Education Health and Care Plan

Introduction

In accordance with the Children and Families Act 2014, the following statutory Education, Health and Care Plan is made by Swindon Borough Council ('the education authority') and the Swindon NHS Clinical Commissioning Group ('the health authority') in respect of Anthony Davis whose particulars are set out below

Date of Final EHC Plan	
Date of Draft EHC Plan	

My Details			
Full Name	Anthony Davis		
I like to be known as	AD		
Home Address	13 Cemetery Drive, Swindon, SN6 2TT		
Date of Birth:	05.05.17	**Religion:**	No affiliation has been mentioned in reports received.
Telephone no:	017231 223344	**Gender:**	Male
Mobile no:	0773 4458523 (Mum) / 0772 429232 (Dad)	**Home Language:**	English
Email:	None given.	**Other languages spoken:**	No other languages spoken.

Parent/Carer Details	
Surname	Mr & Mrs Davis
Other Names	Alexander & Alexandra
Address if different from above	As above
Relationship to child/young person	Parents
Is the child subject to a care order?	No

Section A
The views, interests and aspirations of the child or young person and their parents

AD's aspirations

AD's views have been gathered through observation over time by those who know him well. These have been reported by Educational Psychologist, Dr Susan Pollock, in her report dated January 2020. Dr Pollock reports that the following things have been identified as being important to AD:

- Getting his point across, for example, his immediate wants and desires.
- Nurturing relationships with adults.
- Gaining positive adult feedback, for example, opportunities for adults to sign and say thank you after AD responded appropriately.
- His family.
- Physical and outdoor play, in particular getting proprioceptive feedback, for example, by sliding, jumping or running.
- Spending time with his 'special friend' at nursery.
- Making noises, for example, hitting or banging items that make different sounds.
- Having a clear routine and preparation for changes in routine.
- Being able to have down time and time not wearing his hearing aid.

AD's history

AD lives at home in Swindon with his parents, Mr and Mrs Davis, and his older sister. He was born with Cytomegalovirus (CMV), which caused a mild/moderate hearing loss at birth. This subsequently deteriorated to a profound loss in both ears, and he was fitted with bilateral cochlear implants at the Southampton Implant Centre in May 2019. Scans at Southampton show that AD has type 2 incomplete partition Mondini. Final tuning of the implants took place in September 2019. AD's family have started to use a mini-mic with AD. This will help when there is background noise and AD is not able to see the person speaking or is at a distance from the person speaking.

AD has a 'lazy eye', for which he is under the Ophthalmologist. In addition, he can find it difficult to sleep through the night. Since July 2019, AD has been having Melatonin to help with his sleep.

AD was referred to the Speech and Language Therapy Service in September 2018 due to a significant delay with the development of his communication, listening, attention and vocalisation skills. He has been seen regularly by the Speech and Language Therapy Service since the referral and he currently receives fortnightly support from both the Teacher of the Deaf and the Speech and Language Therapist. AD and his family have also received support and advice through weekly sessions at Little Steps, which is a weekly pre-school for deaf children in Swindon. AD started to attend Lawn Nursery in January 2020.

How to communicate with AD

AD's use and understanding of language are delayed as a result of his hearing impairment. He is only consistently understanding language at a single key word level and is just beginning to use 2 words together expressively. His speech intelligibility is low, meaning that it can be difficult for an unfamiliar listener to understand his meaning. Adults need to use Signalong signs to support AD's use and understanding of language as well as his social interaction with peers.

Views of AD's parents

Mrs Davis shared with the Educational Psychologist that she believed that AD would benefit from an Education, Health and Care Plan. She would like AD to be as independent as possible and to be able to do and enjoy the types of activities of a hearing child.

In particular, Mrs Davis would like AD to be able to interact socially with his peers using spoken language. She feels that developing spoken language will increase AD's capacity to communicate with those in his wider community.

AD's parents hope that AD will be learning to read and communicating on a similar level to his peers by the end of his reception year in school.

Section B
AD's areas of strength and special educational need

Summary	
Primary Need:	Sensory / Physical / Medical: Hearing Impairment
Secondary Need:	Communication & Interaction: Speech, Language & Communication
Additional Needs:	Cognition & Learning; Social, Emotional & Mental Health

Assessment Information Summary (Background and general information)

AD's primary areas of need relate to his hearing impairment and subsequent speech and language delay. He has made good steps of progress in the short time since his cochlear implants have become fully functional. However, his speech and language skills remain significantly behind those of his peers.

These difficulties impact on AD's attentional skills as well as on his emotional wellbeing. His delay in language development means that he is currently unable to put words or signs to his emotions or to communicate what may be exciting or distressing him. When distressed or frustrated he requires an adult to reassure him, help narrate his emotional experiences and provide options as to what may be causing them.

AD has a number of relative strengths which include the following:

- AD is generally a happy little boy who is described as having a 'twinkle' in his eye.
- He is confident, curious and keen to explore his environment. He particularly enjoys outdoor and physical learning experiences.

- AD enjoys interacting with other children.
- When motivated, AD is able to pick up new skills quickly. He is described by nursery staff as often being ‘willing to have a go’.
- AD is able to seek reassurance from adults in the setting.

AD’s special educational needs relate to the areas listed below:

- Attention and concentration.
- Speech, language and communication.
- Emotional regulation.
- Hearing impairment.

Current Attainment

AD’s play and other physical development has been monitored using the Early Support Monitoring protocol for deaf babies and children and is largely age appropriate, except where a significant language delay has impacted.

Cognition and Learning

Strengths

- AD is curious about the world around him.
- He has shown understanding of the purpose of a number of items in his current educational setting (including books), and of a number of situational cues, such as a book being finished when it is closed by an adult. He has also shown some social problem solving skills, such as by working with other children to move some furniture around as part of a game.
- He picks up new skills quickly when he is motivated to do so. The Educational Psychologist reports that early indicators suggest that AD has a ‘reasonable’ set of cognitive skills.
- AD is able to sustain his attention to a motivating task for 10 minutes.
- He is willing to accept adult support for learning activities.

Special Educational Needs

- AD’s hearing impairment means that he has not had the same opportunities to develop attention and listening skills as his hearing peers. At this time, AD’s attention towards an activity is highly impacted by distractions in the environment. He finds it very difficult to attend to activities for any length of time and often moves quickly from one activity to another. His high levels of distractibility mean that his play is not always cognitively challenging and he struggles to focus on an adult-directed task. He attends best when a task is intrinsically motivating for him, is supported and scaffolded by an adult and involves favoured peers.
- AD’s hearing impairment means that he has not had the same opportunities to develop early language and communication skills as his hearing peers. This has had an impact on the development of his early literacy skills. Although AD has an understanding of the purpose of books, he currently struggles to sustain his attention on this activity. It is felt that he is unlikely to fully understand that the marks on the page have meaning, and therefore to begin to develop an understanding of the relationship between letters and sounds.

Communication and Interaction

Strengths

- AD is able to turn to his name, and follow some spoken words when he is in a good listening environment and he consistently understands language (spoken or signed – using Signalong) at 1 key word level. The Speech and Language Therapist reports that it is likely that AD can also understand signed or spoken language at a 2 key word level, however, due to his attention levels, it has not been possible to reliably assess this skill.
- Since his cochlea implants reached full functionality (in September 2019), AD has made good steps of progress with his speech and language development.
- He has been steadily increasing the number of words that he has been saying or signing over the last few months and has now started to join these words/signs together to form 2 word phrases, such as 'mummy car'. He has also started to ask questions, for example, 'What doing?' and 'What that?'
- He will say 'please', 'thank you' and 'sorry' when encouraged to do so.
- AD has lots of vowels in place. He uses an appropriate pitch and voice quality for his age and uses a range of intonation patterns. He is beginning to use the correct number of syllables in a word.
- AD will chat to himself as he plays and has started to sing along to some television theme tunes.
- AD has been seen to play alongside his peers in his educational setting, showing early stages of sharing toys and using eye contact and vocalisations (including some clear words) to communicate with both adults and children.
- AD appears to enjoy interacting with other children and has developed a friendship with another little boy in his setting. Their play is generally physical and based on non-verbal communication.

Special Educational Needs

- As mentioned above, AD's hearing impairment means that he has not had the same opportunities to develop early language and communication skills as his hearing peers.
- AD's understanding of language is impacted by his level of attention and is delayed in relation to that of his hearing peers, meaning that he is not yet able to access all of the language of the Early Years curriculum.
- AD's use of language is also delayed in relation to that of his hearing peers, meaning that he is not yet able to communicate with same range of vocabulary, sentence structures, and thoughts and feelings as others. He is therefore likely to become frustrated at times and to be unable to fully demonstrate his learning.
- AD usually uses a small range of consonants in his talking, such as 'g', 'b', 'm' and 'w'. Consequently, out of context, and to unfamiliar listeners, it is currently difficult to understand most of his words. The Speech and Language Therapist reports that AD would be rated as 2 on the Nottingham Speech Intelligibility Rating (where the highest is 5).
- AD's receptive and expressive language skills were monitored by the Advisory Teacher for the Deaf, using the Early Support Monitoring protocol for deaf babies and children. At an age of 35 months, AD's communication of listening, attention and vocalisation was found to be within the B5 level, representing an age equivalent

of approximately 9-12 months. This shows a very significant delay.

- AD's speech and language delay also impacts significantly on his social communication and interaction with other children at an age appropriate level. He experiences difficulties with sharing and turn taking.

Social, emotional, mental health and wellbeing

Strengths

- In familiar settings, AD is generally a happy, curious and settled little boy.
- He has been able to settle reasonably quickly at his current educational setting.
- Setting staff have reported that they feel a sense that AD is aware of some of the reasons why he might be asked to say or sign 'sorry'. (This is typically around sharing or overly physical behaviour with other children.)
- AD is able to share his enjoyment of an activity through his facial expressions, vocalisations and bodily movement, for example, jumping when excited. He shares distress through facial expressions, vocalisations and bodily movement, for example, by throwing something.
- AD will seek out a member of staff if he is feeling distressed (for example, if he has hurt himself or is unsure about the behaviour of another child) and he is able to be comforted by key staff.
- AD is generally keen to please adults and compliant with adult's requests that he has understood.

Special Educational Needs

- AD's difficulties with attention mean that his behaviour can be rather impulsive at times. For example, if he sees something that he wants, his impulsiveness means that he is likely to reach for it straight away, before there is an opportunity for him to sign or say that he wants it.
- AD's delay in language development means that he is currently unable to put words or signs to his emotions or to communicate what may be exciting or distressing him. He can become frustrated when he is not able to accurately communicate his message.
- AD's social and emotional developmental level, as assessed at a chronological age of 35 months by the Advisory Teacher of the Deaf using the Early Support Monitoring protocol for deaf babies and children, is about B8, which is an age equivalent of approximately 18-21 months.
- Due to his significant language delay, AD can be less sure in new situations or with unfamiliar adults.

Sensory and/or physical

Strengths

- AD enjoys being outside and engaging in physical and proprioceptive (body awareness) play opportunities.
- AD is independent in regard to his self-care skills.
- AD has made some good progress since receiving his cochlear implants in May 2019. He will indicate if the coil falls off and he can put it back on by himself.

Special Educational Needs

- At times, AD can appear overwhelmed by the sensory information that he is now able to access whilst wearing his cochlea implants. He will sometimes remove his hearing device but he is not yet able to put this back on independently.
- AD is described as liking ‘his own space’. He can become a little unsettled by other children standing close behind him. This is likely to be because of his cochlea implants.
- AD’s hearing impairment can mean that he does not always hear, understand or respond to instructions from adults immediately. This can sometimes have implications for his safety in the classroom or playground.
- AD takes can have trouble sleeping and takes Melatonin to support him with this. This is likely to impact on his ability to focus his attention for learning.

Section C
AD’s strengths and health needs

Strengths

- AD is described as being a generally fit and healthy boy.
- There are no concerns in regard to AD’s mobility or motor skills.

Health needs

- AD had a cytomegalovirus (CMV) infection before he was born which has left him with a profound sensory neural deafness. This has been treated with cochlear implants which were inserted at the Southampton Implant Centre in May 2019 and switched on in June 2019. The tuning of the implants was completed in September 2019. AD wears bilateral processing equipment on either side of his head, full time. These devices generate electrical signals which enable AD to perceive the sensations in his cochlear implants as sound.
- AD’s socialisation and behaviour were profoundly affected for about 12 months when his hearing loss was not compensated for. This appears to have produced a slight delay in his acquisition of social skills such that he is slightly behind his peers.
- AD’s condition is known to be linked with a range of features, some of which do not present until later in life. It is imperative that in his teenage years, any difficulties, particularly in terms of learning or behavioural issues, should be reviewed in the light of a possible connection with AD’s early infection with CMV.
- AD is reported by the Paediatrician to have a possible intermittent squint, for which he is under the Opthalmology Team at the Great Western Hospital in Swindon.
- AD also experiences some difficulties with sleep.

Health diagnosis

Any diagnosed condition	Diagnosed by	Date of diagnosis
Congenital cytomegalovirus infection (CMV)	Unknown	Unknown
Profound congenital sensory neural hearing loss	Unknown	Approximately one year of age.

Section D AD’s strengths and social care needs
At the time of the EHC needs assessment, no Social Care needs have been identified for AD. If subsequent needs are identified, this section will be amended accordingly.

Section E Agreed Outcomes	
Outcome 1: Cognition and Learning	**By when**
AD will sit with his peers for the majority (approximately up to 70%) of carpet time in his educational setting and will engage in those carpet time activities.	End of Foundation Stage
Within the next 12 months: • AD will engage in a motivating adult led activity for approximately 3-5 minutes at least twice a day.	
Outcome 2: Cognition and Learning	**By when**
AD will demonstrate knowledge that letters represent sounds and will correctly identify the sound for the majority of letters, in order to begin to access more literacy based activities in the classroom.	End of Foundation Stage
Within the next 12 months: • AD will listen to and engage with stories in a small group or individually. • AD will show a consistent interest in the print and illustrations in books.	
Outcome 3: Communication and Interaction	**By when**
AD will follow simple classroom instructions (with or without sign support) that include 3 key words and at least 10 different concepts (for example, colours, sizes and prepositions).	End of Foundation Stage
Within the next 12 months: • In an adult directed task using toys that he is motivated by, AD will accurately follow 2 key word sentences (which include vocabulary that he is familiar with)on 4 out of 5 occasions. (For example, when using Paw Patrol toys, he will follow sentences such as, ‘Put Marshall on the chair’, or ‘Rubble wants the banana’.	
Outcome 4: Communication and Interaction	**By when**
AD will use short sentences that include 3 key words and/or subject-verb-object, to talk about pictures or activities.	End of Foundation Stage
Within the next 12 months: • AD will use 2 word phrases which include a noun (person, place or object) and a	

verb (action word), for example, 'Daddy jumping' or 'plane flying', in at least 10 different combinations.	
Outcome 5: Social, Emotional, Mental Health and Wellbeing	**By when**
AD will say, sign or identify a picture that represents his emotional state (for example, happy, sad, tired or angry) on most occasions when he is prompted by an adult to do so.	End of Foundation Stage
Within the next 12 months: • When prompted by an adult, AD will say, sign, or identify a picture to share that he is happy, on over 50% of occasions.	
Outcome 6: Sensory / Physical / Medical	**By when**
AD will have continued to develop his listening skills so that he can follow simple instructions (for example, 'get your coat' or 'sit down') without requiring accompanying gestures.	End of Foundation Stage
Within the next 12 months: • AD will use his listening skills alongside accompanying gestures to follow simple instructions, such as 'feed teddy.'	

Section F **Special Education Provision, monitoring and annual review arrangements**	
Special educational provision	**By whom**
COGNITION AND LEARNING	
AD will need additional adult support at key points during the day, for example: • during short adult led activities. • during transitions from one activity to another, for example, at the beginning and end of the day, transitioning into and out of lunch time, transitioning into a group or one to one activity. • during carpet time and other small group activities. Adults who support AD will need to be trained in supporting learners who experience hearing difficulties/wear hearing devices/ have speech and language delay. They will need to use, and encourage other school staff and learners to use, additional visual/signing communication tools which have been recommended by the Speech and language therapist/Advisory Teacher . Adults need to ensure that they gain AD's attention first before communicating with him and ensure that the person speaking to AD is	Members of setting such as teachers or teaching assistants.

within 1-2 metres of him. Adults to make sure that AD can see their face when they are communicating with him. Staff need to make use of visuals to support AD's learning at all times. Adults to use a visual timetable and now and next board so that AD can see what is happening. AD will need regular individual and small group learning experiences in a quiet place away from the main playroom/classroom. Adults will use a visual system, such as Visual Phonics by hand, to support any phonics learning.	
COMMUNICATION AND INTERACTION	
AD's understanding and use of language and speech sound clarity are significantly delayed for his age, and therefore he will need support to access the Early Years curriculum so that he can follow instructions, understand teaching, and communicate his thoughts and feelings to adults and his peers. Consequently, he needs staff who have skills in understanding and using Signalong signs, who demonstrate deaf awareness in their communication with AD, and who are able to adapt the classroom language to his level of understanding. AD will need staff to be available to play alongside him so that they can model the language that he could be using, support his attention and listening skills, show him how to interact and use his communication skills with his peers, and monitor his audiological equipment, being mindful of his current targets and outcomes. AD will also need visits from a Speech and Language Therapist who is a specialist in deafness, at least once each half-term (i.e. 6 times a year) to review his outcomes and the strategies in place, through observation, liaison, assessment and play. The Speech and Language Therapist and Teacher of the Deaf will need to also liaise closely. Staff will need to be available to work 1:1 with AD for 10-15 minutes in a quiet environment, at least 3 times a week, to help him work towards his communication and interaction targets and outcomes. AD needs adults to show excellent deaf awareness in the setting, for example, by ensuring that he can see a person's face when they talk, minimizing background noise, and using signs to support spoken language when required. There may also be times, although hopefully minimal, when he is not wearing his implants. On such occasions, it will be essential that AD has the use of Signalong to rely on for communication. AD needs adults to provide him with alternative ways to communicate his	Members of setting such as teachers or teaching assistants. Speech & Language Therapist / Teacher of the Deaf, as appropriate.

ideas on occasions. AD will need additional adult support to play alongside him and other children to model language used in social interactions and turn taking. He needs adults to be vigilant at all times so that they are ready to step in to support him to understand what his peers are saying or to show him how to communicate his thoughts and feelings more successfully to them. (This might include, teaching some of his peers the signs that he uses.)	
SOCIAL, EMOTIONAL, MENTAL HEALTH AND WELLBEING	
AD will need additional adult support to: • Sign, say and provide visuals to support his development of emotional literacy skills 'in the moment'. This will support him to show them how he is feeling and why and to develop his emotional vocabulary. • Narrate AD's experiences, provide reassurance and support him to share what may be exciting, upsetting or distressing him.	Members of setting such as teachers or teaching assistants.
SENSORY / PHYSICAL	
As detailed above, AD needs adults to show excellent deaf awareness in the setting, for example, by ensuring that he can see a person's face when they talk, minimizing background noise, and using signs to support spoken language when required. There may also be times, although hopefully minimal, when he is not wearing his implants. On such occasions, it will be essential that AD has the use of Signalong to rely on for communication. He needs an educational environment which supports multisensory teaching methods and ongoing review and improvement of the listening environment. Identified staff will need to be available at all times to help with AD's cochlear implants if they fall off or need batteries replacing, and to fault find if they are not working correctly. AD will need at least fortnightly support from a Teacher of the Deaf. He will need daily sessions (of 5-10 minutes) to support his progress in attention and listening. AD requires use of additional assistive listening technology (radio aid/soundfield systems etc). Staff will need to check with the Southampton Cochlear Implant Team/local Swindon Team and Teachers of the Deaf to clarify whether there are any particular features that need to be in place to optimise AD's hearing.	Members of setting such as teachers or teaching assistants. Teacher of the Deaf, as appropriate.
Monitoring of special educational needs and provision [The arrangements for monitoring of progress and review of the EHC Plan.]	

AD's progress will be closely recorded and monitored by the school in conjunction with home and all the professionals involved. AD's progress will be monitored, recorded and reviewed at least every 6 months until AD's 5th birthday and at least annually thereafter. These reviews will be co-ordinated by the setting.

AD's EHC Plan will be maintained whilst his needs remain. Should he make significant progress this will be discussed with his parents at the Annual Review. If he has made such progress that all of his special needs can be met in future and it is no longer necessary for the local authority to maintain his EHC Plan, consideration may be given to ceasing the plan

Section G
Health Provision

Health Provision	By Whom
AD will continue to receive ongoing medical care and review from appropriate health professionals as required.	Appropriate health professionals, for example, the Acute Paediatric Team, Opthalmology, Audiology, ENT and the Cochlear Implant Centre in Southampton.

Section H1
Any social care provision which must be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA)

Social Care Provision	By Whom
At time of the EHC needs assessment, no Social Care needs have been identified for AD. Therefore no provision is required. If subsequent needs are identified, this section will be amended accordingly.	

Section H2
Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN. This will include any adult social care provision being provided to meet a young person's eligible needs (through a statutory care and support plan) under the Care Act 2014.

Social Care Provision	By Whom
At time of the EHC needs assessment, no Social Care needs have been identified for AD. Therefore no provision is required. If subsequent needs are identified, this section will be amended accordingly.	

Section I
Education Placement

This section will remain blank until the Final Education, Health and Care Plan is issued.

Section J
Personal Budget

Where 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.

Section K
People who have contributed to this EHC plan are:

Name	Title	How did they contribute	Report attached including date
AD Davis	Child	Observation by Educational Psychologist (EP) at nursery on 20.01.20.	See EP report dated January 2020
Mr & Mrs Davis	Parents	A written contribution from Mr & Mrs Davis has not been received.	Not applicable.
Bryony Coulson Manager / SENCO	Advisory Teacher of the Deaf Lawn Nursery	Written report At the time of the statutory assessment, AD has not attended at the nursery for long enough for a report to be produced.	Received 24.01.20 Not applicable
Dr Jess Fisher Katherine Greene	Community Paediatrician Speech & language Therapist	Written report Written report	03.02.20 January 2020

Dr Kelly Kline	Educational Psychologist	Written report	29.01.20
Social Care	AD is not currently open to Social Care.		

Signatures

Signed on behalf of the DCS

Melinda Sansome