

Mrs Daisy Bailey and Mr Ron Bailey
123 Any Street
Anytown
TA1 1DR

Please ask for: SEND Statutory Team

Email:
sendassessmenthub@somerset.gov.uk

k Direct Dial: 0300 123 2224

Date: 01/11/2023

Dear Mrs Daisy Bailey and Mr Ron Bailey

**Children & Families Act 2014
Education, Health and Care Plan (EHC) Assessment**

Child or Young Person: Felicia Bailey

Date of Birth: 01/01/2016

Current Education Setting: Anytown School

The Local Authority (LA) has decided to carry out a statutory assessment of your child's/young person's needs.

What Happens Next?



- We get information from the people that you have told us you would like to be involved
- If there is someone else you would like us to talk to, please let us know at sendassessmenthub@somerset.gov.uk or call 0300 123 2224
- When all the information has been looked at, the Local Authority will decide if they will issue a plan for your child/young person
- This can take up to 6 weeks
- You can track the progress of the request, using our new SEND Citizen Portal. See the enclosed factsheet for more details.

Where can I get more information?



- Leaflets enclosed
- School SENCO or SEND lead
- The Contact Centre, Children's Services – 0300 123 2224
- Somerset SENDIAS, SEND Information, Advice and Support – 01823 355578
SomersetSENDIAS@somerset.gov.uk
- Somerset Local Offer - <https://choices.somerset.gov.uk>
- IPSEA - www.ipsea.org.uk
- Contact – www.contact.org.uk
Free helpline: 0808 808 3555

Enclosed with this letter is an Appendix A form, which we would invite to complete to provide your views and wishes and additional information relating to your child. If you have recently completed one of these forms and sent it to us, you do not need to do this again. You can also complete your Appendix A online via the Citizen Portal, details can be found in the enclosed factsheet.

If you have any questions, please contact me using the email or phone number above.

Yours sincerely

Laura Pike

Assessment and Reviewing Officer

Enc

Appendix A

SEND Citizen Portal Factsheet

sendassessmenthub@somerset.gov.uk Tel: 0300 123 2224



Somerset SENDIAS

Special Educational Needs and Disability Information, Advice & Support A free impartial service for children, young people and parents/carers with SEND (0-25)

We can help you by:

1. Explaining the EHC Needs Assessments
2. Explain the EHC Plan Process and help you check your draft plan
3. Help you write and share your child/young person's view
4. Help you write and share your parental contribution
5. Support you to work with the educational setting or Local Authority
6. Mediation
7. Help with SEND Tribunal

Please contact us:

Tel: **01823 355578** or email:

somersetSENDIAS@somerset.gov.uk Website:

www.somersetsend.org.uk

Appendix A

EHC Assessment: Parent and Child's Views



Please ask if you need help to complete this form.

The Local Authority would like to know your views and concerns about your special educational needs. This will help us to make a decision about whether to proceed with a statutory Education, Health and Care (EHC) assessment. If an EHC assessment is agreed, you will have the opportunity to provide further comments if you wish.

Personal Details

| | | | |
|---|---------|---------------|-----------------|
| First Name | Surname | | Preferred Name |
| Felicia | Bailey | | Flick |
| Home language/other languages spoken | Gender | Date of Birth | Ethnic Origin |
| English | Female | 01/01/2015 | White - British |
| Home Address | | | |
| 123 Any Street, Anytown Ta1 1DR | | | |
| Is this child in care to a Local Authority? | | Yes / No | |

If Yes, please provide the following details:

| |
|-----------------------------|
| Name of the Local Authority |
| Name of the Social Worker |

Parent(s) or Carer(s)

| | | |
|---|-------------------------|----------|
| Surname | Other Name | |
| Bailey | Daisy | |
| Home Address (if different to child/young person) | | |
| Relationship to child | Parental Responsibility | Yes / No |
| Mother | | |

| | | | |
|--------|--|--------|-------------|
| Tel No | | Mobile | 07456123789 |
| Email | DaisyBailey1989@googelmail.com | | |

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| |
|---|
| <p>Do you have a disability that we may need to consider when communicating with you? If Yes, please specify below</p> <p>N/A</p> |
|---|

| | | | |
|--|---------------------|-------------------------|-------------|
| Surname | | Other Name | |
| Bailey | | Ron | |
| Home Address (if different to child/young person) | | | |
| Relationship to child | | Parental Responsibility | Yes/No |
| Father | | | |
| Tel No | | Mobile | 07654321987 |
| Email | RonBailey@gmail.com | | |
| <p>Do you have a disability that we may need to consider when communicating with you? If Yes, please specify below</p> <p>Dyslexia and dyspraxia - please give me time to ask what abbreviations etc mean as I do not retain these easily.</p> | | | |

| |
|---|
| <p><u>Please submit a photograph of your child with this form if you wish. If an assessment results in the creation of an EHC plan, the photograph will be used on the front page.</u></p> |
|---|

Mental Capacity

Young people over compulsory school age have the right to participate in decisions about the provision that is made for them and be consulted about provision in their areas, although there is nothing to stop them asking their parents, or others to help them make the decision. However, some young

people, and possibly some parents, will not have the mental capacity to make certain decisions.

The Mental Capacity Act (2005) and the Children and Families Act (2014) set out five key principles relating to those who may lack capacity:

- It should be assumed that everyone can make their own decisions unless it is proved otherwise
- A person should have all the help and support possible to make and communicate their own decision before anyone concludes that they lack capacity to make their own decision
- A person should not be treated as lacking capacity just because they make an unwise decision

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- Actions or decisions carried out on behalf of someone who lacks capacity **must** be in their best interests
- Actions or decisions carried out on behalf of someone who lacks capacity should limit their rights and freedom of action as little as possible

Please see Annex 1 of the SEN Code of Practice for more information.

What medical support is your child receiving?

Please tell us which health services are involved, or have been involved with your child/young person in the last 12 months, please tick and give names of professionals:

- Community Child

☐

Health/Paediatric Department •

Integrated Therapy Services:

☒

– Occupational Therapy Service

– Physiotherapy Service

☒

– Speech and Language

Therapy Service • Mental Health

☐

Service

- Any other health professionals

☒

(please list below) Names and

Contact Details

☒

CYPTS – Occupational Therapist (Sensory Pathway) – Melissa Waller
Dr Macey – Paediatric consultant
Dr Alicia Smith, Paediatric consultant has made additional referrals to
Occupational therapy and physiotherapy services due to mobility issues.
Simone Raine - CAHMS
Mel Woodhams - Paediatric incontinence team
Colleen Hathway – Occupational Therapist report
Charlene Andrewson – Educational Psychologist report

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Declaration of Consent

1. I agree to relevant reports being obtained for my child from any of the services named above and I realise this may involve examination by a school doctor and/or an interview by an educational psychologist.
2. I agree that, should it be necessary, these reports will be updated on an annual basis or if I, as the parent request.
3. I understand that my parental rights will be unaffected and that I will be able to see all reports obtained in respect of my child.

Signed: D Bailey Date: 06/01/24

Parent / Guardian – Mr / Mrs / Miss /
Ms

Please return this form completed, including signature, to:

Special Educational Needs
County Hall
TAUNTON
Somerset
TA1 4DY

Without this form we will be unable to obtain medical records.

i. Child/Young Person's Views

About You

The headings below are to help you with your contribution to your education, health and care assessment. You, your parents or your school/college may have requested this. We would love to have your views. It would be helpful if you use the headings we have suggested, as this will help us identify the things that are most important to you. You can write as much or as little as you like, and present the information in the way you feel is best.

My story so far...

Please give a bit of history about you, your needs and how they affect your life and your family.

I don't know. I just struggle really.

People who play an important part in my life

This could be relatives, brothers, sisters, friends, people at school/college/work, people helping with care.

Mummy, Daddy, Dianne(sister), Klay (family cat), Nanny B , Grandad B , Nanny and Grandad C, Spot (grandparents dog), Rex the dog because she is scared and it makes me feel like I am not the only one who is scared when I am at Nanny and Grandad's house, Mrs Yates (teaching assistant), Mrs Young (teaching assistant), Mrs Speight (class teacher), Miss Black (teaching assistant), Jack (school friend), Jim (school friend) because he is funny, John (school friend), Phoebe (school friend), Carol (school friend), Rebecca (school friend), Grace (school friend), sometimes Catherine (school friend) but sometimes I am playing with somebody else and she gets angry at me. I am not sure if it's angry or she might get jealous, Lola (school friend) and both Gemma (school friends). Things I like and admire about myself

Things I like and admire about myself

I don't know. (Several minutes later) I'm funny, I'm silly, I'm weird.

Things others say they like and admire about me

(What do your friends and family like about you?)

Mummy says she loves me. She says that I am cheeky, funny. Daddy says I love you. Mummy and Daddy says that I am good at swimming and circus and that I am good at finding solutions to problems. They always say that. It's annoying actually.

Things I'm good at

Swimming, circus, balancing, head stands, climbing, giving my squishy toys big hugs, opening and shutting my drawers quietly, sometimes I can tell mum and dad what's wrong, giving mummy and daddy big warm hugs.

What's working well

(This could be at home, school or college – anything you think is going well, such as a particular subject or job you do at home. Why do you think it is going so well?)

Having movement breaks at school. My new bed because it has lots of room and it has two levels so I can sleep at the top or bottom and if I want some time up I have a top bunk. I can hide away at the bottom which is the best thing about it. Mummy and Daddy and Dianne help when I am angry. Free writing book at school as you can write whatever I want in there as I like to write what I want. I hate it when I have to write about certain things. I like to write about cool stuff. Maths tests. They are good and it is quiet. I love to do them and I want more.

What's not working so well

(Are there some things you feel you need more help with?)

I can't be myself at school and it makes me scared. I am always scared at school usually. I don't know why. When I realise it's a school day, I feel scared and angry. I don't like going into school mostly. I don't like chairs. I don't like going in the school gate with everybody there. I don't like it when children randomly come out when I am on movement breaks and I want just one person and it is just too much. I don't know who is allowed and I don't

want them to get in trouble so I don't know what to do. CLL as I have to write about certain stuff. I only like writing about stuff that I want. Sometimes the writing and copying is too hard and when I have to copy stuff I get lost and it is too annoying. I feel scared and I don't know what to do. I don't like lunch times. I am allowed in the hall way and the Break Room [for lunch] (quiet space) but I don't like it because other people come in and other people come in and annoy me. Sometimes they take my stuff away that helps me stay calm. I don't like them in there as they are not quiet and I don't know what to do when they come in. I feel trapped. The room gets so busy and I can't move and it's the worst ever. The lunch hall is too smelly and too noisy. I don't like toilets in the classroom, so I have to use the KS2 toilets and my teacher lets me. The classroom toilets are too scary because only 1 person is allowed in and I get scared. I hate the flush, taps and they are too scary. I don't like being in the classroom. It is noisy sometimes and I get sad. Sometimes I stay with the teacher and Mrs Yates (TA) lets me do her hair. I am not into PE. I don't know why but it's not my kind of thing. If it is really sunny I love it. If it is rainy or cold I don't like it then. I like it nice and warm as I don't like wearing my coat. I don't tell Mr Jackson if I am scared (PE teacher). I have to do as I'm told and I can't be myself. Maths. Sometimes it's hard and it scares me but I like the maths tests and they make me happy. It's fun. I like them as it's quiet. I don't like the reading tests as they are hard and I can't read the texts. Mrs Yates has to help me read the texts and points to words so I don't lose where I am. Mrs Yates reads the question to me and she checks I know what to do. Mrs Yates is nice but the work is too hard as I get lost and I can't be myself.

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Things I'd like to change

(Are there some things that could be better for you?)

Less noise in my school. Less distractions. The Break Room (allocated quiet space) is not very quiet because people keep coming in. I want Mrs Yates to meet me at the morning as I get scared. I don't like going in at the normal time as it's kind of noisy. I don't like the surprises of what we learn. More typing as I find writing too hard, but I am not good at typing because I don't know how. A lot more help when I have to read as reading is the hardest thing in the world. Orbeez and kinetic sand stuff in a quiet group as quad [sensory circuit provision] is too crazy and I get scared. I need more movement breaks. More climbing frames and outdoor stuff. I like going upside down and spin. I can't move around at lunch as I get too scared outside. I need more choice. At home, I want more room to run around in the

garden.

Things I like or love to do

(Hobbies, interests, things you enjoy and make you happy)

Swimming, dance cirque, Brownies, painting, going to Nanny and Grandad's house.

Things I don't like to do

(Things that might worry you or make you feel unhappy)

Sitting around, waiting for things, going to school as I get so scared, going in the car, going shopping, fireworks, big bangs, going to doctor things, seeing Simone (CAHMS worker), long journeys, going to strange places.

New things I'd like to try

(Anything you haven't done before, but think you would like to give it a go)

I don't know. Do the monkey bars without falling. How am I supposed to know this anyway? I don't like surprises so why would I know the answer?

What I would like for the future

(This could be next year or in ten year's time – what would you like to be doing?)

I'd like to do swimming at school as it makes me happy and it's fun. I want more sensory toys in the classroom and a quieter classroom, so I don't get scared. Less people in quiet spaces and people to help me. I wish I was less scared really, but school is too scary, and I get angry. I need less people and less noise, and I need more help really. Tables and chairs are uncomfortable.

Did anyone help you with these questions? If Yes, what is their name and relationship to you?

Mum – recorded verbatim. (Daisy Bailey)

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ii. Parent/Carer Views

You know your child better than anyone else. You have valuable information that the Local Authority needs in order for us to make a good decision about your child's Education, Health and Care.

The headings below are to help you with your contribution to the assessment of your child/young person. It would be helpful if you use the headings we have suggested, as doing so will help us identify the things that most concern you. You can write as much or as little as you like.

Your names(s) and relationship to child/young person:

Daisy Bailey (mother)
Ron Bailey (father)

Your child's early years

(Any issues during pregnancy; what s/he was like as a baby; what you thought of his/her progress at the time; what help you received; any significant events or changes that affected your child in these early years)

Daisy pregnancy with Felicia was normal, healthy and born at full; although at labour was traumatic when Daisy suffered a bleed prior to water breaking and then had to be induced to give birth to Felicia. Once born Felicia was a healthy, but hungry baby.

From birth Felicia suffered from severe separation anxiety and would only settle for sleeping (day naps or night sleeping) if being cradled or held by either mother or father. Daisy took to co-sleeping with Felicia as she never settled in her own Moses basket or cot. Also, Felicia needed to physically be held either in arms or in a sling/baby carrier when napping throughout the day. If Felicia was ever placed in a basket/cot to sleep, Felicia would cry and scream, which would continue until she was picked up. This occurred on every occurrence, and she cried for however long she was not in your arms or physically touching someone. We were not first-time parents and mastered setting a sleeping routine with our older child Dianne, who had no issues with sleeping, napping or separation. When Felicia was 6 months old, we tried sleep training and tried to encourage Felicia to self-soothe, though this was highly unsuccessful. As Felicia grew older, she became more anxious about

sleep and struggled to switch off becoming fearful of a bedtime routine to the extent she would do anything to prevent having to go to bed. She would start to run around the house at the first mention of bedtime, going wild. She would then chase after her sister and grab her, pulling her to the floor and preventing her to leave her and go to bed herself. If either parent tried to intervene, she would start to get violent, hitting, kicking and biting them, and it would become a real battle. Most nights Felicia would continue like this until around 12am, when she just got too tired. Every night, Felicia would complain of being tired and wanting to go to sleep, but say sleeping is boring and just start running around again and barging into her sleeping sister's bedroom, pleading her to play. Also, Felicia would be inconsolable because she thought something was wrong with her and that she was ill because her mind won't switch off. Fear of the dark and being lonely, were other reasons why Felicia struggled settling at night. To settle Felicia, a parent would need to stay with her in room giving constant reminders of what is happening the next day and comforting Felicia by giving story massage, holding Felicia or simply being in her room until at least 30 minutes after Felicia had finally gone to sleep. Plus, Felicia didn't wake from sleep with needing to go the toilet and wet the bed. Most nights she wet the bed at least three times and needed to be bathed, fully changed, along with fresh bed sheets. Though, this would wake Felicia again and we experience similar issues that occurred getting Felicia to go to sleep initially. Sleeping was such an issue we were referred to Cerebra's Sleep Service and was recommended to start a Bedtime Fade technique.

Felicia's anxiety continued to worsen the older Felicia got in early childhood, for example throughout her early years Felicia attended various childcare settings, such as with a childminder, nurse, and Pre-School. On days she needed to attend a childcare setting, she struggled immensely with transition from the evening before and struggled to sleep, to leaving the house and going into the childcare setting. Felicia would require more time and support to get dressed, have breakfast and get herself ready to go. Felicia needed a parent to complete these for her. On majority of occasions Felicia was reluctant on leaving the house and would have an escalation in her behaviour, which became violent and would hit either parent and shout and scream, pleading not to go. To support Felicia, we would need to play role plays and provide her with various comforting toys. When at the childcare setting, she would be extremely reluctant to leave the car upon arrival and needed lots of encouragement and reassurance to be able to leave the car. Once in the child setting, she would then proceed to cling onto either parent (mother for childminder setting and mainly father for nurse and Pre-School). Additionally, when in the nurse setting, she would also cling onto her sister, Dianne (who was attending school). It took between 10 – 15 minutes of reassurance before Felicia would settle and let either parent (or sibling) leave her at the childcare setting. Also at the nurse, Felicia took a liking to an older member of staff and would only settle well, if this person greeted her at the door. On days that this member of staff wasn't available to greet Felicia initially or wasn't working that

particular day it took Felicia longer to settle. When Felicia started Pre-School, as the Pre-School was on the school grounds of Dianne school (Anytown Primary School), Felicia attended Breakfast Club wraparound childcare of the school and attended this with Dianne. This helped with transitions upon arrival as Felicia knew that Dianne would be staying with her for the duration of Breakfast Club, plus with this being within the Pre-School setting it further supported her transitions. Though, Felicia would rarely leave Dianne's side and wanted to orchestrate it that Dianne stayed with her and do things that she only wanted to do. Then when it was time for Dianne to start school, Felicia struggled with this transition and needed further support from Pre-School staff to comfort and reassurance Felicia.

Furthermore, it wasn't just the transition of having leave the house to go childcare Felicia struggled with; she struggled with all transitions. For example, even if Felicia expressed a desire to go to the park, Felicia would repeat the same behaviours as she did if she was going to childcare.

Additionally, Felicia took to crawling and walking later than her peers and relied heavily for her old sibling to bring toys to her play with. When walking Felicia was very selective on the distance she would walk and seem to only walk if she was motivated to do so. Most of the time, Felicia would be walking and then just stopped and started to want to be lifted and carried around. If this was denied, Feliciae would go into what was like a tantrum and proceed to roll around on the fall, shout, and scream, stand her feet, refuse to move further or even run in the opposite direction. She would not want to go into a pushchair and the only way to regulate her behaviour was to begin carrying her in our arms, on our shoulders or via piggyback. Though, when Felicia was motivated to be mobile (playing at the park, playing in the garden) she showed no mobility issues of concern.

Felicia was also slow in mastering toileting (this is still an issue today) and was reluctant to even start using the toilet and it was clear that she struggled to recognise the biological signals of needing to go the toilet. Felicia continued to wear nappies until she was 4 years old and once out of nappies during the day, she would wet herself more often than going to the toilet. To try and support her with her toileting a senior member of the Pre-School staff, would set a timer and when that went off, she would encourage Felicia to visit the toilet, even if Felicia felt she didn't need to go to the toilet. At home, the majority of the time it was clear to us as parents when Felicia needed to go to the toilet, but she was very reluctant to do so, especially when she was playing, eating, watching TV or completing a craft activity. Felicia would refuse to stop doing what she was doing and opted to wet herself. This occurred on multiple times a day every day when at home. When Felicia was able to use the toilet, she struggled with self-care and was unable to wipe or clean her bum and hands and she needed a parent/childcare adult to do this for her and remind her to wash her hands. Furthermore, Felicia wouldn't go to the

bathroom herself to toilet and needed someone to go with her, no matter at home or in a childcare setting. This issue continued into school and became such an issue in Year One. Since being at school, Felicia would come home with at least five (sometimes more) pairs of wet pants and trousers due to her reluctance in going to the toilet. Felicia has always been fearful of toilets. Felicia has always expressed her fear is down to various elements, distain of the smell and taste; the sense of being out of control because it's her body telling her what to do and not her deciding on what to do, noise of the flush/hand dryers/creaking doors; feel of water and soap on her hands when washing them; not wanting to miss out of doing something fun or being with someone; being scared of becoming ill because of all the germs on the toilet; other people coming into the toilets who were not people she asked to accompany her. This fear prevented her from going to the toilet and she often didn't make it to the toilet. She would wait until she got a real pain in the stomach and complain of this really bad stomach pain and become extremely fearful of being ill. Felicia is petrified of being ill and this itself proved to be another trigger of extreme anxiety and worry. At home Felicia would often cry and shout that that she has a stomach ache and have flatulence and quite easily displayed she needed to go the toilet. Though daily this would result in trigger where she become physically aggressive towards other family members and become inconsolable. It could take between an hour to two hours, just to reassure and encourage to go the toilet. Also, it was this fear that prevent her going to the toilet in a childcare setting and in the early part in school. The fear consumed Felicia so much so, she would decrease her fluid intake at school and drink very little or not at all. During her time in Year Two, she needed help and support from her Class Teacher, who had to sit with Felicia and drink with her using a similar cup. This was the only time she would drink.

Felicia's speech was also delayed. She would only go "grrr" and was slow to start using words. She would communicate mainly via pointing and "grring" and when she desired an item, she would "grr" louder and be more animated with her pointing. Again, she was reliant of either parent or sibling to communicate on her behalf to others. With Felicia's speech delayed she was referred for a hearing test, though this identified no concerns. When talking, Felicia was selective on who she would speak to, and avoid communicating with people outside her immediate family and even struggled to speak to grandparents. She would opt to turn her head and look away or stay with either parent and hide her face under an arm pit and tried to be at one with a parent as to totally hide away from others. Though, in the childcare setting there was no concern for her speech and was on level with her peers and met her age-related expectations.

During, Felicia's early years, bathing was a particular struggle. Due to Felicia's increased wetting (day and night) and need to manage her eczema, Felicia would require a high number of baths. Though, the demand of having lots of

baths, took its toll on Felicia. Whenever a bath was needed, she would fight against it and escalate into a rage again and prevent having a bath, despite smelling strongly of urine and having dry faeces all over her bum and her complaining of being itchy around this area. Similar to her toileting and sleep it would take a prolonged period of time to ride the wave of aggression, followed by being inconsolable and needing plenty of reassurance and encouragement when she needed a bath, Though, once in the bath, she would not wash herself and needed to be washed by a parent or even sibling (if in the bath with Felicia) as she complained of not liking the feel or smell of the soap/shower gel/shampoo. When it came to washing Felicia's hair with a shower, it triggered her again and just refused to have her hair washed and she wasn't able to express what was wrong. Felicia would just thrash around and try to roll around the bath (full of bath water) and just scream loudly. If her sister was with her she would attempt to hit her.

Brushing teeth was another cause of conflict and escalation in emotions. Felicia just wouldn't brush her teeth, but at the same time be fearful of getting toothache or her teeth falling out. We purchased silicone U shaped toothbrushes, as well as traditional nylon bristle toothbrushes, both manual and electric of both toothbrush type was purchased. We even used various apps to help encourage to brush her teeth, but no matter what we did was met with rage and anger. We also sought support from CAOT who encouraged us to offer a choice of two and use distractions but could not offer any other strategies other than the ones we were using.

Throughout, Felicia's early years she had always struggle to control her temperament and escalate into a rage for what seemed for little or no reason, Felicia was also unable to communicate fully on what was the cause or her needs

What is your child like now?

General Health

(Eating, sleeping habits; general fitness, absences from school, minor ailments – coughs and colds; serious illnesses/ accidents – periods in hospital; any medication or a special diet; general alertness, tiredness, signs of drug or alcohol use, smoking)

Felicia's attendance is 71% and she is often unable to attend school for 9am, due to extreme anxiety. The first thing that Felicia asks in the morning, is "Is it a school day?" and she will often cry, shout or scream when we reply "Yes, it is.". We have both attended Cygnet and Toucan courses for Autism and parent courses run by the PDA society and Daisy (mum) has additional specialist training in her role as a teacher. We have invited both the PFSA and FIS worker into their home and neither have raised any concerns over our parenting. Felicia has an anxiety based need to control due to her PDA, so we have done our best to change our language in order to reduce Felicia's threat response to demands. For example, we will avoid telling Felicia to put on her shoes when it's time to go to school. Instead, we will always try to give choice over how to do this

e.g. "Felicia, would you prefer to put on your shoes in the hallway or in the car?". However, in the mornings, Felicia's anxiety is heightened from the moment she wakes up and discovers it's a school day. We do all we can to reduce Felicia's anxiety. For example, the morning routine starts between 6am to 6:30am when Felicia wakes up naturally, with help of her sunrise effect alarm clock with calming music or is gradually woken by parents by opening her door and letting general household noises stir her further. If Felicia is woken by touch or talking she would escalate into a rage straightaway. After initially waking Felicia is in an anxious state, she often complains of having a stomach-ache but refuses to leave her bed to go to the toilet or have breakfast at the dinner table in the kitchen with the rest of the family. Felicia is given time to settle in her bedroom and uses a device to watch videos, which she says helps her relax. Once ready she will call for breakfast because she is hungry, but is unable communicate verbally what she wants to eat. She is then shown what she can choose from, though she can become overwhelmed with the options, which is a further trigger. Felicia is then encouraged to give herself more time to think about what to have, but this can also escalate her further. After some time shouting and screaming about not knowing what to have, she finally settles for something. This occurs on the majority of mornings and occurs more during school days. There are times when she feels able to get out of bed and dressed and has breakfast with the family, but these are seldom occurrences.

We also build in time for play between stages to alleviate anxiety. In addition, we are creative with finding solutions to reducing anxiety – for example, Felicia enjoys role-play so Dad has suggested that they are all superheroes who must run to the car to catch the villains when it is time to go to school. However, Felicia tells us that school terrifies her and that she does not trust adults there. She complains that she is stupid and that she can't remember what she needs to write and that her hands hurt. She says that she finds it too tricky to sit down for long periods of time and that her legs and tummy hurt. Currently, the only thing that Felicia likes about school is seeing her friends. Due to her inability to cope at school, Felicia gets so burnt out each term that she physically cannot bring herself to go to school. The school have agreed to a week's respite at the middle of each half-term, following a mental breakdown in September 2023 and a GP CAMHS referral which was accepted. During this week where Felicia is not in school, Felicia stays home or spends the day at her grandparents when her parents are at work. During this week, Felicia is not receiving any educational provision or support from the school. Parents and grandparents often find that the first half of the week is spent allowing Felicia to recover and she requires 1:1 co-regulation. She is often too scared to leave the house and her anxiety presents in terms of extreme stomach aches, leg pains, headaches and she is prone to violent meltdowns and controlling behaviour. Parents and grandparents focus on activities that are child-led and follow Felicia's interests e.g. swimming, craft, caring for the grandparent's dogs and role-play games. Parents report that Felicia is taking longer to fully recover from her time in school and during the last week off school, Felicia only appeared more herself on the last day off before returning to school for the following week. Felicia said to her parents "I want to go to school. I know it is important, but I just can't do it. I am just too scared. It is not me refusing to go because I want to go, especially to see my friends. I just can't go it is just too scary" Felicia reports that school is too noisy, she feels sick in her tummy all of the time, people get too close to her and she can't sit still too long, she doesn't like

the smell and she is terrified of the crowds. She says that she can't focus and she can't hold any information or instructions in her head and she feels trapped because she can't tell anybody how she is feeling and she feels stupid because she can't do the work. She is terrified to use most of the toilets due to the smell, noise of the doors, the taps are unpredictable, the flush, other people may be in there, hand dryers scare her etc. She also says that she does not understand friendships and is often confused by social situations. Break and lunchtimes are terrifying and she currently struggles between the need to get some of the built up energy out of her and her fear of crowds/noise and social situations. She currently sits in a quiet corridor to have her lunch which helps with the noise, but results in her having excess energy to burn off when she comes home. Felicia reports that she feels controlled by school as she has to do what has been planned by the teacher and that she can't be her true self. Her masking in school has led to significant deterioration of her mental health. After school, this often translates to violent and aggressive behaviour and very manic episodes where parents just can't keep up. Felicia experiences extreme anxiety and meltdowns which includes tummy ache, hyperventilating, panic attacks, going pale, becoming mute, crying, screaming, kicking, biting, throwing items at her parents, climbing onto window sills, onto kitchen worktop, standing and trying to jump of the dining table or chairs, running the house, banging/kicking doors and walls, multiple times a day, attempting to run away (especially from the car or if walking from the car to the house). On a typical day, she will have one when she wakes up on a school day, several whilst getting ready to school which often leads to her being late to school, one at the school gate, one as she comes out of school, one getting into the car to go home, several during the evening meal and several during the bed-time routine. Some of the meltdowns have had the potential to result in serious injury to Felicia and others. For example, Felicia knocked over a glass by accident whilst in a rage: the glass broke as it tipped the contents over the floor and Felicia impulsively lunged towards a shard of glass shaped like a knife's blade. Mum reached for it first and had to quickly move it and the remaining shards whilst being punched and kicked in the stomach by Felicia. We both fear that there have been far too many close calls with having to call 999 for assistance. In addition, we have to sleep with Felicia in order that she remains regulated and relaxed enough to go to sleep and stay asleep. Felicia wakes several times per night complaining of tummy ache and needs a parent to reassure her that she is ok. Also, throughout the day, Felicia gets panicky that she is becoming ill and ask a parent to touch her neck (glands), check her colour of her cheeks and throat and take her temperature, just to reassure herself that she is not ill and what she is experiencing is potentially anxiety related. Furthermore, due to Felicia's unpredictable temperament and inability to leave the house to get to school on time, we have had to enroll Dianne into the Breakfast Club, so mum can take her to school on time and this gives Dad a better chance to give the appropriate one to one support to Feliciae to help her manage her anxieties and stresses in a timeframe that is more comfortable to Felicia. Sleeping – Prior to starting the bed-time routine, we have to support Felicia to carry out a mixture of physical activities to burn off her anxious energy and some relaxation tasks in order to support her to slow down and relax. This is becoming more and more tricky, as Feliciae is running off or is more and more unpredictable so activities have to be very carefully supervised on a 1:1 ratio. She cannot be left unattended as she may attack her sister or carry out unsafe behaviour such as climb onto a window sill and check if the window is unlocked (upstairs windows). Felicia

is totally reliant on melatonin to get to sleep. Dr Macey prescribed this on 23rd December 2022 and prior to this, Felicia was often awake until midnight with extremely manic, violent and hyperactive episodes. Felicia currently has a 2mg dosage of melatonin per evening which takes approximately 1.5 hours to take effect. Since taking melatonin Felicia falls asleep between 8pm and 9pm.

Though whilst the melatonin is taking time to take effect, Felicia is still highly anxious and worried about school and she takes out her anxiety on the rest of the family by hitting, biting, kicking, pinching, throwing items at family members. The family have invested in lots of sensory items to support Felicia such as a weighted blanket, soothing lights, a projector, lullaby music, sleep pillow spray, baby monitor to reassure Felicia that parents can still hear her when they are out of the room, giving her options of where she can sleep in her room e.g. on the floor on a support mat or in her bed, squishy toys, fidget toys, heated scented cuddly toys, an electronic device (as recommended by the family's CEREBRA sleep coach – using reduced blue light and an eye comfort shield and dark mode, in order to help keep Felicia calm).

Eating – Felicia does eat a range of foods such as fruit, vegetables, protein and carbohydrates. However, she favours the same foods for a period of several months and then it changes suddenly. For example, she currently likes carrots, cucumber, plums, melon and raspberries but this will change in a few months. Felicia does not like any of her foods touching and parents use a plate with different compartments to keep things apart. She is unable to use a knife and fork and has to use plastic baby spoons as she finds metal spoons too big and often hits her teeth / spills food with a metal teaspoon. Felicia does not like to eat foods with a sauce on them e.g. spaghetti bolognese. Mum has to cook each part separately and place in a different compartment. Felicia does not like certain textures such as mince, haribo, mushrooms. Felicia does not like a food to be repeated too much e.g. she won't have 2 cereal bars in one day and she doesn't like to have the same dessert twice in a row e.g. yogurt for dinner on Monday so must not be yogurt on Tuesday for dinner time. Felicia cannot cope with choice. If given the choice between two desserts, this often leads to a meltdown as she struggles to choose between the two. Felicia will not accept half of one thing and half of another as a compromise either. Furthermore, Felicia doesn't like surprises, so meals for the week are planned with both children's input and then written on a blackboard in the kitchen. Though there are days when Felicia doesn't fancy a particular meal for that day and asks for an alternative. Sometimes this is a completely different meal or a variation of the meal, for example having a wrap instead of rice. Felicia struggles to eat in the kitchen if she feels that there is a cooking smell in there, plus she dislikes people talking, especially if she has had a difficult and noisy day at school and will often eat in the living room instead. At school, she cannot cope with the noise and the smell of the dining space so has to eat in the corridor where it is quieter and less smelly. Felicia eats with her mouth open and is unable to sit still at the table. She will often walk off in between mouthfuls or get distracted by a toy etc. She often ends up with food all around her mouth and in her hair. She often requires a regulatory device such as phone or adaptations such as no talking in the room she is eating, sitting under the table, sitting in a different room. The family are often told not to talk, yet Felicia will often shout or talk loudly. If family, try to talk to each other this

triggers Felicia massively and brings forth a full meltdown.

Continence – Felicia has been on constipation medication since the age of 18months. Felicia has never been dry at night and still requires a pull-up which is wet each night and needs changing and have bed sheets stripped off. Felicia struggles to drink and is under the care of the continence team, due to constipation and the need to increase fluids. Parents have experimented with using a range of drinks bottles, drinks and strategies from the continence team, but Felicia is still not drinking as much as she should and she often struggles to go for a poo. Felicia returns from school often with a strong smell of urine where she has been holding on to her wee to avoid the toilets. In addition, Felicia is unable to wipe her own bum and will return home with a red bum and poo all over her bum if she has been for a poo. Felicia does not appear to recognise the signs that she needs a poo and will often not have much time to get to the toilet when she needs to go for a poo. Felicia requires an adult to be with her when she goes to the toilet as she gets very anxious. An adult is required to wipe her bum. She often needs the use of a fidget toy or electronic device to remain calm or play a game of seeing how many times she can touch her toes or seeing who is more flexible parent or Felicia. Felicia also struggles to remember to wash her hands and needs reminding. Though, this is most likely down to her not liking the feel of wet hands, soap on her hands or rush to just to get out of the toilet.

Hygiene – Felicia only brushes her teeth when she is calm enough to accept the demand. Parents have bought silicone U shaped brushes, manual, electric toothbrushes and a range of toothpastes and parents have used a number of PDA friendly techniques, but Felicia only brushes her teeth in the mornings and almost never in the evenings, despite parents trying a range of techniques. Felicia is unable to wipe her own bum after going to the toilet. The combination of the feel of the toilet paper on her own bum, the coordination required, the smell, boredom and the demand all mean that she can't do it – and when she is forced to at school, her bum is covered in poo where she has been unable to clean it. Felicia struggles to brush her own hair and is reluctant for her parents to help her. She does not like the feel of most hairbrushes and has a tangle teezer brush which she prefers. She often goes to school with unbrushed hair which often contains remnants of her breakfast in it. Felicia does not like to have her hair washed or dried and sometimes goes weeks without a bath or shower.

Eczema – Felicia has to use emollient soap. When Felicia is at her worst, her eczema flairs up and her hands, face, legs and torso become covered in angry patches of eczema. To manage Felicia's eczema, she has prescribed special cream to apply to affected areas, though Felicia dislikes the feel of this and often refuses it to be applied, whilst at the same time becoming angry that her affected areas hurt and that we aren't doing anything to help her.

Cold/illness - Felicia has more colds than her peers due to her poor personal hygiene and heightened nervous system/poor mental health, which can take its toll on her. She is also constantly scared of becoming seriously and asks parents to check her glands, colour of her face and throat and take her temperature multiple times a day, sometime each 15

minutes if she is with parents. Also, there has been times when Felicia has had a viral infection and has suffered sickness or has a high temperature. During such occasions, Felicia's initial response to just shutdown and gets a mixture of being overwhelmed of being ill and being extremely scared that she is going to be sick. Felicia is so scared of sickness, "sick" is a banned word within the household and if it is muttered in conversation, she will just panic and cover her ears and just start to cry and shake. Additionally she can't cope with the demand of taking medicine to help the symptoms of her illness due to the taste and dislike of being told what to do. We try to give Felicia medicine in different forms, syrup or melt in the mouth tablets, and if syrups we try to give it to her in a cup to drink with a straw (after measuring correct dosage) or with a spoon. We also have something for her to look forward to mainly food-based snack. Felicia feels that she doesn't have to listen to us as we are not Doctors, so we don't know what we are talking about. So, we need to call a pharmacist to seek advice from them, so that Felicia can hear what has been advised. Though, this isn't always good enough for Felicia and we need to take Felicia to the Doctors, so they too can advise Felicia further in person and encourage her to listen to us and reassure her that what we were trying to help to her to do was the correct and best thing for her. When ill, Felicia does communicate that she knows taking medicine or even doing what we have advised her to do can help her, but she can't take the medicine because she doesn't like it or she can't do what we advise her to do because something tells her not to, which is why she needs to hear from a Doctor as they know how to help better because that is their job

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Physical Skills

(Walking, running, climbing, riding a bike, team games, drawing, writing, doing jigsaws, household gadgets, sewing)

Walking – Felicia asks to be carried or to go into the luggage trolley that the family have bought when the family go for a walk. The luggage trolley was a recommendation from CAOT. Felicia often hides under a blanket when in there. Felicia will feel unable to walk even 50 metres down the road to the park that she adores. Dr Temple (paed) has referred Felicia for physio and an occupational therapist to check for any physical issues but has ruled out Elher Danlos Syndrome (family history).

Movement – Felicia takes little care when she runs/walks/climbs and is often falling over or injuring herself. An occupational therapist (Colleen Hathway) has stated that Felicia has dyspraxic traits.

Felicia does not like to do any activity unless she knows for sure that she will be successful. She refused to ride a bike until one day, she asked to try again and got on it and rode it perfectly straight away.

Team games – at home, Felicia has to dictate who does what and she must control the outcome of the game. She does not cope if she doesn't win and everybody must play using her rules (even if these are not the real rules of the game). When she is at her most anxious, she has to boss everybody about and the family accept that we must follow what she says as it is her way of trying to take control of a situation to alleviate her anxiety. Unfortunately, this sometimes leads to resentment from others in the family that her way is the only way, but we have all come to accept that keeping Felicia calm and secure leads to a better outcome for everybody in the long-term. It is not a normal way to live though and is leading to strain within the family unit.

Writing – Parents note that Felicia will actively avoid writing and will refuse to do any school work or homework at home. When she does write, it is because she has chosen to and it is always for a purpose that she has chosen. Being that she has an older sibling and Daisy is a teacher, we have noticed that Felicia has always struggled with her writing. In year 2, we asked for a dyslexia assessment but the class teacher at the time said that she could not see evidence of dyslexia. Parents have also remarked when Felicia writes greetings cards for family members that Felicia does not retain spellings of high frequency words such as 'To' or 'From' and approximately half of her letters are incorrectly formed e.g. backwards. We have noticed that she gets distracted and bored and the words get progressively more scribbly and less well formed and she will often leave a sentence unfinished and run off to do something else. An Occupational Therapist (Colleen Hathway) has written a report after observing Felicia which also evidences our observations. For example, it states that Felicia has a poor pencil grip and her handwriting is poor. The report also states that Felicia has dyslexic traits and that Felicia is incredibly slow to form letters. At home and at school, Felicia complains of pains in her hands when writing and has difficulty knowing how much pressure to apply to the pencil. She often rushes and is inattentive whilst writing and this was stated in her reception year report and again in year 1. Many of her sentences remain incomplete at home and she will often run off mid-way through an activity.

Felicia gets frustrated easily when she can't complete a task straight away and is often keen to avoid reading instructions but is inevitably frustrated when the desired outcome cannot be achieved due to not following instructions. An example is when her sister and Felicia complete an art kit e.g. create your own bird box, Felicia will rush ahead without checking instructions or thinking about what she wants to put and where and will be done in under half the time that her sister takes. However, when Felicia sees her sister's box, she becomes angry and frustrated because she says Dianne's box is better and this often results in a violent meltdown. Often, Dianne is the target of Felicia's meltdowns and we have had to create a safe plan which involves us saying "Dianne - go" and she knows to run and lock herself into the nearest bathroom whilst we prevent Felicia from attacking her.

When baking, Felicia lacks focus and does not like to follow recipes. She is unable to show control when pouring out ingredients such as flour and sugar and will often pour out far too much then wander off through boredom and frustration.

Dancing – Felicia struggles to copy and retain dance routines and forgets routines from one week to the next. She has stopped dance classes as she is distracted easily and became frustrated with the difficulty she was encountering as a result.

Self Help

(Personal independence skills, personal hygiene, dressing, keeping room tidy, coping with daily routine, getting out and about, awareness of danger)

Getting dressed – Felicia is physically capable of getting dressed if she is regulated but most school mornings she becomes dysregulated and anxious about the thought of going to school and becomes non-verbal and has to use devices to stay calm. Mum and dad have to get her dressed with minimal verbal communication as she becomes overwhelmed. They communicate by holding up two options and she points to her preferred item. Sometimes it can take numerous attempts and 30 minutes or more for her to be ready to respond and this is often part of the reason why her family are not able to get her ready in time for school, despite a routine and getting up early to accommodate. She often becomes angry or upset because she cannot choose what she wants to wear. She cannot often tolerate the feel of school uniform and the school has allowed her to wear her own clothes. When getting dressed, Felicia struggles to give the correct amount of pressure/force when using fastenings such as buttons, zips etc. As a result, we have to replace coats and cardigans regularly and Felicia can become very angry or upset because she wants to do these things but needs help.

Getting out and about – Felicia finds the demand of walking tricky. She has been referred to Dr Temple over concerns that she does not walk far. She is active once she gets to a destination but struggles to walk even 50 metres to the park that she loves. CAOT advised using a luggage trolley which she rides in and hides under a blanket. Felicia struggles with transitions between places or activities. In particular, she hates the car. She will often run out of the car when the family arrive home and despite the child locks, has learnt to climb into the front passenger side and open the door. Parents have to run after her – she has run across the road when parents have not been quick enough to stop her. She can run fast. The school has witnessed Felicia arrive to and from school in the trolley and have allowed parents to drive into the school staff carpark to collect Felicia due to parental concerns that she will run into the road due to being dysregulated on exiting the school.

Felicia struggles in the car and after 5 minutes in the car can begin to try to hit others in the car, shout, scream and ask to stop the car. Parents have secured a blue badge as journeys can be very stressful and they can no longer take her shopping due to erratic behaviour. Felicia has meltdowns when things do not go to plan. For example, she screamed on the floor in

a supermarket when her father took her to choose a Christmas jumper and she couldn't choose one in her size. She would not be calmed or moved for 30 minutes and when she was able to be moved, she ran out onto the carpark road and refused to get in the car for a further 20 minutes. Parents are finding that it is almost impossible to take Felicia out without a 1:1 ratio, as she can become very unpredictable and needs an adult's full attention. They describe it as the same attention you would need to give a toddler that lacks safety awareness. If the family goes on a longer day trip in the car, one parent has to sit in the back and support Felicia to stay regulated. Despite the use of electronics, cuddly toys, snacks, colouring and a lap pad blanket, it is hard work and Felicia still gets very distressed.

Awareness of danger – Felicia lacks safety awareness and needs reminders to look left and right to cross the road. She does not retain any of these routines when out and about. Furthermore, when dysregulated, she will run out into the road without looking. She will take her seat belt off when feeling very dysregulated and parents have to pull over and wait to continue the journey when she is ready to be re-buckled. Felicia can become dysregulated very unexpectedly and she can go from laughing to punching her parents in seconds. For example, when she was at her favourite park, she suddenly stood up and ran out of the park without any obvious warnings. Parents say that they have to stay close to her at all times and watch her closely. Furthermore, Felicia lacks social understanding and parents have had to intervene when she has tried to do stunts at the park that she has seen older children complete which are clearly out of her skills league. Other children have also dared her to do things and she has gone to complete these dares because she has lacked the ability to evaluate her own ability and safety before starting the task. For example, she was dared to run outside of the park and went to do so until her mum intervened. In the ASD with PDA diagnostic report by Help 4 Psychology, it states that Felicia is a vulnerable child and is at risk of being bullied and we can see just how vulnerable she is by her being unable to understand social situations and getting it wrong by following other children's instructions without any regard to her own safety.

Room – Felicia is always losing items and has a limited attention span so will put something down as soon as she has moved to the next idea in her head. Later on, she will have no recollection of where she put the item she originally had and will become extremely distressed and demand that everybody in the family hunts for it. She becomes violent and will scream at her parents until it is found. If it is not found, she will demand an instant replacement, which is not always possible. As she doesn't understand budgeting and money, this leads to some angry behaviour towards her parents who have to uphold boundaries as they are coming under increasing financial pressure due to her level of need. Felicia struggles to keep her room tidy and will drop her clothes/belongings in the middle of the floor. She cannot fold clothes despite being helped and shown many times. Felicia becomes distressed by the mess and parents offer to help her tidy but she often gets distracted or overwhelmed so parents have to do it by themselves.

Tidying / completing tasks - Felicia finds the demand of tidying up after playing too much and will often run off soon after starting a task and begin something else. She likes to start straight away and hates to wait for something to be set up or having to put on an apron or read instructions before starting something. She will often run from the kitchen table with

paint all over her hands and begin playing with her barbies, bringing all the mess with her.

Continence – Felicia has been on constipation medication since the age of 18 months. Felicia has never been dry at night and still requires a pull-up which is wet each night. Felicia struggles to drink and is under the care of the continence team, due to constipation and the need to increase fluids. Parents have experimented with using a range of drinks bottles, drinks and strategies from the continence team, but Felicia is still not drinking as much as she should and she often struggles to go for a poo. Felicia returns from school often with a strong smell of urine where she has been holding on to her wee to avoid the toilets.

In addition, Felicia is unable to wipe her own bum and will return home with a red bum and poo over her bum if she has been for a poo. Felicia does not appear to recognise the signs that she needs a poo and will often not have much time to get to the toilet when she needs to go for a poo. Felicia requires an adult to be with her when she goes for a poo as she gets very anxious. An adult is required to wipe her bum. She often needs the use of a fidget toy or electronic device to remain calm. Felicia requires an adult to go with her regardless of the setting and even needs an adult with her in familiar places to her such as at her grandparent's house which she visits several times each week.

Felicia only feels able to use certain toilets at school and when the family go out, Felicia will often refuse to use the toilets there and parents have often had to drive Felicia home / to a more familiar or acceptable toilet at short notice. Where a toilet is not to Felicia's acceptable standard, Felicia would rather wet herself than use a toilet that she couldn't cope with. At school, Felicia only uses one toilet that she finds acceptable and has to take a friend with her in order to feel comfortable. The school have also agreed to turn off the hand dryer and allow Felicia access to this toilet, even though it is usually used by other classes only.

Hygiene – bum, brushing teeth, self-care. Felicia only brushes her teeth when she is calm enough to accept the demand. Parents have bought silicone u-shaped brushes, manual, electric toothbrushes and a range of toothpastes and parents have used a number of PDA friendly techniques but Felicia only brushes her teeth in the mornings and almost never in the evenings, despite parents trying a range of techniques. Felicia is unable to wipe her own bum after going to the toilet. The combination of the feel of the toilet paper on her own bum, the coordination required, the smell, boredom and the demand all mean that she can't do it – and when she is forced to at school, her bum is covered in poo where she has been unable to clean it. Felicia struggles to brush her own hair and is reluctant for her parents to help her. She does not like the feel of most hairbrushes and has a tangle teezer brush which she prefers. She often goes to school with unbrushed hair which often contains remnants of her breakfast in it. Felicia does not like to have her hair washed or dried and sometimes goes weeks without a bath or shower.

Felicia has such a fear of hand dryers and taps that when out and about, she will refuse to wash her hands after going to the toilet. She will sometimes use sanitiser, but this often upsets her eczema which leaves her feeling very frustrated and anxious.

Communication

(Level of speech, understands and responds to others, explains and describes things, uses the telephone, uses email)

Felicia does not like to speak to adults or people she does not know very well. She has selective mutism and will often require her parents to speak for her if she feels anxious. Felicia says she finds speaking to adults scary unless it is her mum or dad. Felicia masks at school and comes home dysregulated, angry, violent and sad due to not being able to express herself. Notably, proof that she can't express herself at school is proven by several occasions where she has self-harmed at school due to becoming so distressed and not being able to speak to school staff about it. Felicia also shows a lack of understanding of social situations with friends and has complained that she doesn't know why a friend has fallen out with her. She says she hates social times at school as she doesn't know what she needs to do to be a good friend. Felicia does not understand idioms and needs language and instructions to be simple and brief. Felicia will not participate in a conversation that does not relate to one of her interests. She will cut across a conversation to begin a new conversation if she is bored and will stop others from talking about other topics at the dinner table.

Felicia does not understand what is and isn't appropriate in certain environments e.g. talking quietly if her sister is trying to sleep.

Playing and learning at home

(Watching television, concentrating, playing alone, favourite toys and activities, sharing, finding out about things)

Felicia loves her soft squishmallow toys, barbies and dress-up/role-play games. She cannot cope with the demands and rules of board games and if the family want to play a game like this, Felicia tries to control the game and insists that the family follow her rules only. She will often get up and wander off through a lack of attention and boredom if the family plays a board game. Felicia doesn't cope with losing, so the family have to play games where the family work together as a team to achieve a common goal.

Felicia is unable to entertain herself and parents have to watch her closely with her older sister as she can become quickly violent or dysregulated towards her older sister. Felicia will use an electronic device to help stay regulated on occasions. However, she becomes bored with the television after 10 minutes and will only watch the television whilst using an exercise ball or peanut ball to keep moving around with whilst watching. Felicia has to control what is on the television and will not allow others to watch what they wish to watch. Felicia does not play by herself and gets upset if she cannot play with her sister. Parents are required constantly to support or entertain her. Felicia finds the demands of completing helpful tasks too much and will only help around the house if it is her idea and she has chosen to. Felicia does not like to share her toys if asked to but will sometimes lend her toys if she has come up with the idea.

Activities Outside

(Belonging to clubs, sporting activities, socialising with others, happy to be alone?)

Felicia has swimming lessons. She was traumatised by a mainstream swim school due to the teacher lacking anxiety and SEN training and lifting her into the pool without her consent and it being too noisy and crowded. However, parents have enrolled her onto a more SEN aware swimschool programme with warmer water, fewer students and a 1:2 ratio. Felicia is making excellent progress and she tells her parents that she finds swimming makes her feel happy. In one year with her new swimming teacher, she has gone from being terrified of any swimming teacher and unable to tolerate water anywhere near her face to being able to do front crawl, breast stroke and do handstands and forward rolls under water. Parents believe that this is proof that Felicia thrives when she is in the right environment, with the correct provision to meet her needs – small group with a high teacher-student ratio and a teaching team who understand her PDA and associated difficulties.

Felicia attends circus skills class as she enjoys swinging, swimming and climbing. Whilst Felicia does enjoy this class, she relies heavily on her sister to support her emotionally in the class and one parent has to assist her in the class. The teacher has autism training and has made considerable adjustments, including allowing a parent to support and flexible uniform.

Felicia has recently joined Brownies. However, Felicia's mum has had to also join as her 1:1 as Felicia is too anxious to join by herself and is unable to express herself well enough without a support adult. Her mum also needs to help her with toileting as she will not use the toilet on site. Her mum provides sensory /movement breaks so that she can attend and stay regulated.

Felicia has a group of supportive friends at school but she is constantly coming home saying that she is upset or sad due to a friend falling out with her or saying something to her that she does not understand and she says that she does not understand what it is to be a good friend. When her parents invite a friend of Felicia's round, she does not know what to do with her friend and her mum has to assist and support the whole time.

Relationships

(With brothers and sisters, friends, other adults, at home and outside)
Felicia says that she loves her mum, dad and sister very much. However, when dysregulated, she comes to these family members and is physically aggressive towards them and calls them names. Parents are particularly worried about the fact that Felicia will call her sister a "big baby", "ugly" and "fat" which is incredibly damaging for a ten year old girl to hear every day. Her sister has now got low self-esteem and is struggling with her time being controlled by her sister and the lack of time with a parent, despite parents doing everything they can to build in some time apart. Felicia does not like to visit many family members as she finds it too scary.

When she goes to her grandparents houses, she tells her parents before and after that she finds it scary because she can't be herself. Parents do not feel like they can leave the children with others any more as Felicia gets so anxious before and violent after on the incredibly rare occasion that they spend a night away.

Felicia relies on seeing her sister Dianne at school as a comforting friendly face at school. Her sister Dianne gets anxious if she can't find Felicia as she worries that Felicia will shout at her when she gets home. Felicia states that she is anxious if she does not have one of mummy, daddy or Dianne with her. This includes at night time and she can't sleep without mum or dad with her.

Felicia will have a meltdown if one of mum or dad has to leave the house without her, even if it is to fetch something that she has asked for. Parents have to do shopping online as she does not allow parents to leave easily. Parents report that it is almost impossible to pursue their own hobbies or take care of their own health or wellbeing due to this.

Behaviour at home

(Cooperates, shares, listens to and carries out requests, helps in the house, fits in with household rules and routines, moods – good and bad – shows affection, sulks, throws tantrums)

Felicia's anxiety based need to control (PDA) means that she finds the demands of daily life extremely difficult. Every demand needs to be worded carefully using declarative language or the demand disguised through 2 choices of how to complete the demand. Sometimes, Felicia has enough tolerance to cooperate with the requests, but often, she has used up all of her energy and tolerance just by getting ready for school and she often becomes dysregulated quickly.

When heavily dysregulated, Felicia physically punches, kicks, bites, scratches, pinches and hurls objects at her parents. Felicia is terrified of becoming ill and gets very distressed when her anxiety presents itself in the form of stomach ache and leg pain. She will demand that her mum checks her tongue, temperature and gives her a massage and a heated toy to help her calm down.

Felicia is unable to listen to a conversation or instruction if she is not interested in the topic. For this reason, she will often talk over her parents as she has switched off from what is being discussed. Felicia will easily have in excess of 10+ violent meltdowns every day – usually more on a school day. She is often unable to articulate what the issue is until days after the event. Parents use a visual timetable, declarative language, a democratic approach to organising family life, collaborative meal planning and parents demonstrate that they listen to the children by making decisions based on the children's views (where possible!) whilst maintaining safety and financial boundaries.

At Early Years Setting/School/College

(Relationships with others, progress with reading, writing, number skills, other subjects and activities. How the school/college has helped with your child. Have you been asked to help with schoolwork – hearing him/her read – with what result? Does s/he enjoy going to school/college? What does s/he find easy/difficult?)

Poor mental health due to school environment- Felicia wakes up every day and asks “Is it a school day?”. She screams, cries, shouts and hides under her duvet whilst begging her parents not to send her when her parents reply “Yes it is”. Every single school day. Her mental health has declined severely, with her now dependant on her parents to take it in turns to sleep in her room with her so that she feels safe. Felicia is terrified that she is dying and experiences physical symptoms of anxiety such as stomach pains and leg pains. The GP has confirmed that there is no other medical issue at play. Felicia has rituals such as asking us to check her tongue, temperature and her chin to ensure that she is not ill. She hyperventilates, runs off without looking, screams, cries, shouts, goes pale, retreats, goes silent, freezes when she is anxious and this occurs even when she is looking forward to going somewhere. Therefore, Felicia is experiencing a high level of anxiety on a daily basis. Attending her current school does not support her in addressing her anxiety as the very fact that she is in a large, noisy classroom every day means that she is constantly anxious and her nervous system is always on high alert and she masks whilst at school. Her current school have put into place support for when they notice that she is struggling, but they do not have the knowledge or resourcing to be proactive in preventing some of the high levels of anxiety and emotion that Felicia cannot manage. It is reactive and not proactive and is damaging her mental health in the long-term. This is demonstrated by the fact that she has self-harmed whilst at school as she has felt unsafe and unable to communicate her needs.

Progress - During EYFS, Felicia was making age related progress across all areas. However, her progress has declined significantly. During her SATs assessments in June 2023, she did not meet the standard for Science and was working towards the standard in Reading and Writing. Given that Felicia completed the papers in a 2:1 ratio, in a quiet room with minimal distractions and had a scribe, this shows a significant decline in Felicia's progress, given that she is of average cognitive ability according to Charlene Andrewson's EP report in September 2023. Furthermore, her annual report produced by Anytown Primary School states that Felicia is working below expected standards in writing and just below for reading. As her parents, we have seen no significant improvement in her writing and no improvement in her spelling and we are still needing to spell out the same number of words as we needed to when she started EYFS.

Felicia's IEP last year (year 2) had two targets: To identify and communicate when at least one situation makes her feel uncomfortable and to describe how she feels when she is in an uncomfortable situation. The school have used whole class resources such as Zones of Regulation displays as well as individual cards for Felicia, fidgets, exit breaks at least 4 times per day, social group and quad provision to meet play, sensory attachment and physical needs daily. Despite the range of support put in place, Felicia is still unable to communicate using words how a situation makes her feel uncomfortable (although her teaching reported that in some situations, Felicia could identify when she was feeling uncomfortable and

tell adults what she needs.). This would suggest that despite more support from her current school, Felicia is still unable to access much of her curriculum, as she is unable to express herself and communicate how she feels. As Maslow's Hierarchy of need states, feeling safe is a crucial layer towards the bottom of the pyramid and is essential in enabling Felicia to be in the right frame of mind to be able to access her learning. As her reports, we see that Felicia often comes home totally dysregulated and is able to tell us some time later that she became angry or sad at school and was unable to tell anybody about it. When we ask her if staff did or said anything, she says "No" - which we believe is due to the fact that they do not always pick it up due to her masking.

Other support

Lunch in a quieter area to support sensory needs. This is not very successful as Felicia is finding these areas too noisy and are not supervised. Other children enter the room and Felicia becomes anxious as she does not know how to cope or react.

Choice of learning partner – Felicia is involved in the decision making each week. The teacher consults her and allows her choice of partners and encourages her to make good choices with students who are supportive and good role-models.

Choice of friend to complete a movement break with – Felicia's teacher has briefed the class that Felicia will come up to a student with their picture or name on it and they will go with her on a movement break. This has worked well to a degree, but the lack of adult supervision is a concern and it restricts the type of activity that Felicia can complete which means that there is limited sensory input. Felicia often needs an adult for co-regulation which is not being achieved in this set-up with another child.

Choice of work – wellbeing options are given to Felicia for each part of the day. Felicia knows that she can choose to complete the class tasks like her peers or she can complete alternatives such as colouring to support her wellbeing. As her parents, we are concerned that whilst her wellbeing is important, there is not enough effort to adapt the learning so that it meets Felicia's needs and is accessible to her, which is evidenced in the lack of progress in her learning. It is noted above that Felicia has a complex SEND profile with specific learning difficulties, ASD, PDA and SPD as well as dyslexic and dyspraxic traits. We believe that Felicia would benefit from being in a smaller class where the curriculum could be delivered more flexibility to meet the needs and interests of the individual students. This would prevent Felicia from being denied the opportunity to complete work on the curriculum or make expected progress in line with her cognitive ability and support her mental wellbeing. No parent should have to witness their child fall apart and become a shell of the child they were before starting school.

Choice of where to work (dependant on staff ratios but sometimes this is unsupervised) - Felicia is sometimes allowed to work in a quiet place such as the Head Teacher's office or the library. However, staff ratios often do not allow for this or Felicia is unsupervised and whilst working in a quiet space she is missing elements of the class teaching. As the EP report states, Felicia is often unable to express why she is stuck and shows inflexibility when trying to solve a problem, so working by herself often results in her remaining stuck in her work or opting for colouring or wellbeing activities that do not allow her to access the curriculum or make expected progress in line with her cognitive ability.

Choice of task where staff ratios allow – Felicia is sometimes able to complete a task in a small group. However, this is very rare as the school

do not have an allocated teaching assistant.

Allow separate entry – Felicia has been allowed to enter the school through the main reception to avoid the crowds and the noise. Felicia has stated that she prefers this but is still very reluctant to go in each day and dad sometimes spends up to 3 hours with her outside school trying to encourage her to go in to school.

Flexible uniform – Her current school have allowed her to wear what she wants, in order to support Felicia's sensory difficulties with the look and feel of the uniform. In addition, the demand of uniform is difficult for Felicia so the school have allowed her to wear anything that she feels comfortable in. This has supported Felicia to feel more comfortable and reduced some of the anxiety in the mornings.

Late start - Felicia has been coming to school late most mornings so far this year so that she can avoid the crowds. The wait outside the gate has been a source of significant anxiety and a later entry has enable Felicia to avoid the anxious wait. Felicia is still finding school entry tricky and her attendance is 71%.

Choice of phonics group – Staff have allowed Felicia to join a phonics group which is not her allocated group when she is struggling so that she can be with her favoured adult. Whilst this has supported her mental wellbeing, parents are concerned that this is not enabling her to make expected progress and she would benefit from being in a smaller, calmer learning environment with a high staff-student ratio so that Felicia does not feel the need to leave the classroom or her allocated work to feel safe.

Quad provision – to meet play, sensory, attachment and physical needs. Felicia has been accessing this for 1 hour in the afternoon each day when she has wanted to. Felicia has stated that she does not like the noise and the unstructured elements of the class and she says that much of the behaviour from other students terrifies her. Given her SEND needs and sensory differences, parents feel that regular occupational therapy, sensory integration and a highly personalised curriculum will enable her to make the expected progress and that the QUAD provision falls short in terms of meeting Felicia's need for more provision within the classroom and better access to the curriculum content.

ELSA – Felicia completed ELSA in year 1. She completed a TALC assessment and whilst she achieved levels 1, 2 and 4, she was unable to achieve level 3 and was unable to make inferences or retell parts of a story. Autism and Communication Service involvement - See report by Linda Lip. Linda observed similar concerns to those of Felicia's parents in relation to poor attention span. The report stated that Felicia was impulsive and fidgety and parents requested an ADHD assessment which the school have applied for.

CAOT referral - Parents worked with CAOT and received a number of house visits. Their file was closed in June 2023.

PFSA – The family have worked with the school's allocated PFSA (Gill Pill and Nathan) for 2 years (beginning when Felicia was in January of year 1 until November of year 3). Gill witnessed differences in Felicia's behaviour compared with Felicia at home and was able to see that Felicia masks a lot of her behaviour at school. Gill supported the family to create some helpful visuals e.g. emotion cards, a visual timetable and provided support to Felicia and her sister whilst at school. This work has since finished due to being referred to a FIS worker.

FIS - The family have been allocated a FIS worked since November 2023. Alison Creep has met with the family and will meet each half-term.

Attendance – In September 2023, Felicia experienced a breakdown and could not bring herself to leave the house or go to school for 1.5 weeks, despite saying that she knew she needed to go, she just couldn't go. The school met with Felicia's parents and an EBSA plan was created. See EBSA report dated September 2023. As part of this plan, the school have agreed that despite the support being provided to Felicia, Felicia is clearly struggling in her current school setting and has been allocated authorised absence for one week each half-term to allow respite and to allow her to unmask. Unfortunately, this has already been proven to be not enough, as Felicia needed her allocated week off earlier than anticipated in November and needed 1.5 weeks instead of the original week. Prior to the week of respite in November, the Head Teacher advised Ron (father) that Felicia was clearly not coping and suggested that the rest-bite could be brought forward. Felicia's Head Teacher Helen Cramp, class teacher Mrs Speight and the SENCO Pam Salt have said in countless TAF meetings that they cannot meet Felicia's needs.

CAHMS referral – the family has a CAHMS referral accepted in September 2023 and the referral requested that the school make an application for parent supported CBT. The school have completed this application and the family are awaiting the outcome of the application.

Felicia finds being in a noisy school terrifying. She does not trust adults in the school and lacks the ability to express what she needs the majority of the time. Felicia's Head Teacher, class teacher and SENDCO have all stated that they can see that Felicia is clearly struggling with the noisy environment and that she would benefit from a quieter setting. The SENCO has stated that it is impossible to create a suitable environment for Felicia in a busy mainstream primary.

As her parents, we have encountered numerous issues within the curriculum, where Felicia's needs have not been planned or catered for. For example, despite Daisy (mum) signposting her previous class teacher to PDA support and creating an A4 page key profile of Felicia, Felicia was told to wear school uniform for a school trip – despite the fact that it has been agreed by the SENCO that she does not need to wear uniform due to sensory issues and the demand to wear uniform. In addition, Felicia clearly has issues with spellings, but has so far this year not been given precision teaching to catch up with her peers and to make expected progress and currently cannot access the three spellings per week that she has been given. As her parents, we feel that Felicia will never catch up in her current environment, as the teaching needs to be more bespoke to her needs and teachers need to have significant training and plan for her extremely complex SEND profile. Currently, her curriculum does not take into account her PDA, writing, reading and occupational therapy needs and so she is either left to struggle using class resources that don't meet need or completes wellbeing work which does not support her to make progress in her curriculum. This is demonstrated by her average cognitive ability (see EP report September 2023 by Charlene Andrewson) and her annual school report and SATS report (2022-2023) which states that she is below in reading, writing and science.

Parents aspiration is that Felicia develops a love of learning and develops greater self-worth and self-esteem. Parents believe that by ensuring that she works in an environment that meets her sensory and learning needs, Felicia has the potential to flourish in education. This has been demonstrated with her swimming lessons which have demonstrated that the right environment has seen her make outstanding progress in only one year. She needs a quiet, calm, nurturing school with other students with

similar needs so that she can feel less alone with her problems and develop friendships with those who understand some of the issues that she faces. She needs to be in a setting where PDA, anxiety and autism are widely understood and catered for. Parents would like to see Felicia be able to take GCSEs when she is of age if she wants to, but have significant concerns over her future ability in attending school if the learning environment and adaptations are not right.

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Your general views

Think about:

1. What do you think your child's special educational needs are?
2. What support would be useful (who, where, when and how?)
3. Is your child aware of his/her difficulties? What does s/he worry about?
4. What is your child good at/what does s/he enjoy doing?
5. What are your aspirations for your child?
6. Is there anything else you would like to tell us?

1. Felicia has ASD with PDA profile, SPD, dyslexic traits (see OT report), dyspraxic traits (see OT report), suspected ADHD, visual and auditory processing difficulties (specific learning difficulties). As her parents who have spoken to the professionals involved in her care and with the school that she currently attends, we believe her needs are as follows:

Felicia's special educational needs have a significant impact on her ability to learn in a busy mainstream classroom environment. Felicia returns home from school in a state of total anxiety with manic and extremely violent behaviours, heightened by her masking whilst at school. These have included but not limited to unbuckling her seatbelt whilst the car is in motion on the way home from school; chasing after her sister and attempting to attack her on the way home from school; climbing onto kitchen cupboards and throwing the contents of the cupboards with force onto the kitchen floor or at her parents; bolting out of the car when it has stopped and running off and away from the family home – including onto roads without looking; physically attacking her parents. We feel that we are constantly walking on egg shells and try to provide the lowest demand lifestyle we can to mitigate the extreme trauma that Felicia goes through each day at school, through the school not being able to offer the small, calm, multi-disciplinary environment that Felicia needs to feel safe at school.

As her parents, we know that Felicia is a capable girl and she can pick things up quickly in the correct environment. This has been demonstrated with her swimming. She has achieved more in 1 year in a small, calm swim class with a specialist SEN teacher than she has in 6 years of larger, noisy classes with generic teaching.

The following has been taken from the EP report from Charlene Andrewson 19th September 2022 -

The findings from the WIAT-III attainment tests and the WISC-V cognitive test shows that whilst Felicia is of average cognitive ability, she has a specific learning difficulty with her auditory and visual short-term memory, processing speed and spelling. As her parents, we note that Felicia often forgets instructions or will only hear part of an instruction which often leads to conflicts between family members where a misunderstanding occurs due to partially missing instructions. Felicia needs frequent reminders at home when carrying out tasks such as creating a bracelet, as she will easily forget the steps needed – even when they are quite repetitive.

In addition, Felicia has a significant level of difficulty communicating with others, which is demonstrated by the BRIEF (executive function and metacognition skills) and the ABAS (measures adaptive skills). Parents find it difficult taking Felicia to family gatherings, as she will often hide her head in her parents' laps or will look away/refuse a cuddle or greeting from family members – even when she sees them often. Felicia needs a family member with her at all clubs (swimming, circus skills, Brownies) so that they can communicate for her and sometimes Felicia will need to communicate with her parents using a squeeze of the hand once for yes and twice for no.

The EP report states that tolerating change is very difficult for Felicia and so is getting used to new situations. This is definitely experienced at home where Felicia can become extremely distressed and anxious days before a school trip or a new club that she has requested to join. This distress causes her to be more violent and have more meltdowns per day and can be extremely hard on her sibling who will often have to lock herself in the bathroom in order to avoid the violence. Unexpected change e.g. a cancelled friend are also very tricky for Felicia and these events can affect a whole week or more.

Parents report that Felicia often comes home and says that the school work was too tricky and she couldn't do the work. This is backed up by the EP report by Charlene Andrewson that states that Felicia often gets stuck completing school work as she is unable to find a different way to complete it. Felicia struggles to regulate and express her emotions and at home, this leads to seemingly overreacting to small issues with extreme violence, manic and unsafe behaviour such as bolting out of the house suddenly.

The EP report states Felicia's metacognition impacts on her ability to initiate, plan, organise and complete tasks by herself at school. This is indeed the same at home whereby parents state that she needs the same level of supervision when building a lego kit or making slime that a toddler would need.

The EP report states that Felicia struggles to process information quickly, fully understand what is expected from her or explain her difficulties when she does not understand. At home, this is also demonstrated by the fact that she will often get the wrong items out when getting ready to go out as she isn't able to link the activity with what is required. When a more explicit list of items is given, Felicia commonly forgets most of it, as she appears to only be able to hold one or two items in her head. She has a short concentration span and attention levels and is easily distracted.

Felicia's special educational needs are having a significant impact on her daily functioning and impacts on her ability to access the curriculum without support.

As her parents, we have witnessed a total transformation of our daughter into a terrified, scared shell of the girl she was before joining school. As parents,

we know the importance of going to school and the value of education and we fear that we ourselves will also end up with considerable trauma from sending our daughter to school, knowing that she does not feel safe and that she is on occasions self-harming. It is our worst nightmare. This is backed up by the EP report which states that despite an increased level of input from her current school, Felicia has continued to struggle to manage at school which has had a significant impact on her mental health.

Felicia shared that she “always” worries when she is at school. She is “always afraid that she will make mistakes”. She is always nervous. Felicia shared that she always worries that people “get mad at me”. As a result of this she always has problems sleeping.” These comments show that Felicia does not see school as a safe place and it is in our opinion as parents, that Felicia will not thrive in this school environment, as it does not meet her emotional or academic needs.

Provision – taken from the EP report by Charlene Andrewson. Felicia’s autism, ‘PDA, executive function, metacognition, communication and interaction, sensory processing, emotional regulation, concentration and attention difficulties make it very difficult for her to access learning in a busy mainstream school without a high level of support.’ Parents see this at home and have to be with Felicia on a 1:1 basis in order for her to access her extra-curricular clubs or to complete even basic tasks in her daily routine. As her parents, we often find ourselves keeping instructions very brief and using visuals or hand gestures to support her understanding – much like you would do with a toddler.

‘To ensure that Felicia can attend school full-time, throughout her day, Felicia needs to be taught in quiet, calm, small classes.’ The Head Teacher and SENCO have said in numerous TAF meetings that they cannot meet Felicia’s needs and that it is not possible to support Felicia in a busy mainstream school.

‘Felicia needs a full-time one-to-one support from an experienced teaching assistant or HLTA who can support her following a bespoke learning programme (that includes individual learning, as well as managing learning in the classroom and sensory programmes).’ Felicia’s Head Teacher agrees that Felicia would ideally benefit from more adult support but has stated in several meetings that they don’t have the staff or funding to offer this to Felicia. It is therefore part of our reason as parents in applying for the EHCP.

‘Multi-professional meetings are needed regularly so that there is good communication between teaching staff, SEN team and therapists, so that Felicia’s special educational needs are fully understood by all the adults that work with her.’ As parents, we feel that we have a good understanding of what Felicia needs and we notice that Felicia tends to have better days when she is at home with her safe people and she has a mix of predictable active and calming activities that meet her own interests and abilities. Days at school tend to be less successful as there is less understanding and expertise in PDA and anxiety and there is less flexibility in terms of types of provision and activities to meet Felicia’s needs. We therefore feel that this proves that the correct environment and the correct provision is key to Felicia’s success in education.

‘Felicia needs a well-planned, targeted, flexible, bespoke, child-centred teaching that integrates tools that will assist her to comprehend, process and understand what she learns.’

'Felicia needs work demands that are set at her level and that take into account her PDA to that she can make a good level of progress in line with her level of ability.' As her parents, we go out of our way to rephrase or approach activities in a less demand focused manner and that alleviate some of the anxiety that she has. For example, in Brownies, Daisy will give Felicia options of how to complete a task so that Felicia feels in control of the situation. Daisy is also able to differentiate the task if the outcome is likely to be unrealistic or is unlikely to interest Felicia so that Felicia still learns the skill but does so in a way that is both enjoyable and accessible to her. Given the level of adaptation that takes place outside of school, parents feel it is crucial that Felicia attends a setting where her learning takes into account the need for PDA friendly approaches, and she is able to have a say in how a task is achieved.

'Felicia needs time so that she can plan and execute tasks.'

'Felicia needs a multi-disciplinary teaching team providing a consistent use of multisensory supports.'

Parents naturally break down tasks into small, concise chunks and often use visuals to ensure that Felicia remembers key parts of her morning routine. We believe this is why Felicia feels safer at home. This is supported by the EP report which states that 'Felicia needs language delivered at a pace that she can access and her progress monitored and reviewed every week'.

As her parents, we know that Felicia calms down and is able to regulate better with an adult to support her. As parents, we do this by distracting her, PACE, offering a calm space, a range of sensory equipment and a range of exercise equipment such as a gym bar, trampoline etc. Felicia's current school staff state repeatedly that they know Felicia needs more support in terms of a TA that could help her to regulate and become a trusted adult that could build a relationship with Felicia. However, they state that funding is a barrier to this.

The EP report states: 'Felicia needs support from adults that will pick up when she starts to become anxious and are able to redirect situations while explaining any misunderstandings to stop situations from escalating.'

Parents state that Felicia does not like to complete tasks unless they are of interest to her. For example, Felicia has shown a recent interest in cleaning and so has requested that her Mum show her how to clean glass shower screens and the sinks because her mum mentioned to her that one day, she will be able to live in her own house and make her own choices about where she lives and the house rules and she will need to know how to keep her fabulous house clean. However, Felicia will not take part in a game of UNO with her family as she does not like card games and there is no convincing her to play "just one game" as she doesn't see the point in card games and she does not see what's in it for her. The EP report backs up this by stating:

'Felicia needs staff to contextualise what Felicia learns to real life experiences to support her understanding and the relevance of what she is learning'.

Therefore, she needs a placement where they will be able to prove to Felicia why she should be interested in what she is learning and find innovative ways to engage and interest her in the topics.

As parents, we know that Felicia is better able to concentrate when she is comfortable with no noise in the background and few people are around her. This is particularly the case at the dinner table, swimming, and completing craft activities. The EP report also confirms this and states that 'Due to difficulties in the processing of information, working memory, concentration and attention, she needs to be sat where there are fewer distractions.'

'Felicia needs short, oral and visual instructions. Repetition of instructions.'

'Break work down into manageable chunks so that she can plan and execute the tasks.'

'Provide frequent repetition and revisiting of ideas.'

Parents note that they are often surprised by the words that Felicia says she does not understand. The EP report also states that 'Staff will avoid using words that Felicia struggles to understand'

Parents see that when Felicia attempts to write a story or a text of any description, Felicia tells them that she has an achy hand soon after writing only a few words. She also gets frustrated and rarely finishes due to the slow pace of writing and her frustration with not being able to spell out the words she wants to use. The EP report backs this up and suggests that 'Felicia requires a laptop or a scribe to complete written work'. Parents agree that this would be helpful but also have difficulty with Felicia learning to type as she refuses to learn this at home due to frustrations of finding the keys on the keyboard. We feel that she would need a significant amount of support to learn to type as it could slow her down further without this support. Her visual processing difficulties have so far not helped her to use touch typing programmes so far.

'To address spelling difficulties, Felicia needs:

Daily precision teaching in a small group following a phonics programme e.g. 'Direct Phonics; or 'NESSY', where her progress is monitored and reviewed weekly. Precision teaching will assist in reinforcing and embedding strategies and techniques to develop her reading and spelling skills.' Parents notice a high level of spelling inaccuracy and they note that Felicia still needs a very high level of support from parents when writing even simple short texts such as a basic greetings card.

'Adapted textbooks and worksheets to ensure that the level of reading and writing expected from her is reduced and she can fully take part in the lesson. Keyboard training to develop her keyboard skills so in the future she can use a laptop instead of handwriting. '

'Access to systematic techniques to learn unfamiliar spelling words that suits her learning style such as 'Fernald Multi-Sensory Approach'. '

'To address her working memory she needs:

Instructions delivered in short-chunks with frequent prompts and reminders. Reduce the amount that Felicia needs to remember, while increasing the meaningfulness and familiarity of the material.

Visual memory aids such as memory cards.

Encouraging Felicia to take notes using mind-maps, highlighting and colour coding to assist her memory.

To assist in her communication and interaction difficulties, she will:

Learn how to use tools such as TEACHH, visuals and modelling. Learn how to read facial expressions so that she can learn how to appropriately communicate with others.'

Parents are concerned that Felicia will soon lose the majority of the surface friendships that she has as she does not understand situations that occur in school or why a friend is upset with her. Felicia has also told us that a key issue for her is the conflict between needing to get energy out of her at lunchtime but not feeling able to go outside due to crowds, smells, noises and people getting too close. The EP report confirms that 'Felicia needs scaffolding and support during unstructured time so that she can learn how to take part in extra-curricular activities of her choice while developing her confidence to be part of a team.'

'Felicia's team will use 'Comic strip conversations' to support their

conversations with Felicia when she is struggling or unable to tell them the detail of an event that has just happened.

Use of scaffolding techniques to subtly support her to develop a friendship by identifying someone with similar interests to her.'

To Support SEMH needs:

We feel that when Felicia is amongst our immediate family (which is a small group of empathetic people), she is more relaxed and can be herself. As a close family unit, we have all learnt to support Felicia using PACE and we all have a good awareness of PDA and autism friendly approaches when Felicia is feeling anxious. The EP report also confirms: 'Teaching staff to provide empathy, structure, scaffolding and understanding within a small supportive class of children with similar difficulties to Felicia with a flexible timetable.'

In our family unit, we encourage open discussion of feelings and how we are feeling on a day to day basis and we model positive ways to handle strong feelings. The EP report states that 'Felicia will learn how to use 'Zones of Regulation' and staff will monitor her mood and provide sensory breaks where necessary.'

As parents, we notice that Felicia tends to seek the support of one of us as parents and struggles to transition from one to the other parent if she has spent a long time with one parent during the day. We therefore feel that having a consistent set of experienced and trained staff who Felicia knows really well is key to ensuring that Felicia feels safe and secure in her learning environment. Furthermore, it states in the EP report that 'Consistency of a TA throughout Felicia's school day will provide her with on-going opportunities to build a supportive and trusting relationship so that she can share feelings and worries and they can support her to regulate her feelings and emotions where needed.'

At home, we have a massive range of support for Felicia to help regulate – from massage story books, exercise gym balls, peanut balls, climbing frame. Monkey bars, gym bars, trampoline, fidgets, slime, putty, weighted lap pads, spinning seats, light projector, cosy den, quiet area, reading area etc and we are able to direct Felicia to these with some success. The EP report agrees that 'Calming and regulating activities will help Felicia to develop skills to ground and regulate her strong emotions with the intention that later in life, she will have the skills to calm herself down when she becomes anxious or distressed.'

'Practical and sensory needs -

Minimal sensory distractions around Felicia so that she can focus on tasks in the classroom.

Allow Felicia space to move around and have access to sensory tools, regular sensory breaks and assistance and scaffolding so that she can learn how to manage when she experiences sensory overload.'

Charlene Andrewson states that: "Considering Felicia's special educational needs, her next educational placement needs to be successful to ensure that she makes progress in line with her level of ability. It is important that a well-planned, carefully thought through transition programme is put in place, so that Felicia can successfully transfer to a nurturing school that supports students with special educational needs like hers; where she does not stand out and will feel understood. This will enable her to thrive and succeed academically, socially, and emotionally."

As parents, we believe that it is crucial that staff have a thorough understanding of PDA. As PDA is not well known by the teaching profession, we believe

that a specialist setting with experience of dealing with PDA and its associated conditions is crucial to enabling Felicia to access her education. We have dealt with many situations in her current setting whereby her needs have not been considered carefully and this has led to weeks of setbacks and worsening anxiety towards school. For example, a teacher told her she had to wear school uniform during a school trip which led to such anxiety that she almost missed the coach for the school trip and was extremely violent for over a week at home. In addition, the school offers choice which is PDA friendly, but are unable to offer two choices that both lead to Felicia acquiring knowledge on the topic that they are learning (one choice is usually not to do the learning). During the ASD diagnostic report dated May 2022, the professionals (Daniel, Toby and Alfred), completing the report also noted the fact that Felicia has a lesser known form of autism called Pathological Demand Avoidance and that moving forward, it is crucial that all staff working with Felicia must be aware that traditional methods associated with autism could have a detrimental effect when applied rigidly to Felicia and increase Felicia's anxiety. It is therefore essential that Felicia is placed in a setting that has comprehensive knowledge of PDA and associated difficulties.

The report also states that given Felicia's attempts to mask at school is common in children who have a high level of anxiety. It is crucial that Felicia attends a school which understands masking and is able to support her to manage her anxiety and support her to express her feelings and communicate needs in a safe environment. The report states:

"In view of Felicia's anxiety levels, sensory needs, and her social communication difficulties a mainstream school provision may not be appropriate in the long-term. She may be best placed in a school with staff who understand Autism, demand avoidance and emotional challenges."

Parents have commented that Felicia withdraws from activities if the noise or crowds become too much. This was a major factor in her giving up her past gymnastics class and her past ballet class as the classes became too busy and acoustics made it too noisy. During the OT report by Colleen Hathway dated 17th October 2022, it was noted that 'Felicia is demonstrating significant sensory sensitivities within the school environment and this seems to be impacting upon her engagement in learning. Her difficulties with the noise and the general classroom environment seem to result in Felicia withdrawing from situations that other children engage in. She urgently needs to work with an Occupational Therapist who can help her learn strategies to manage her sensory challenges. She needs to be educated in a low distraction, low arousal environment in small class sizes. Given the responses above, one can see why Felicia is overwhelmed by her sensory challenges with increased anxiety and not wanting to go into school.'

The OT report goes on to state that Felicia has the following needs that should be stated in section B of an EHCP:

Felicia demonstrates motor co-ordination difficulties/disorder which is dyspraxic in nature impacting upon the development of functional fine and gross motor co-ordination skills. As her parents, we have also noted that Felicia is constantly

falling over and injuring herself and is incredibly upset by even the smallest of scrapes. The OT report goes on to state: She also is struggling significantly with pencil skills and handwriting. She demonstrates significant sensory processing and sensory modulation difficulties (Sensory Processing Disorder), and she is struggling in developing her independence in activities of daily living skills all related to significant motor and sensory issues.

Description of Need

Fine Motor

- * Felicia demonstrates a poorly balanced pencil grip holding the pencil in her right hand with 2 fingers against her thumb. She holds it very upright with very little support underneath. Her fingers slip and she either presses too hard or not hard enough demonstrating difficulty processing and integrating kinaesthetic, tactile, proprioceptive sensory feedback.
- * Felicia demonstrates significant difficulties with pencil skills in the areas of fine motor precision and fine motor integration. She struggles with accuracy when completing pencil work.
- * Felicia is struggling significantly in developing her handwriting. She demonstrates difficulties writing quickly and efficiently with reduced legibility. She also complains of pain and discomfort when writing. She struggles with motor planning the letters and has not yet learned how to write out her alphabet. Her difficulties are motor and sensory.
- * Felicia demonstrates difficulty with unilateral and bilateral fine motor skills with difficulties with in-hand manipulative skills. She struggles with folding and cutting and using scissors.

Gross Motor

- * Felicia demonstrates some difficulty with core stability.
- * Felicia demonstrates evidence of praxis as she struggles to conceptualise how to begin movements particularly with the opposite side synchronised with motor planning and forward sequencing difficulties and overall difficulty with quality of movement.
- * Felicia demonstrates some difficulty with balance with vision occluded, carrying out gross motor skills with agility all impacted upon by her motor co-ordination and motor planning difficulties.

Sensory Processing

- * Felicia struggles significantly with textures of clothing, multi-textured foods and also seems to struggle with interoception related to toileting and struggles in busy noisy places.
- * Felicia struggles with being just right for learning.
- * Felicia demonstrates significant difficulty with self-regulation particularly masking during the day at school and then being overwhelmed once she is away from the school environment.

- * She is overwhelmed in busy, noisy environments. She struggles with smells.
- * Felicia is struggling with sensory challenges from her own body and the environment.

Self-Care and Independence

Activities of Daily Living Skills

- * Felicia is struggling with developing activities of daily living skills due to her motor and sensory difficulties.
- * Felicia is struggling with managing fastenings in dressings, significant difficulties with personal hygiene due to sensory and motor difficulties, difficulties using cutlery, difficulties with toileting and wiping her bottom.
- * Felicia demonstrates difficulty with school organisational skills.

Felicia needs both direct and indirect Occupational Therapy as recommended in this report.

Section I: Placement

Felicia continues to demonstrate increasing levels of anxiety and difficulty going into school. This is despite the school putting in additional support. Felicia in my opinion needs a much more specialist school for learners who have an Autistic Spectrum Disorder and associated difficulties. This opinion has been backed up by the Head Teacher and SENCO who have on multiple occasions stated that they cannot meet Felicia's need in a mainstream primary school. The OT report goes on to state: She needs to be taught in small class sizes in all situations, taught by teachers who have a high level of experience in teaching young people who have an Autistic Spectrum Disorder and associated difficulties. She needs to be taught in a low distraction low arousal environment within the classroom and the school can provide the right sensory environment. She needs Occupational Therapy where the Occupational Therapist is on site for at least part of the week to deliver Occupational Therapy working closely and collaboratively with the educational team. This needs to be provided by an Occupational Therapist who has a high level of experience in working with young people who have ASD but also is experienced in providing direct intervention, not just a programme only approach.

Occupational Therapy Recommendations

1. Felicia does require Occupational Therapy and this needs to be provided by a Paediatric Occupational Therapist with a high level of experience of working with young people who have motor and sensory difficulties related to a primary diagnosis of an Autistic Spectrum Disorder, anxiety, and associated learning difficulties. The Occupational Therapist needs to have experience working closely and collaboratively with the educational team. The Occupational Therapist needs to be on site for at least part of the week to deliver Occupational Therapy and ensure it is

embedded within the curriculum. The Occupational Therapist needs to have postgraduate experience in training and using Sensory Integration/processing theory in practice as well as other Occupational Therapy interventions.

Direct Occupational Therapy: Due to the nature of Felicia's difficulties she requires 1 weekly session of Occupational Therapy for 40 minutes. This will be for the Occupational Therapist to work with Felicia in a 1:1 situation or a withdrawal basis. There may be times when the Occupational Therapist would choose to work with Felicia in other learning situations across the week as deemed appropriate by the treating Occupational Therapist. It would be appropriate to use approximately 4 of these sessions per term for small group work with other learners who have similar difficulties to Felicia led by the Occupational Therapist.

Indirect Occupational Therapy: The Occupational Therapist needs to provide indirect Occupational Therapy input. This time would be used to design, devise, monitor and update any Occupational Therapy targets, recommendations, and programmes used across the curriculum by the educational team. This time would also be used by the Occupational Therapist for administration, note taking, report writing etc. The Occupational Therapist would use this time to meet informally with the educational team particularly the teaching assistant. I have allowed for 20 minutes per direct session.

Time required: 20 minutes per week.

Multidisciplinary Meetings:

The Occupational Therapist needs to have the opportunity to meet formally with the educational team and other professionals working with Felicia. The Occupational Therapist needs to carry out a full assessment of Felicia for the Annual Review, produce a report and attend the Annual Review.

Multidisciplinary meetings: 1 hour per term

Attendance at the Annual Review: 1.5 hours per year

In-service Training: The Occupational Therapist should provide at least 1 hour of in-service training each year to the educational team once the Occupational Therapist has begun working with Felicia. This in-service training would be particularly to inform staff how they can support Felicia across the curriculum relating to both motor and sensory difficulties.

Teaching Assistant: Felicia is likely to require some teaching support as recommended by the Educational Psychologist. From an Occupational Therapy perspective Felicia would require 20 minutes of teaching assistant time. This would be to carry out any of the recommendations provided by the Occupational Therapist for Felicia across the educational week. Felicia would not need to be taken out of the classroom for all of these interventions but many of them could be incorporated within the learning environment supported by the teaching assistant. The teaching assistant may attend the Occupational Therapy sessions as recommended by the Occupational Therapist but attendance at all sessions would not be necessary. The Occupational Therapy

programmes would be related to pencil skills, handwriting, core stability, fine motor, gross motor, and also sensory strategies programme.

The Occupational Therapist would be involved in providing the following type of intervention:

Sensory Integration Occupational Therapy: Due to the nature of Felicia's difficulties I would recommend strategies from Sensory Integration Occupational Therapy approach be used using some specialist equipment: wobble boards, scooter boards and if available suspended equipment within the educational setting. (Temporary hook up systems are available). The Occupational Therapist in these sessions would work with Felicia to improve her ability to process and integrate vestibular, proprioceptive, kinaesthetic, and tactile sensory feedback. This would be to facilitate the development of her functional fine and gross motor skills. The Occupational Therapist needs to work on her core stability.

Gross Motor Skills: The Occupational Therapist will need to work with Felicia improving her ability and confidence in a variety of gross motor skills particularly related to bilateral co-ordination, some aspects of balance, agility and core stability. The Occupational Therapist should liaise with the PE and Games teachers to ensure that there are no particular difficulties in those lessons and provide advice as required.

Visual Motor/Pencil Skills/Handwriting: The Occupational Therapist should liaise closely with the teacher responsible for teaching handwriting and also Felicia's parents to determine whether it would be appropriate at this stage to teach her a joined-up script with ascenders and descenders as from experience this would help with fluency and also motor planning. The Occupational Therapist needs to work with Felicia to work on the motor and sensory difficulties. There would need to be work, to help her achieve a more comfortable, balanced, and stable pencil grip and also she needs to be assessed for the most appropriate type of writing tool. With a decrease in pain and discomfort this would hopefully help Felicia become much more proficient in pencil skills and handwriting. The Speed Up programme would be appropriate to use but would need to be differentiated by the treating Occupational Therapist.

Fine Motor Skills: The Occupational Therapist needs to work with Felicia to improve her speed and accuracy in completing unilateral and bilateral fine motor skills and improve in-hand manipulative skills. This would have a positive impact on her access to the curriculum as well as independence in activities of daily living skills.

Visual Perception: It would be appropriate for the Occupational Therapist to assess Felicia on a more in-depth visual perception assessment.

Sensory Strategies Programme: The Occupational Therapist needs to develop a Sensory Strategies programme and work with Felicia directly to help her learn how to be at the correct level of alertness for learning, cope with sensory challenges from her body and also from the environment. They would need

some specific work related to food textures, clothing textures and some work on interoception. Felicia needs to learn how to self-regulate, how to cope with the sensory challenges in a variety of different situations and environments. The Occupational Therapist also needs to teach Felicia some strategies to use when she is stressed or anxious and also needs to liaise with any person working with Felicia on these issues. This programme will need to change to reflect any changes Felicia makes through the direct Occupational Therapy intervention.

Activities of Daily Living Skills: The Occupational Therapist needs to work with Felicia to work on the motor and sensory difficulties to help her become fully independent in activities of daily living skills in terms of dressing, buttons, zips, shoelaces, personal hygiene, use of cutlery and toileting issues. The Occupational Therapist needs to liaise closely with Mr and Mrs Bailey to ensure that any skills learned through the Occupational Therapy sessions are also supported at home.

Equipment: Felicia will need to have the correct desk to chair height in all subject areas. This will help her when doing seated work and also would be needed due to her core stability. There may be some sensory equipment that can also help Felicia.

2. The Occupational Therapist needs to provide input into the educational plans.
3. The Occupational Therapist needs to have an initial meeting with Mr and Mrs Bailey to discuss any difficulties that occurring at home and not necessarily seen at school. There needs to be close continuity between home and school. Either party should be able to arrange additional meetings.
4. Felicia does need to start to begin to learn how to touch-type to give an additional means of recording her work. This needs to be taught by a teacher who has a high level of experience in overseeing touch typing to ensure that Felicia learns the correct finger positions on the keyboard. Once proficient, she should be provided with her own laptop/notepad/tablet. She should be given templates to help her record work in various subject areas and also would need to be able to print her work. She may also in the future need to learn how to manage any difficulties with this equipment. She is a little young for this at the moment. Felicia also should be assessed for voice activated software.
5. In the future Felicia may need additional time in tests or examinations due to her handwriting and pencil skill difficulties. She may need to learn how to work with a scribe and use a scribe in tests or examinations. She may need special dispensation to use a keyboard in the future. She will need to do her tests and examinations in a quieter environment supported by a teaching assistant/teacher who can help maintain her focus and help her manage any anxieties.

6. For Felicia in my opinion, Felicia does require a Statutory Assessment and an Education Health and Care Plan detailing her difficulties. Occupational Therapy is an educational requirement and should be quantified and specified on her Education Health and Care Plan in Section F as recommended in this report.
7. In my opinion Felicia should be seen by a Paediatrician to determine whether she has a Developmental Co-ordination Disorder after reading my report as her clinical presentation would suggest this. This term is used more appropriately than Dyspraxia. She also needs a specialist assessment to determine whether she has an auditory processing disorder or hyperacusis. The family currently also needs some support in managing her behaviour at home. While I accept that if Felicia was in the right learning environment this is likely to reduce, the family are still likely to require some support, and this will need to be a behaviour specialist. The Occupational Therapist may also provide some advice regarding this.
8. Felicia is having significant difficulties in mainstream primary school and also her parents are having increasing difficulty getting her into school. She is at risk of becoming a school refuser. Felicia is considered to have good cognitive ability but is not able to demonstrate this because of her significant difficulties related to her ASD, PDA profile and also her high levels of anxiety. She does need, in my opinion, a more specialist school, this is specialist in working with young people who have ASD and associated difficulties. She needs to be taught in small class sizes in all situations in a low distraction low arousal environment in the classroom where the whole school can provide the right sensory environment. She needs to be taught by teachers who are specialist in teaching young learners with her complex needs. She does need Occupational Therapy and this needs to be an Occupational Therapist who is on site for at least part of the week to deliver the Occupational Therapy at the most appropriate time, embed it within the curriculum and work closely and collaboratively with the educational team and other professionals. I would recommend that Felicia also has a mentor who can help her related to any anxieties at school. This needs to be somebody that she gets along with well. My concern is that without a more specialist placement that Felicia will become a school refuser.

Parents have looked at SEND banding and have assessed that Felicia reaches band 7 in several areas. Source: Banding (Appendix 2 January 2018, Somerset County Council. Details as below:

Cognition and Learning Band 5 – Profound and multiple learning difficulties / Due to level of learning difficulties, unable to accomplish personal care, self-help and independence skills throughout the school day.

Communication and interaction – Band 7 – Profoundly limited functional social communication skills which lead to persistently high levels of distress and anxiety / Unpredictable, escalating and prolonged challenging behaviours

throughout the day that jeopardises health and safety of self and others / Daily ritualistic and obsessional behaviours that prevent adults from engaging the pupil with any adult-led activities / Lack of awareness of personal safety, exhibits violent behaviour several times a day.

SEMH – Band 7 – Persistently high levels of violence and aggression throughout the day, often impulsive with no apparent triggers/ unpredictable, prolonged and sudden outbursts of behaviour that jeopardises the health and safety of others.

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Why do you think an Education, Health and Care Plan will be helpful?

Despite being of average cognitive ability, Felicia is not making sufficient progress in her learning. This is due to her not currently accessing a full-time education and she is unable to access most of the curriculum when she does attend, due to multiple, profound SEND needs such as ASD, PDA, SPD, SLD, dyslexia, dyspraxia and suspected ADHD which all have an impact on her ability to access her education in a mainstream setting. Furthermore, Felicia's anxiety and deteriorating mental health due to her needs not being met are having a profound impact on her daily life and the life of her family and place her at risk of significant long-term mental health issues which go beyond her school years. These will place a long-term burden on the state through NHS and the Welfare state.

Parents hope that an EHCP will help teaching professionals better understand the level of need that Felicia has and that it will provide specific detail as to the level of provision, personalisation and adaptation needed for Felicia to access the curriculum. Felicia cannot learn using quality first teaching alone and is in desperate need of a bespoke plan to support her to access the curriculum and a calm, nurturing environment. Given the extent of the SEND need and the need for small class sizes, a calm classroom and for a multi-disciplinary team approach to meeting Felicia's needs, the ASD/PDA diagnostic report, EP and OT reports state that a specialist provision will be better able to meet Felicia's needs. Furthermore, given Felicia's cognitive ability, parents are keen for the specialist provision to enable Felicia to meet her learning potential and to go on to study GCSEs in the future, if she wishes.

Is there anyone else you think we should contact for more information?

| | | | |
|--|--|--|--|
| Please include name(s), contact details and relationship to your child | | | |
|--|--|--|--|

| Agency | Contact Details | Dates | Further comments |
|---|---|--------------------------|--|
| FIS worker – Terri James | 07854875478 Terri.James@somerset.gov.uk | November 2023 - current | |
| CYPTS – Occupational Therapist – Melissa Waller | 01823 345678 | September 2023 - current | Sensory plan created over the phone in September 2023. Still issues following this plan. Follow up appointment 5 th December 2023 to discuss further issues. The letter states Felicia will be discharged following the telephone call. No ongoing therapy offered. |

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|----------------------------------|--|-------------------------------|--|
| Dr Macey – Paed consultant | 01823 123456 paediatricsecretarialsupport@somersetft.nhs.uk | December 2022 - current | Referred to paed due to difficulties with sleep and unable to get to sleep each evening. Prescribed melatonin. 2mg each night. |
| Simone Raine - CAHMS | 0300 1245012 CAMHS Single Point Of Access, The Horizon Centre, Swingbridge, Taunton, TA2 8BY | October 10 th 2023 | Mental health assessment in relation to Felicia's anxiety. Outcome: CAHMS have requested Anytown school's mental health lead (Rebecca Thompson) refers Felicia for Parent Led LI- CBT. Parents are awaiting confirmation that the referral has been completed and accepted. |
| Dr Temple, paediatric consultant | paediatricsecretarialsupport@somersetft.nhs.uk | November 2023 - current | Referred by GP to Temple due to mobility issues. Felicia is refusing to walk even short distances and relies on a luggage trolley if the family go out. Felicia checked for hypermobility and EDS (family history) and no signs. Referral to OT and Physio made. Awaiting referrals currently. |

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| SEND Statutory Team | sendassessmenthub@so.merset.gov.uk | 27/11/23 | Request to assess for an EHCP received by LA. 01/11/23 – LA have agreed to assess. Family waiting to hear from the LA with regard to this. |
| Solicitors | ***Please do not contact the solicitor without checking with Daisy first. We are charged by the minute and we need to keep an eye on costs*** | 26/09/23 | Daisy and Ron are using the services of solicitors to speed the process of the EHCP up and to strengthen the case for Felicia to get an EHCP with entitlement to attend a specialist provision which uses THRIVE and has a comprehensive knowledge of PDA, autism, anxiety and SEMH issues. |
| DWP - DLA | 0800 1214600 | | Felicia receives higher rate living allowance and low rate mobility allowance. |

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| Paediatric incontinence team – Mel Woodhams | Paediatric Continence Service, Community Families Hub, Level 2, East Reach House, East Reach, Taunton, TA1 3EN | 2022 - current | Felicia has has constipation since 18 months old and is still lightly wetting herself in the day and is not continent at night which means that her parents often have to change her in the middle of the night. The agency have worked with Daisy to try to increase fluid intake and tackles issues around Felicia being fearful of using toilets. Still ongoing and it is a struggle to interpret recommendations in a way that is PDA friendly. |
| SENCO – Anytown School | Pam Salt Office@anytown.education 01823 444333 | December 2021 - current | The family raised concerns about Felicia when she was in year 1. Daisy suspected PDA. The family have had involvement from 3 SENCOS due to a lot of long-term absence. The family went private for an autism assessment due to a lack of action from the school and the school not able to see the signs of masking. |
| Headteacher | Helen Cramp office@anytown.education 01823 444333 | In post since September 2023. Prior to this, she was Felicia's class teacher. | |

| | | | |
|---|---|--|---|
| Class teacher | Mrs Speight office@anytown.education | Current teacher since September 2023. | |
| Colleen Hathway – Private Occupation Therapist | | Completed an OT assessment September 2023. | Report includes dyslexia, dyscalculia, issues with pencil grip, issues with handwriting, issues with coordination. Report shared with school. |
| Charlene Andrewson – Provide Educational Psychologist | | | Report includes issues with visual and auditory processing, sensory challenges and recommendations that Felicia works best in groups of less than 8 and needs to be in a setting where autism and masking are understood. |

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|-------------------------|--|---------------------|--|
| Young Carers youth club | 07456789123 Dianne (older sibling) attends once per fortnight. | June 2023 - current | Dianne enjoys attending this and it is a welcome break from the controlling and violent behaviour of her sister. |
|-------------------------|--|---------------------|--|

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Privacy Notice

This notice explains how the Council will use the personal data collected on this form:

Data Controller: Somerset Council

Data Protection Officer contact: InformationGovernance@somerset.gov.uk **Purpose for processing:** To facilitate the education, care and health assessment process and to ensure that any identified needs can be appropriately met.

Legal basis for processing: GDPR Article 6(1)(e) – processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller and for special category data, Article 9(2)(g) – processing is necessary for reasons of substantial public interest which shall be proportionate to the aim pursued.

Data Sharing: the data will be shared as necessary to establish how the child's identified needs may be met and to then to engage appropriate provision. Data will not be transferred abroad.

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Your Rights: You have the right to ask Somerset Council for a copy of your information and a number of other rights relating to the processing of your personal data. Please see here for further details: www.somerset.gov.uk/privacy



SEND Citizen Portal Factsheet

The LA have agreed to assess your

son/daughter for an EHC needs assessment and you are able to track the progress of the assessment via the Citizen Portal.

The Citizen Portal is a secure website where sensitive data and information can be shared safely. The Portal is already used with a number of partner agencies as part of the EHC needs assessment process to share information, and the use of the Citizen Portal is being rolled out to parents/carers and young people over the age of 16.

I've used the Citizen Portal before, what do I need to do?



- You may already have an account for the Citizen Portal as this is also used by School Admissions for school places.
- If you do have an account you'll still need to contact us so that the SEND module can be activated,
- If you already have an account for the Citizen Portal, please go to the Two Step Verification section below.

The Citizen Portal is new to me, how do I register to use it?



- Go to the following website: https://emsonline.somerset.gov.uk/CitizenPortal_LIVE/ and follow the instructions to register
- You will need to add:
 - Your email address
 - A password
 - Must contain between 10 and 128 characters
 - Must contain one uppercase, one lowercase, one numeric and one special character (! £ \$, etc)
 - Must not be the same as the username
 - You will be prompted to change your password every 60 days
 - Your personal details, including contact details
- You will then receive an email from onlineadmissions@somerset.gov.uk with a link to activate the account and complete the registration process.

Two Step Verification



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- When you log into the Citizen Portal you will see the SEND button
- To access this part of the Citizen Portal you need to enable 'Two Step Verification' This is a security feature, similar to other secure websites such as online banking
- The first time you use the SEND button, you will need to set up the Two Step Verification function by following the online prompts
 - You must change the preferred method to email and click on save
- You will now need to enter your login email address and password to log into the system and you will be emailed a verification code which you will need to enter
- The verification code is a six-digit number, which is valid for an hour
- Every time you log in to the Citizen Portal you will be sent a verification code

Next Step...



- Your portal account now needs to be linked to young person who is undertaking the EHC needs assessment. Please Email sendassessmenthub@somerset.gov.uk And include:
 - Your name
 - The e-mail address which you registered with the Citizen Portal
 - The name and date of birth of the student you wish to track the EHC Assessment request for
 - Your contact telephone number in case of any issues
- You will now be able to access the SEND section of the Citizen Portal and track the progress of the EHC needs assessment and submit your Appendix A online.

For more detailed Step-by-Step Guidance to using the SEND Citizen Portal, go to the following page on the Local Offer website:

<https://choices.somerset.gov.uk/025/ehc-assessment-progress>