**

#### **Outcome c**

Hannah will have one session a week with a specialist counsellor, if necessary, arranged and facilitated through the college.



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

SEND Code of Practice: Social care provision should be detailed and specific and should normally be quantified and 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, e.g. in terms of support and who will provide it (including where this is to be secured. Must be clear how the provision will support the achievement of outcomes. Provision must be specified for every need specified in Section D.

None identified at present as support is being provided from a voluntary organisation and funded by the local authority from the high needs funding block. In the future, however, a need for social care provision may be identified including mobility training for university.

**16. Plan Section H2. Any other social care provision required by Hannah**

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 at present as support is being provided from a voluntary organisation and funded by the local authority from the high needs funding block. In the future, however, a need for social care provision may be identified including mobility training for university.

**17. Plan Section I. Name and type of school**

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

## 18. Plan Section J. Personal budget arrangements for Hannah

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.

Neither Hannah nor her parents want to access a personal budget for any of the provision outlined in this plan for Hannah.

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)

## 19. Plan Signatures

Signed: \_\_\_\_\_ (Lead Officer)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Young person)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Carer)

Date: \_\_\_\_\_

## 20. Plan Section K. Advice and information received for Hannah'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	Role/Position	Written by	Date	Comments
	Parents			
	Young person			
Education	QTVI			
Education	SENCo			
Education	Educational Psychologist			
Education	School Counsellor			
Health	Ophthalmologist			
Health	Paediatrician			
	Habilitation Officer			

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