

## Model Education, Health and Care Plan

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**'Robert' – A child with hearing impairment, aged eleven**  
**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 is EHC Plan No. 1 for *Robert Glover* (name of child)

Date of Birth	5 November 2002
Date Plan 1 agreed:	5 April 2014
Date of review:	tba date in summer term 2014 and 5 April 2015

#### Details of the child:

Name:	Robert Glover
Gender:	Male
Home address:	
Preferred language/communication method:	Spoken English, but is proficient in BSL which he uses to communicate with his deaf friends and in some teaching situations
Educational setting currently attended (if applicable)	Potter Street Junior School (maintained primary school)

#### Child's Parents/Person Responsible

Name:	Mr Mike Glover Mrs Susan Glover
Relationship to child:	Father and mother
Home address (if different to above):	
Telephone number:	

The following people have contributed to this plan:

Name:	Role/position
Mr and Mrs Glover	Parents
Christine Jones	Teacher of the Deaf
Jonathan McGrath	Educational Psychologist
Dipresh Patel	Audiologist
Marie Vincent	Speech and language therapist
Dr Marion Vine	Paediatrician
Mrs Mary Donaldson	Head Teacher, Potter Street Junior School
Harry Timpson	Social Worker

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7. Hi! I'm Robert!

Photo of Robert

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

I'm pretty good at football and get picked for the Saturday morning team

I try to do my best at school and my class teacher says this too

My handwriting is the thing I do best

I also like drawing – my friends like my cartoon figures

I like to be helpful at home and at school

***What is important to me***

Playing football really well and maybe getting into the school team at my next school

Getting a good job that earns me lots of money

Playing with my brother and sister – well most of the time! She can be a pain at times.

Going to football matches with my Dad and brother

Being able to speak to my friends, like they speak to each other

Going out for a bike ride or a Pizza or a Big Mac with my family

Meeting up with my deaf friends

***How best to support me***

I'm deaf in both ears and so it's difficult to have a chat with my friends and I never seem to hear the end of a joke

It helps if you make sure I can see your face and if only one person at a time speaks

I will often ask you to say something again

Helps, too, if there is not a lot of other noise from cars or radios and things

I am pretty good at signing and so that helps but only if you know how to sign! Anyway, I really want to use my voice most of the time - if I can

The above 'quotes' are taken from several different reports re Robert. Some are direct quotes and others reported speech.

## 8. Plan Section A. Getting to know Robert: The views, interests and aspirations of Robert and his parents

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.

### Robert's strengths and challenges

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

- He wants to speak to/communicate with others and uses language in a wide range of situations, including asking people to repeat what they have said if he has not picked it up first time.
- He is a very good user of his cochlear implant.
- In spite of his delayed social skills he is well-liked by the children of his own age. He likes to be involved in all aspects of school life such as sports and school performances.
- His gross motor skills (such as running, jumping, catching balls etc) and fine motor skills (such as handwriting, picking up small objects, catching balls, and fastening clothing) are at the level expected for his age.

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

- He is profoundly deaf in both ears and at all frequencies.
- He has significant difficulties in language and communication. Robert has difficulties in producing the right speech sounds to enable people to understand him and difficulties in understanding what is being said to him.
- He has difficulties with attention and listening, especially when there is background noise – he 'tunes out' very quickly.
- He is working below the levels expected for his age in literacy and numeracy.
- He experiences difficulties in the development of social and emotional skills.

His general health is good but he does have occasional asthma attacks for which he carries an inhaler,

### Robert'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)

Robert's hearing impairment was not diagnosed until he was four years old. This meant that he had little access to early sounds. He was initially fitted with hearing aids, and then in December 2006 he had a right cochlear implant which was switched on in July 2007.

He has attended Potter Street Junior School since Reception class. He is outgoing and sociable and usually appears happy and confident, though he has problems with frustration arising from his lack of understanding (both socially and academically). He enjoys playing with his older siblings, but has some difficulties with peer friendships. He is fully independent, with age-appropriate self-help skills. He is able to report any problems (e.g. flat battery) with his implant and will do so immediately. His gross and fine motor skills are good and he is an enthusiastic footballer. He is not yet sure what he wants to do when he is older, but he wants to get good grades at secondary school so that he can get a good job.

### **How to communicate with Robert**

Robert communicates in spoken English. He has learnt British Sign Language which he uses to communicate with some of his deaf friends, but speech is his preferred method of communication. However, he needs good acoustic conditions in order to understand what is being said. Once he understands, he is fully capable of being involved in decision-making and likes to be involved.

In the classroom, it is helpful for Robert to have the teaching input signed by his specialist teaching assistant, especially when new topics are being introduced.

### **Robert's concerns, aspirations, views interests for the future**

Although he does not yet know exactly what he wants to do when he is older, he has clear ideas about how he wants his life to be. He wants to get a good job and live independently. He would like to have a few good, reliable friends he can relax with and continue to play football regularly.

Robert says he is 'sort of' looking forward to secondary school, but he is also a bit worried about the large number of new pupils and staff with whom he will come into contact and who may not understand about his deafness. He feels it will be a lot noisier in secondary school and so this will make it harder for him to know what has been said.

### **Robert's parents' views concerns and aspirations for the future**

Robert's parents want him to fulfil his academic potential to achieve good grades like his older siblings.

They are concerned that his late diagnosis meant that his difficulties were not sorted out during the important early years of learning, and are now keen for him to receive the right provision to enable him to narrow the gap between his ability and his attainment. They want to ensure that he maintains a positive perception of himself as a learner, as they are concerned that his self-esteem could be easily damaged if the move to the very different social and academic environment of a secondary school does not go well.

They are proud of what he has achieved so far and are pleased that he is already so independent. They try to give him every opportunity to develop socially as well as educationally. They are keen to ensure that he does not become isolated because of his communication and social difficulties arising from his deafness. They would like to see Robert become a strong communicator in both British Sign Language and English.

They recognise that it is important for Robert to access sign language for teaching within the classroom and for communication with his deaf friends.

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

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

### **Sensory**

- Robert has bilateral profound sensory-neural hearing loss, i.e. profoundly deaf in both ears (see attached audiology report). He has a cochlear implant in his right ear. Although he is a good implant user, this provides him with only unilateral hearing (i.e. hearing in one ear only), which means that he will always have difficulties listening where there is background noise, especially where more than one person is speaking. He is also unable to recognise where sound is coming from. In good acoustic conditions where there is little background noise, and provided that his speech processor and the radio aids are working properly, he has access to all speech sounds across the frequencies.

### **Speech, language and communication**

- Robert's late diagnosis of deafness meant that he did not hear the important sounds for speech in his early years. This prevented his spoken language and understanding of language from developing in the usual way (i.e. through hearing the speech of others) and at the usual speed. He has made pleasing progress since being able to hear sounds through his cochlear implant, but his receptive (understanding) and expressive (spoken) language skills, as well as his pragmatic skills (e.g. knowing the right sort of words to use in different situations and turn taking in conversations), are severely delayed in all areas. In 2012, his score on the Test for Receptive Grammar was at the first percentile, which means that most of his age group (99%) would score higher than this.
- His understanding of spoken information and instructions is limited and inconsistent. He struggles to understand large chunks of information at the normal speed of delivery in the classroom and has a tendency to stop paying attention.
- His listening skills are limited and he can be very easily distracted. Listening throughout the day is more taxing for Robert than it is for his hearing peers and the effort of concentrating makes him very tired by the end of the school day.
- His difficulties understanding spoken language relate to the following areas of development:
  - Understanding and use of grammatical structure  
Gaps in vocabulary knowledge (when assessed at the age of 11 years and 1 month on the Clinical Evaluation of Language Fundamentals - CELF 4 UK - his spoken vocabulary was just over 3.5 years behind his actual age)
  - Auditory memory difficulties (auditory memory is the ability to take in, process and recall information which is presented orally)
  - Mishearing and misunderstanding
  - Difficulties with abstract language and concepts, inference, verbal reasoning (the ability to understand and reason using concepts expressed through words) and humour (CELF 4 UK, Concepts and Directions assessment gave him an age equivalent score of 5.6 years).
- His speech is generally understandable to familiar listeners (family and close friends), but this is not always the case with people who have had less contact with him and who are not 'tuned into' his speech. Therefore, those familiar listeners may be overestimating Robert's understanding of what is being said, especially when they move away from everyday familiar topics.
- He has difficulty formulating complex sentences and word order can become disordered when he is trying to express more complex ideas, making it even harder for Robert to make himself understood.

### **Social and emotional skills**

- Robert has delayed social skills arising from his hearing and communication difficulties.
- He will usually do whatever is requested by an adult but can also seek to follow his own agenda at times.
- Due to his hearing loss, Robert can find it hard to work in a group as he has not developed all the social skills for co-operative working (e.g. turn taking; sharing ideas and opinions; supporting and rejecting opinions of others, etc). As a result, his behaviour is sometimes inappropriate. For example, he may assert his wants and needs among peers physically by repeatedly tugging at the sleeve of the person's jacket; pulling their arm or standing overly close and interrupting. His attention span for group activities can be short (just a few minutes in some cases) and he has tended to withdraw from such activities when there is not close adult guidance and modelling.
- He can become fixated on topics of conversation and lacks the awareness to realise when listeners have lost interest.
- Conversation is difficult for Robert because he takes longer to work out what has been said and then work out what he wants to say: by the time he has done so the conversation amongst friends will often have moved onto another topic. He finds this very frustrating.
- At the moment he feels quite good about himself, but his confidence can be quite quickly dented if he experiences failure either academically or socially.

### **Cognition**

- In assessments (British Abilities Scale, Second Edition) carried out by the educational psychologist in 2011, Robert scored within the average range overall with a below average score on the verbal subtests and a good average score on the non-verbal tests. However, the psychologist advised this could be an under-estimation of his ability.

### **Educational Attainment**

- Robert's literacy and numeracy skills are significantly delayed. His attainments in core subjects at the end of Year 5 indicated that there is a significant gap between his attainment and his assessed ability (even accepting the above-mentioned score within the average range).
- In May 2013, he achieved a score of 7 years 6 months on the Edinburgh Reading test and in Maths he can do all the work for level 2 in the National Curriculum (i.e. the level for the end of Year 2) and is now working on level 3.
- He is reluctant to write and needs a great deal of adult encouragement to begin a written task. When concentrating on spelling, he is accurate with the words from Key Stage 1 and with most of the Year 3 words but he has just started on the Year 4 words. However, his knowledge of these spelling patterns does not always transfer to his 'free writing' (does not always spell the words correctly when he is focusing on the content of a piece of writing).

## 10. Plan Section C. Robert's health needs related to SEN and unrelated to SEN

The SEND Code of Practice states that an EHC Plan must specify any health needs identified through the EHC needs assessment which relate to the CYP's SEN.

The Clinical Commissioning Group (CCG) may also choose to specify other health care needs not related to the SEN.

### **Related to SEN**

#### *Audiology*

Robert uses a cochlear implant which has both external parts (that are worn on the ear and side of the head) and internal hardware which has been surgically fitted. In some situations it is necessary to remove the external equipment to protect it from damage. In some situations it is necessary for Robert to wear head protection to protect both the implant and the site in Robert's head from potential blows. In discussion with Robert, his parents, and their implant team professionals it has been decided that:

- Robert can wear his external equipment when playing rounders.
- Robert must remove his external equipment and wear a scrum cap during football.
- Robert can wear his external equipment with a cycle helmet when riding a bike.

During a forthcoming trip to France with the school Robert will need to switch off his external equipment in security with the equipment going through the x-ray machine. Robert can be scanned by hand from the head down and will have a card with him to show airport security personnel. He can wear his cochlear implant switched on at all other times whilst travelling.

Robert needs to be cautious about activities that could generate static electricity and should never use a Van der Graaf generator during science lessons.

#### *Not related so SEN or disability*

Asthma – Robert has mild asthma for which he carries a Ventolin inhaler. He knows when and how to use the inhaler but has a tendency to lose it. No real triggers have been identified but his parents believe that stress could be one cause and so are concerned about whether or not a move to a new school could increase the probability of an attack.

## 11. Plan Section D. Robert's social care needs related and unrelated to SEN

The SEND Code of Practice states that the EHC Plan must specify any social care needs identified through the EHC needs assessment which relate to the child's SEN or which require provision for a child or young person under 18 under section 2 of the Chronically Sick and Disabled Act (CDSPA) 1970. The local authority may also choose to specify other social care needs not linked to CYP's SEN or disability but must have the consent of the child and their parents.

### Related to SEN

On initial identification of his deafness, Robert's needs for access technology were assessed and items such as flashing doorbells and smoke alarms have been provided and updated as necessary.

Parents at this stage do not need any assistance in getting him to audiology appointments.

### Unrelated to SEN

No other social care involvement with Robert or his family.

## 12. Plan Section E. Outcomes for Robert

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 desired outcomes for Robert are as follows:

a. **Minimising the impact of Robert's hearing loss.**

Robert will be confident that he can hear what is being said by school staff and his peers in his current school and also in his new secondary school when he transfers in September 2014. By the end of Year 9 Robert will also be able to advise staff on what suits his needs best.

b. **Achieving and maintaining speech, language and communication skills to a level appropriate to Robert's age.**

By the end of Year 9, Robert's speech, language and communication skills will be at a level that is, as a minimum, within the average range for his chronological age (or close to this level). His skills will continue to develop at an age appropriate rate in subsequent years.

c. **Academic attainment that reflects Robert's true ability.**

By the end of year 9, Robert will achieve academic outcomes which reflect his true ability as shown on the tests carried out by the educational psychologist. This means his levels of attainment will be at least in the average range for his age so that, by the end of year 11, he will gain the necessary qualifications to allow him to proceed to his chosen post 16 destination.

d. **Age appropriate social skills.**

By the end of Year 8, Robert will have age-appropriate social skills and good self-esteem. These 2 areas will be maintained at those levels or improved upon in subsequent years in secondary school.

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

This plan should be reviewed in the Summer Term 2014 before Robert transfers to secondary school and at least annually thereafter.

The School Targets Plan referred to in the table in Section F below will contain the 'within school' teaching targets which should be set, monitored and reviewed termly with Robert and his parents. However, Robert and the Teacher of the Deaf should review his progress towards the targets on a fortnightly basis.

### **Planning for Robert's transfer to secondary school**

The SEND Code of Practice requires a range of outcomes over varying timescales covering education, health and social care 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 Robert.

a. Minimising the impact of Robert's hearing loss.

Robert will be confident that he can hear what is being said by school staff and his peers in his current school and also in his new secondary school when he transfers in September 2014. By the end of Year 9 Robert will also be able to advise staff on what suits his needs best.

b. Achieving and maintaining speech, language and communication skills to a level appropriate to Robert's age.

By the end of Year 9, Robert's speech, language and communication skills will be at a level that is, as a minimum, within the average range for his chronological age (or close to this level). His skills will continue to develop at an age appropriate rate in subsequent years.

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By the end of year 9, Robert will achieve academic outcomes which reflect his true ability as shown on the tests carried out by the educational psychologist. This means his levels of attainment will be at least in the average range for his age so that, by the end of year 11, he will gain the necessary qualifications to allow him to proceed to his chosen post 16 destination.

d. Age appropriate social skills.

By the end of Year 8, Robert will have age-appropriate social skills and good self-esteem. These 2 areas will be maintained at those levels or improved upon in subsequent years in secondary school.

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

This plan should be reviewed in the Summer Term 2014 before Robert transfers to secondary school and at least annually thereafter

The School Targets Plan referred to in the table in Section F below will contain the 'within school' teaching targets which should be set, monitored and reviewed termly with Robert and his parents. However, Robert and the Teacher of the Deaf should review his progress towards the targets on a fortnightly basis.

### **Planning for Robert's transfer to secondary school**

Robert is due to transfer to secondary school in September 2014.

A transition plan should be drawn up with Robert, his parents and relevant professionals in the Spring Term 2014. The plan should include and ensure that:

- Robert has opportunities for additional visits to his new school.
- By the time Robert starts at the school he understands the daily routine.
- All staff in the new school are aware of his needs and have received basic deaf awareness training.
- The teaching areas have been assessed acoustically and, if required, reasonable steps taken to make them acoustically favourable.
- A teaching assistant with the relevant experience has been appointed.
- Any technological resources required should have been identified and put in place.
- An action plan for the management of any asthma attacks that Robert may have should be agreed before he starts in September and all school staff should be aware of the action plan and its requirements.
- Robert is able to attend the school drama and football clubs.

**13. Plan Section F. The special educational provision required by Robert**

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 Robert’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).

<b>a. Outcome: Minimising the effect of Robert’s hearing loss now and on transfer top secondary schools.</b>			
<b>Note: This will be an ongoing requirement as new technology becomes available</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>
a1	The teaching areas used by Robert have good acoustics and are managed to minimise background noise.	<p>All Robert’s teaching and learning environments in his present school and new school will be audited acoustically and a report written identifying reasonable action the schools require to take, to make it as easy as possible for Robert to listen and hear by minimising the effect of reverberation and background noise. In the case of Robert’s new secondary school, this must happen before he transfers in September 2014.</p> <p>The reasonable action identified in the audit report should be implemented.</p> <p>When new teaching and learning areas are to be used by Robert (e.g. in a new school year), an audit with a report should be prepared and any action taken before the areas are used by Robert.</p>	<p>Teacher of the Deaf and/or specialist technician.</p> <p>The two schools to implement.</p> <p>Teacher of the Deaf and school SENCO</p>

<b>a.</b>	<b>Outcome: Minimising the effect of Robert's hearing loss now and on transfer top secondary schools.</b> <b>Note: This will be an ongoing requirement as new technology becomes available</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	Staff in current and new school know what they (and the other children in the class) must do in order to ensure Robert can take part in the normal teaching and learning activities in the classroom and in the other activities of the school (e.g. making sure Robert can see their faces, not standing in front of a window, etc.)	All staff coming in contact with Robert in both his current and new school will have one session of general deaf awareness training. All staff working directly with Robert both in current and new school will receive a second session of training focused on deaf children learning in the classroom. An advice and support session for staff working directly with Robert twice per term.	Teacher of the Deaf to provide training. School staff to implement.  Teacher of the Deaf to provide and monitor implementation by school staff.  Teacher of the Deaf
a3	Staff and Robert will be confident and competent in the use of a radio aid.	Radio aid will be provided for use in school (and also out of school and at home). Staff and Robert will be shown how to use the radio aid and it will be used appropriately throughout the school day. Regular technical maintenance of the radio aid	Local authority (Hearing Support Service)  Teacher of the Deaf  Hearing Support Service
a4	Robert's cochlear implant will always be functioning effectively	Robert's cochlear implant to be checked daily and spare coils and leads to be available on site so that if one breaks he will not be without his processor.	A suitably trained teaching assistant with Robert gradually taking over some of the responsibility

<b>b.</b>	<b>Outcome: By end of Year 9, Robert's speech, language and communication will reach a level that is, as a minimum, appropriate for or, close to, that expected for his chronological age and ability and will be maintained at this level or improved upon in subsequent years in secondary school.</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>	Robert's listening and attention skills will show measurable year on year improvement and be developed to the maximum level possible.	<p>An individually designed listening programme to meet Robert's identified needs.</p> <p>The above programme to be delivered 4 times per week in 10 minute sessions</p> <p>Adult support to check his understanding of instructions and information</p> <p>Lessons to be planned and delivered with Robert's hearing and language impairment in mind so that academic content is maintained but language is suitably differentiated and explained to maximise his understanding and therefore his attention.</p> <p>Teaching input sessions to be signed</p> <p>Pre-tutoring sessions (see b.2) focusing on new words and/or concepts.</p>	<p>Teacher of the Deaf and specialist speech and language therapist (SALT).</p> <p>Specialist teaching assistant (BSL trained) in primary school/communication support worker (CSW) in secondary school) having been trained by the Teacher of the Deaf and/or SALT</p> <p>Specialist teaching assistant/CSW</p> <p>Current class teachers and then form and subject teachers in new secondary school with advice from Teacher of the Deaf and speech and language therapist.</p> <p>CSW (trained at least to BSL Level 3)</p> <p>CSW (trained at least to BSL Level 3)</p>

<b>b.</b>	<b>Outcome: By end of Year 9, Robert's speech, language and communication will reach a level that is, as a minimum, appropriate for or, close to, that expected for his chronological age and ability and will be maintained at this level or improved upon in subsequent years in secondary school.</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>b2</b>	Robert's understanding of language, vocabulary; spoken language and ability to make the correct speech sounds will show measurable improvement year on year and to a point that is age and ability appropriate.	<p>An individually devised, school-based language development programme.</p> <p>Programme to be delivered 4 days per week in sessions of 20 minutes (NB At secondary school can be linked to 10 minute listening session)</p> <p>Weekly direct 1:1 speech and language therapy for a minimum of 45 minutes. (on the day he does not have the individual programme from the teaching assistant/communication support worker)</p> <p>Robert's teaching assistant/communication support worker to attend the 1:1 direct therapy sessions to ensure continuity of approach and maintain their knowledge and understanding of Robert's needs and how to meet them.</p> <p>Daily reinforcement and practice of targeted language skills across the curriculum.</p> <p>Pre-teaching for at least 15 minutes per week to familiarise Robert with key vocabulary for the following week's lessons.</p>	<p>Specialist SALT (experienced in working with children with cochlear implants) and in consultation with Hearing Support Service professionals.</p> <p>Specialist SALT who will monitor the programme and train specialist/CSW to deliver the programme.</p> <p>Specialist SALT, experienced in working with children with cochlear implants who have very delayed language.</p> <p>Specialist teaching assistant/CSW</p> <p>Current class teachers and teaching assistant and on transfer subject teachers and Robert's CSW. SENCO to keep subject staff informed of current targets.</p> <p>Delivered by specialist teaching assistant, appropriately trained CSW. SENCO to co-ordinate supply of vocabulary lists from subject teachers.</p>

<b>c.</b>	<b>Outcome: By end of Year 9, Robert will achieve academic outcomes which reflect his true ability as shown in the assessments carried out by the educational psychologist. He will perform at an average age as a minimum so that in Year 11 he attains the qualifications for his chosen post 16 destination.</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>	Robert will make measurable progress and achieve academic outcomes in line with his age and ability (as indicated by his performance on the non-verbal assessment).	<p>Access to the full National Curriculum, differentiated to meet his linguistic needs, while taking into account his academic abilities.</p> <p>A supportive and strongly structured learning environment, with adult awareness of the educational and social implications of his hearing loss (Awareness training for all staff as described in a.2 above).</p> <p>Teaching input to be supported by Sign Supported English.</p> <p>Careful planning of lessons, taking into account the amount of effort that Robert has to put into listening and the resulting tiredness which affects his energy and concentration levels.</p> <p>A School Targets Plan with short term targets, based on the outcomes identified in this EHCP, to be monitored and reviewed half-termly.</p> <p>A wide range of visual materials to support his understanding, ensuring the use of subtitles on any DVDs, etc.</p> <p>Full access to all the learning in every class, with a seating arrangement which enables Robert to access directly the contributions of the teacher and his peers.</p> <p>Ongoing monitoring of progress with annual assessment from educational psychologist</p>	<p>School staff with advice from the Teacher of the Deaf, educational psychologist and specialist SALT.</p> <p>School staff Specialist teaching assistant support/CSW in all core subjects. Advice from Educational Psychologist and Teacher of the Deaf Specialist teaching assistant/CSW</p> <p>Subject teachers with advice and support from Teacher of the Deaf.</p> <p>SENCO, Teacher of the Deaf and subject teachers</p> <p>Teacher of the Deaf</p> <p>Subject teachers with advice from SENCO and Teacher of the Deaf</p> <p>Subject teachers and educational psychologist</p>

<b>c.</b>	<b>Outcome: By end of Year 9, Robert will achieve academic outcomes which reflect his true ability as shown in the assessments carried out by the educational psychologist. He will perform at an average age as a minimum so that in Year 11 he attains the qualifications for his chosen post 16 destination.</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>c2</b>	Robert will make measurable, year on year 'expected progress' in English and Maths. Less than expected progress as defined in para 6.17 of the SEND Code of Practice (July 2014) would not be acceptable.	In primary school, two hours per week of teaching (individualised English and maths programmes). Primary school to deliver programmes on days Teacher of the Deaf not present.  Secondary school (from Sep 2014) - Intensive daily programmes in English and Maths (45 minutes in each) to develop Robert's literacy and numeracy skills for the most part during normal timetabled periods for these subjects but with the timing of remaining sessions to be agreed.	Teacher of the Deaf (with expertise in the language delay of profoundly deaf children) Specialist teaching assistant  Teacher of the Deaf in specialist resource centre and CSW

<b>d.</b>	<b>Outcome: By the end of Year 8, Robert will have age appropriate social skills and maintain good self-esteem and, in subsequent school years these will be maintained or improved upon.</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>	Robert will be able to communicate socially with young people of his age and work as a member of a group.	<p>(Secondary school) A Personal Social and Health Education (PHSE) programme to help him:</p> <ul style="list-style-type: none"> <li>• understand and recognise his own and others' emotions</li> <li>• react to his own emotions and those of others</li> <li>• build relationships</li> </ul> <p>Fellow pupils to have good deaf awareness, e.g. using the NDCS resource Look, Smile, Chat, to ensure that Robert is fully included in all lessons and social interactions.</p> <p>Weekly group sessions of 20-30 minutes with a small group to develop his conversational and communication skills and to encourage co-operative group work with pupils in his age group.</p>	<p>PSHE teacher with advice from educational psychologist and Teacher of the Deaf</p> <p>SENCO and Teacher of the Deaf.</p> <p>An appropriately trained CSW, monitored by a SALT, experienced in supporting children with cochlear implants.</p>

<b>d.</b>	<b>Outcome: By the end of Year 8, Robert will have age appropriate social skills and maintain good self-esteem and, in subsequent school years these will be maintained or improved upon.</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>d2</b>	Robert will maintain his good level of self-esteem, and achieve confidence and independence as a learner and as part of the wider school community.	<p>Tasks to be appropriately differentiated to meet Robert's language needs, whilst maintaining his interest (as in c. above).</p> <p>Progress on his school targets plan (see c.1 above) to be reviewed fortnightly as this will ensure opportunities to provide , appropriate, positive feedback for both social and academic successes as well as identifying early any areas of concern.</p> <p>Attend football club after school (from September 2014)</p> <p>A named member of staff to whom Robert can go to talk through concerns and celebrate achievements.</p> <p>Robert to attend training and playing sessions in the Youth programme at his local football Club – club staff to be advised about deaf awareness training and resources such as the NDCS Me-2 project.</p>	<p>Subject teachers with advice from Teacher of the Deaf</p> <p>Teacher of the Deaf and School staff</p> <p>PE staff in new school and SENCO</p> <p>SENCO to identify appropriate member of staff.</p> <p>Teacher of the Deaf to advise</p>
<b>d3</b>	Robert will have a good understanding of his own deafness and how to manage it.	<p>Robert will be encouraged to take increasing responsibility for his own hearing technology</p> <p>After Robert is settled into his new school, a specific, specialist programme such as the Healthy Minds Resource (NDCS) should be used with Robert.</p>	<p>Specialist teaching assistant/CSW with advice from Teacher of the Deaf</p> <p>Teacher of the Deaf and educational psychologist</p>

#### 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.

##### **Related to SEN**

###### **Audiology**

Robert uses a custom made earmould to help anchor his cochlear implant in place. Robert will be seen by his local audiology service as and when he grows out of the mould and it requires replacement. Robert's use of his cochlear implant is consistent and his map (cochlear implant programming) is stable. He will therefore be seen on an annual basis by the specialist implant team for review of progress, ensuring his equipment is functioning as expected, and assess the need for upgrading equipment. To ensure Robert is able to continue to wear his equipment consistently to achieve optimal access to sound, troubleshooting and minor repairs can be carried out by his parents, Teacher of the Deaf or teaching assistant who have all been trained. Spare parts can be posted out as required. Appointments for more major repairs will be arranged if necessary.

Robert is no longer prone to ear infections or glue ear but should they occur it is important that he see his GP or implant team urgently for treatment.

Code of Practice of the British Cochlear Implant Group (BCIG) safety guidelines will be made available to all key staff. A discussion with Robert's parents and checking these guidelines must happen whenever new activities are introduced.

##### **Unrelated to SEN**

The provision described below is intended to maintain Robert's good attendance record at school and to reassure him that his new school will know how to respond to any asthmatic episode.

His current school has an agreed action plan, agreed with health and parents, on how to respond to any attacks he has in school. His new secondary school will prepare a similar plan before Robert starts at the school in September 2014.

Robert's asthma will be monitored through attendance at the local specialist clinic twice per year.

**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.

Robert has been provided with some environmental aids for deaf people such as alerting systems (smoke alarms, doorbells, alarm clocks, telephone indicators). No additional provision identified by Robert, his parents or professionals as being required at this point.

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

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.

No needs identified

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

Robert 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 Robert**

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.

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

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: _____ (Parent/Carer)	Date: _____

## 20. Plan Section K. Advice and information received for Robert's assessment

SEND Code of Practice: The advice and information gathered during the EHC needs assessment MUST be attached (in appendices). There should be a list of this advice, who provided it and when it was provided.

Agency (If appropriate)	Role/Position	Written by	Date of report	Comments
	Parents	Mr and Mrs Glover	20/12/13	Proforma completed at initial meeting. Further comments added and signed at later meetings.
	Child	Robert Glover	6/01/14	TA acted as scribe
Education	Teacher of the Deaf	Christine Jones	03/02/14	
Education	SENCo	Miriam Dick	10/03/14	
Education	Educational Psychologist	Jonathan McGrath	04/04/14	
Social Care	Social Worker	Harry Timpson	11/03/14	
Health	Senior Audiologist	Dipesh Patel	30/01/14	
Health	Specialist speech and language specialist	Marie Vincent	14/04/14	
Health	Paediatrician	Dr Marian Vine		

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