

## Model Education, Health and Care Plan

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**‘Raj’ – A child with multi-sensory impairment, aged five**  
**March 2017 Edition**

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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 is EHC Plan No. 1 for *Raj Sohal* (name of child)

Proposed Plan No 1 issued on:	
Date Plan 1 agreed:	03 December 20XX
Date of review:	December 20XX

#### Details of the child:

Name:	Raj Sohal
Gender:	Male
Date of birth	21 November 20XX
Home address:	
Home language	English
Preferred mode of communication:	Multi-sensory touch and sound (needs an intervenor in school)
Educational setting currently attended (if applicable)	Apple Tree School (maintained special school, primary)

#### Child's Parents/Person Responsible

Name:	Mr Manvinder Sohal Mrs Japleen Soham
Relationship to child:	Father and mother
Home address (if different to above):	
Telephone number:	

The following people have attended meetings and contributed to Raj's plan:

<b>Name:</b>	<b>Role/position</b>
Mr and Mrs Sohal	Parents
Melanie Peterson	Teacher of the Deaf
James McGrath	Educational Psychologist
Dipesh Patel	Audiologist
Marie Vincent	Speech and language therapist
Dr Marion Vine	Paediatrician
Mrs Mary O'Hara	Head Teacher
Harry Timpson	Social Worker
Mary Oats	Teacher of the Visually Impaired
Siobhan Murphy	Occupational Therapy
Gurvinder Kaur	Dietician
Pamela Downy	Community Nurse
Roy Fuller	Epilepsy Nurse

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

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.

*Photo of Raj to go here*

### ***What people like about me and what I like about myself***

I smile and laugh a lot and make other people happy.

I'm good at rolling onto my side and exploring things with my fingers.

I enjoy controlling the world around me using switches. I enjoy music.

### ***What is important to me***

My mum and dad and two sisters.

My friends.

Being loved and cared for.

Having my MSI needs met.

Staying well.

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

Always use your identifying sign when you approach me so I know who you are.

Make sure you don't startle me – I need a quiet and calm environment.

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

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



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

### **Raj's strengths and challenges**

#### **The assessments and information gathered indicate that Raj has the following strengths:**

- He is sociable and generally happy and content.
- He enjoys physical contact with familiar people.
- He can express pleasure by smiling.
- If he is distressed he may make sad or grumpy faces and whining noises.
- He enjoys a variety of activities such as messy play and can engage in shared activities for short periods of up to 5 minutes.
- He smiles and laughs a lot when feeling secure.
- He can roll onto his side and explore things with his fingers.
- He really enjoys sensory play and being given the opportunity to explore different textures..

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

- He has complex health needs.
- He has multi-sensory impairment including cerebral visual impairment (no functional vision) and a hearing processing disorder.
- He has global developmental delay.
- His understanding is at a very early stage and he is able to communicate his needs at a very basic level.
- Raj finds peer group interaction difficult due to his multi-sensory needs although he does show pleasure when taking part in group activities including music sessions.

### **Raj'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.

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

Raj was born six weeks early with a number of brain malformations which resulted in severe developmental delay, multi-sensory impairment (MSI) and many other complex health needs including epilepsy.

The SEND Code of Practice also requires details about play, health, schooling, independence, friendships, further education and future plans (where practical).

He started in the nursery department of Apple Tree Special School in September 20XX and is now in Reception. His learning difficulties and health needs mean that he is totally dependent on the adults who provide care for him for all of his daily activities and his personal care. He also has gastrostomy and is totally tube fed. He is unable to interact with his peers in a significant way but enjoys the noise of other children.

## How to communicate with Raj

Raj's understanding is at the early stage of development. He can express himself in a range of ways, including vocalisations, facial expressions, body language and movement. His parents and teachers use body signs, cues and objects of reference (objects which are associated with something, e.g. a brush for brushing hair, a cup for drinking) to help him anticipate parts of his daily routine. He has an intervenor who uses multi-sensory touch and sound to facilitate all his communication. It is important that all people working with Raj use a personal symbol so that Raj knows who is interacting with him. Consistency of approach between support workers/intervenors and across all settings is critical for effective communication and learning.

## Raj's concerns, aspirations, views, interests for the future

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.

I want to stay well and spend lots of time with my family. I want to make the most of my opportunities for learning using consistent cues and touch. I want to build relationships with a small number of people to enable me to feel secure.

*(This is what we think Raj's view is, based on observation, assessment and discussion with his parents.)*

## Raj's parents' concerns, aspirations and views

Raj makes progress in small steps and his progress needs to be looked at over long periods of time. It varies from day to day. On a good day he seems more responsive than he used to be. There haven't been any obvious significant improvements, but this is because of the severity of Raj's difficulties and not the quality of teaching at the school.

Judging by comments in his home-school diary, Raj has so far enjoyed school in general as he has shown lots of happy behaviours at school. We are really pleased with all the different experiences Raj can access at school, particularly hydrotherapy and music therapy.

He has many health needs surrounding his epilepsy, frequent chest/respiratory infections and general wellbeing. He also has a dislocated hip which is being monitored closely.

Raj's social needs are significant owing to his multi-sensory impairments. Without one-to-one support from a consistent individual, he is unable to access social situations.

Our wish for the future is for Raj to be well supported in all aspects of his life so that he can be as happy and healthy as possible and be surrounded by people who understand him and care for him. We would like to see his communication skills develop as much as possible to give him the best chance of participating in daily life.

## 8. Plan Section B. Raj's special educational needs

The SEND Code of Practice states that all of the child or young person's identified special educational needs must be specified.

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

### **Sensory and physical needs**

- Raj has difficulties processing all sensory information. This means that he is prone to getting tired very easily, from the effort of making sense of the world around him.
- He has considerable physical needs resulting from congenital brain malformations, including epilepsy and problems with swallowing and secretions. Raj cannot safely swallow. He is fed through a gastrostomy tube (sometimes referred to as a PEG tube).
- He has limited movement and relies on his parents and carers to lift, move and position him. He is able to roll onto his side but not able to support himself.
- Raj has Cerebral Visual Impairment (CVI). This means that his eyes are healthy, but his brain has difficulty in processing visual information. He is registered severely sight impaired (Blind).
- His auditory processing disorder (a problem with the brain processing sounds) has resulted in a hearing impairment which restricts access to learning and stimulation within his environments. When well and alert he responds to sounds like bells and human voices but his auditory processing disorder means that he finds it difficult to make sense of what he hears. Raj will find it particularly difficult to hear in noisy environments.

### **Language and communication**

- Raj is a complex communicator with a unique communication style. He uses a range of ways to express himself, including vocalisations, body language, movement and facial expressions.
- His understanding is at the early stages of development.
- He is beginning to vocalise in response to adults' speech and during interactions with adults
- It can be difficult to read his responses because sometimes he may appear to be enjoying something that is actually causing him distress. Laughter can be a sign of seizure activity.
- He relies upon touch to show a response.
- He can show distress, pulling sad or grumpy faces and making whining noises.
- He doesn't make direct eye contact.
- He is reliant on an intervenor to facilitate all his communication, using multi-sensory touch and sound.

### **Social, emotional and behavioural development**

- Raj is generally happy and content. He is a sociable little boy who expresses pleasure by smiling.
- He is beginning to differentiate between different people and is more likely to give a positive response to a familiar adult.
- He enjoys physical contact from familiar people.
- He is unable to interact with his peers in a significant way but enjoys the noise of other children.
- His behaviour and reactions to situations are occasionally changeable and depend on his many other complex needs.
- In school he relies on an intervenor to enable him to participate in social activities. Parents and staff are alert to any signs of distress through vocalisations or seizure activity.

**Cognition and learning**

- Raj has global developmental delay.
- His profound and multiple learning difficulties mean that he needs considerable time to process any adult stimulation or intervention.
- He is not able to communicate his needs and he accesses learning through multi-sensory stimulation.
- His vision and hearing impairments restrict his access to learning.
- He enjoys a variety of activities and can engage in shared activities for a short period, although his physical posture and MSI impact on his ability to pay attention. His difficulties with processing all sensory information make him prone to tiring easily.

## 9. Plan Section C. Raj'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.

- Raj has several congenital brain malformations which have resulted in him having severe global developmental delay and many complex health needs which impact extensively on his daily life. His life is limited due to his complex health needs and he is totally dependent on adults for all his activities of daily living.
- He has multi-sensory impairment, including Cerebral Visual Impairment (CVI) and a hearing processing disorder (a problem with the brain making sense of sounds).
- He has a form of epilepsy known as medically refractory epilepsy (sometimes called uncontrolled epilepsy), which is very difficult to control, even with complicated medicine regimes. He has many types of seizures that present in different and sometimes subtle ways. Many of his seizures can be triggered by him being startled or moved. He has hypersensitivity to all sensory stimuli. This results in frequent severe seizure activity, which must be monitored extremely closely. Some symptoms can be difficult to recognise, therefore Raj requires constant supervision by adults who know him well. His seizures are frequent and variable in presentation and severity and generally require nursing support in school.
- He has an unsafe, uncoordinated swallow and is therefore completely gastrostomy fed.
- Raj produces copious thick secretions which can cause him difficulties with his breathing. Due to his unsafe swallow he is at high risk of respiratory infections caused by secretions being aspirated into his lungs.
- There are ongoing concerns about his breathing and episodes of apnoea (short intervals where he doesn't breathe) which can happen during the day or night. He tires easily, causing his breathing to become uncoordinated.
- Both his hips are dislocated, which prevents him from bearing weight on his legs (walking).
- He has eczema which can lead to discomfort. He also has various other health difficulties which come and go. For example, he has experienced temperature control difficulties, recurrent mouth ulcers and extended periods of tiredness. Raj is unable to express the discomfort he is feeling, but it may present as lack of attention or reluctance to be handled, even though this is something he usually enjoys.
- His health can deteriorate quickly.

## 10. Plan Section D. Raj'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 (CDSA) 1970. The local authority may also choose to specify other social care needs not linked to CYP's SEN or disability but must have the consent of the child and their parents.

- Raj's complex health needs, multi-sensory impairment and learning difficulties mean that he relies on adults for all aspects of his daily living, including staying healthy and social interaction.
- Raj's round-the-clock care needs and needs for one to one support place significant demands on parents given they must also meet the needs of his two siblings.
- The family has so far had limited opportunities to meet with other families of children with MSI but are keen to do so for their own and Raj's benefit.
- His parents can sometimes feel overwhelmed by the number of medical appointments he has to attend.

## 11. Plan Section E. Desired outcomes for Raj

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

### **The following are the desired outcomes for Raj.**

- a. By the end of primary school, Raj will achieve a measurably improved level of visual and auditory input.
- b. By the end of primary school, Raj will have sufficient functional communication skills to make his needs known and to be able to understand, and interact with, his environment, his peers and familiar adults with increasing complexity.
- c. Raj will continue to feel happy and secure (measured by the recognised behaviours described in this plan) and achieve increasing levels of social interaction throughout his school life (as measured by specialist assessments for deafblind children).
- d. By the end of primary school, Raj will show a measurable increase in his awareness of activities and experiences and in his ability to sustain concentration.
- e. By the end of primary school, he will demonstrate increased control over his physical movements (fine and gross motor skills).

### **Arrangements for reviewing and monitoring Raj's progress**

- This plan should be reviewed in January 20XX and at least annually thereafter.
- The school will set learning targets which should be monitored and reviewed at least termly with Raj and his parents.

## 12. Plan Section F. The special educational provision required by Raj

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 Raj'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. By the end of primary school, Raj will achieve a measurably improved level of visual and auditory input.			
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
a1	Raj will be able to look at an object for increasing lengths of time and beyond glancing fleetingly at it.	<p>Raj requires a multi-sensory approach to learning with an individualised programme of intervention focusing on developing his vision and hearing. He will need support from an intervenor to promote Raj's educational, personal and social development, encourages their independence and promotes communication.</p> <p>A qualified teacher of vision impaired (QTVI) children is required to assess Raj's functional vision on a biannual basis. Materials will need to be differentiated for him and a teacher of the VI will need to establish and monitor Raj's ability to access these objects and assist staff in understanding that there may be a latency in response, objects may need to be moving, static, noisy or in a particular colour for Raj to access these.</p>	<p>A full time 1:1 intervenor. Raj will need a core team of three people who are used to working with him and are intervenor trained to ensure that he is adequately supported at all times.</p> <p>Weekly visit from a QTVI for a minimum of 2 hours to allow time to observe Raj in class, work directly with him and his intervenor and provide ongoing advice and support to his intervenor, class teacher and other key staff. This visit should be coordinated with the visit from his MSI teacher</p>

<b>a.</b>	<b>By the end of primary school, Raj will achieve a measurably improved level of visual and auditory input.</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>
a2	Raj will be able to respond to an increasing number of sounds and not just those that he is already familiar with.	A Teacher of the Deaf will need to advise on the acoustic environment, audiological assessments will be required and the teacher of the deaf will need to liaise with Raj's audiologist. The Teacher of the Deaf will need to devise a programme that develops Raj's ability to attend, locate and respond to sound.	Visit from a qualified Teacher of the Deaf once per half-term for a minimum of 2 hours to allow time to work directly with Raj in class, focusing on developing his communication skills. The Teacher of the Deaf will also need additional time to observe Raj in class, work with his intervenor and provide ongoing advice and support to his intervenor, class teacher and other key staff. An additional 2 hours on a half termly basis will be required for this.



<b>a.</b>	<b>By the end of primary school, Raj will achieve a measurably improved level of visual and auditory input.</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>
a3	Raj will extend the range of familiar objects that he is interested in which will encourage him to seek out new things.	<p>The MSI teacher should ensure that Raj's visual needs are taken into account when strategies are put in place to address their hearing impairment and vice versa. For example visual strategies are often recommended for children who are hearing impaired, but these might not be appropriate for a deafblind child.</p> <p>A technology assessment from an MSI perspective is also required.</p>	<p>A qualified MSI teacher should visit on a half-termly basis for a minimum of two hours to work directly with Raj in class. An additional two hours on a half termly basis will also be needed to work with his intervenor and provide ongoing advice and support to his intervenor, class teacher and other key staff. The MSI teacher will need to liaise with the teacher of the deaf and a teacher of the VI in advance of visits and after the visits to ensure that an up to date picture of Raj's needs is provided and to ensure that appropriate modifications have been made to programmes which all key professionals are aware of.</p> <p>The MSI teacher should work alongside a qualified speech and language therapist and these visits should be combined.</p> <p>Termly meetings between the MSI teacher and the lead member of the intervenor team and parents to ensure consistency of communication across all settings including home.</p>

<b>b.</b>	<b>By the end of primary school, Raj will have sufficient functional communication skills to make his needs known and to be able to understand, and interact with, his environment, his peers and familiar adults with increasing complexity.</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>	Raj should show attempts to communicate with people, make responses and communicate gestures	<p>Raj communicates in an idiosyncratic way and staff need to be alert to all attempts at communication which will manifest through his behaviour initially. His intervenor, who should be guided and supported by his MSI teacher, needs to be able to pick up on communication attempts and encourage these by introducing sign, using hand under hand signing, objects of reference and speech.</p> <p>A total communication approach needs to be implemented throughout the school day. This should combine personal symbols, a multi-sensory approach, hand under hand signing and speech, access to switch technology and the consistent use of a communication passport.</p> <p>Simplified language and a clear structure and routine.</p> <p>Close links between home and school as previously outlined to include a termly visit from the MSI teacher and lead intervenor.</p> <p>Raj requires constant adult support to access all learning opportunities and frequent opportunities for 1:1 teaching. He requires a multi-sensory approach to learning, including frequent opportunities to practise and extend his visual, auditory and tactile skills. Objects of reference, photographs, symbols and hand on hand signing are used to support his understanding of language within the classroom.</p>	<p>The team of three intervenors</p> <p>MSI teacher</p> <p>Teacher of the Deaf</p>
<b>b2</b>	Raj should be able to express a like and dislike		<p>Specialist speech and language therapist who is experienced in working with deafblind children</p> <p>School</p> <p>School with MSI teacher</p> <p>School</p>

<b>b.</b>	<b>By the end of primary school, Raj will have sufficient functional communication skills to make his needs known and to be able to understand, and interact with, his environment, his peers and familiar adults with increasing complexity.</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>
		It is important to ensure that when using Objects of Reference, they are not too abstract as Raj is not yet at a cognitive level to understand abstract symbolism. A list of objects used should be shared between settings to encourage consistency of use.	

<b>c.</b>	<b>Raj will continue to feel happy and secure and achieve the maximum level of social interaction throughout his school life.</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>	Demonstrate awareness that a familiar person is there.	<p>Clear routines and consistency will need to be in place at all times. This will only happen if his team of 3 intervenors keep each other updated and if the professionals working with him all work closely together.</p> <p>Opportunities to interact with peers and an appropriate peer group will need to be facilitated by his intervenor with oversight from his MSI teacher. It will be important to use personal symbols or personal objects of reference to help Raj identify people.</p> <p>Total communication approach as already outlined.</p> <p>A core team of staff will need to know Raj extremely well so that they can interpret his individual response to situations and use this to develop his communication skills.</p> <p>A communication passport needs to be developed so that Raj's communication can be monitored and recorded across all settings, including in the home.</p>	<p>The team of three intervenors</p> <p>MSI teacher</p> <p>Teacher of the Deaf</p> <p>Teacher for visually impaired children</p> <p>Speech and language therapist</p>
<b>c2</b>	Raj will start responding to different stimuli,		

<b>d.</b>	<b>By the end of primary school, Raj will show a measurable increase in his awareness of activities and experiences and in his ability to sustain concentration.</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>d1</b>	Raj will accept and engage in interactive exploration (e.g. focusing his attention on a story or rhyme when prompted) for increasing amounts of time.	<p>Raj needs to be offered a variety of play experiences, with opportunities for skill development through an approach that focuses on small steps and plenty of repetition, with appropriate toys/objects of reference and other children.</p> <p>An active learning environment, offering a range of multi-sensory learning opportunities, with hand under hand approaches.</p> <p>Play opportunities need to be extended through simple language, musical games, action songs and rhymes, alongside his friends.</p> <p>Intervenor will identify when Raj needs communication breaks and rests. When tired, to reduce risk of seizures Raj needs access to a relaxation room where he can rest and stimulation will be limited.</p> <p>Daily access to a sensory room with switch technologies.</p>	Intervenor trained in MSI Class teacher.
<b>d2</b>	He will be able to explore materials in increasingly complex ways (e.g. reaching out and feeling objects as tactile cues to events).		

e.	By the end of primary school, Raj will demonstrate increased control over his physical movements (fine and gross motor skills).		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
e1	Raj will be able to lift his head when lying on his tummy.	<p>Raj will require a programme of therapy developed by his physiotherapist and occupational therapist. The OT and Physio will need to visit school on a half termly basis for a minimum of 2 hours to observe Raj and do some direct work with him. An additional 2 hours will be needed to update the other professionals working with Raj including his MSI teacher and ToD and VI. And time will be needed to update the programmes in place and to update and work with Raj's intervenor who will be implementing these programmes on a daily basis. In addition Raj will need rebound therapy for a minimum of 30 minutes on a weekly basis. He will also need hydrotherapy for a minimum of 40 minutes on a weekly basis.</p> <p>All staff should receive manual handling training.</p> <p>Raj requires a prone angled standing frame on a daily basis in school and requires specialist seating to access the curriculum. He has recently been assessed using a fully supportive Rifton Gait Pacer walker. He requires a specialist triton chair in school and needs to be hoisted for all transfers and uses glove slings. He also requires an Otto Bock Moulded Seat Insert mounted on a Discovery wheelbase to support his mobility.</p>	<p>Physiotherapist Occupational therapist School staff</p>
e2	He will be able to reach out for objects, touch them and hold them.		

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

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

Raj receives funding from continuing health care and receives 45 hours of support per week.

#### **Assistance with movement/postural management**

To support the achievement of outcome e:

- Raj has a dream2 sleep system for night time postural management at home and is awaiting a moulded bath seat. In school he requires specialist seating and a prone angled standing frame. He needs to be hoisted for all transfers.
- All staff should receive manual handling training.

#### **Vision and hearing**

To support the achievement of outcome a:

- He is seen by the audiologist and ophthalmologist every six months.

#### **Feeding and swallowing**

- He has a feeding programme which is appended at Section K. His PEG tube is flushed with 30-40ml of water before and after each feed. An additional 3 x 100mls water boluses are offered throughout the day to ensure fluid requirements are met. Raj is due dietetic follow-up in September 20XX.

#### **Epilepsy**

- Training from the epilepsy nurse for the intervenors to help them to identify seizures and administer medications.
- He has three different medications for his seizures which used to be given in a certain order but a different one can now be given first depending on what type of seizure it is. Raj's seizures do not always respond to medication and have on two occasions since February 20XX progressed into status epilepticus (a condition in which epileptic fits follow one another without recovery of consciousness between them). In the event of seizure it is vital that he is given medical attention; please see his Emergency Care Plan in section C.
- Raj's seizure protocol in the event of multiple seizure types is currently buccal Midazolam, followed by rectal Diazepam and then rectal Paraldehyde, if required. He is also prescribed oxygen therapy and this can be administered by a nurse in school. This remains under regular review. Raj has had multiple admissions to hospital because of seizure activity.
- Recent medical advice (December 20XX) notes that Raj's seizures continue to be difficult to control. He is currently on medication called Keppra, Lamotrigine and Sodium Valporate. He continues to have persistent fits and is due to have further specialist assessments at hospital. It is likely that he will require surgery to control his fits which will involve implantation for a vagal nerve stimulator which is often used to control fits in children who show refractory seizure activity.

#### **IMPORTANT:**

Full details of Raj's care plan, including emergency medication for his epilepsy, feeding plan, treatment for eczema and monitoring of his breathing difficulties are appended to this plan.

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

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

The family receive support from an intervenor for 5 hours every other weekend from 10am-3pm.

The family have been invited to attend a Saturday club which is run once a month by a group of parents at his school. This will enable the family to meet other families with children with similar special educational needs and disabilities.

Transport will be provided for those occasions when Mr. Sohal is working away from home.



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

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.

Raj attends Castlevue Children's Home for one night per week over 48 weeks of the year.

Raj's parents are finding it extremely difficult to cope with their caring responsibilities in addition to their own ill health needs and are attending couples' counselling.

**16. Plan Section I. Name and type of placement for Raj**

Raj 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 Raj**

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.

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

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

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

## 18. Plan Signatures

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

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

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

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

## 19. Plan Section K. Advice and information received for Raj'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
	Parents	Mr & Mrs Sohal	01/09/20XX
Education	Teacher of the Deaf	Melanie Peterson	11/10/20XX
Education	Teacher of the Visually Impaired	Mary Oats	12/10/20XX
Education	MSI Teacher	Hilary Johns	18/10/20XX
Education	Head Teacher	Mara O'Hara	20/10/20XX
Education	Educational Psychologist	James McGrath	14/09/20XX
Social Care	Social Worker	Harry Timpson	01/11/20XX
Health	Senior Audiologist	Dipesh Patel	04/08/20XX
Health	Specialist Speech and Language Therapist	Marie Vincent	21/09/20XX
Health	Occupational Therapist	Siobhan Murphy	17/10/20XX
Health	Physiotherapist	Pat Patterson	13/10/20XX
Health	Paediatrician	Dr Marion Vine	11/08/20XX
Health	Dietician	Gurvinder Kaur	19/08/20XX
Health	Epilepsy Nurse	Roy Fuller	11/08/20XX
Health	Community Nurse	Pamela Downy	11/08/20XX

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