Annual Review

Education, Health and Care Plan (EHCP)

***(Check that all personal details remain correct from current EHCP)***

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| **Name:** | Gwendolyn Vials Moore | | |
| **Date of Birth:** | 22/08/2014 | | |
| **Setting:** | St Nicholas CE Primary School | | |
| **NC year:** | Y5 | **Current Attendance** | 88.28% |
| **UPN:** | P343334518027 | | |
| **NHS No.** |  | | |
| **Child’s/Young person’s details** | | | |
| Home address:  2 Coronation Drive, Crosby, Liverpool L23 3BN | | | |
| Home language: English: | | | |

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| **Is the child Looked After (LAC)?** | **Yes** |  | **No** | 🗸 |
| **Type of Care Order:** | N/A | **Which authority is the child Looked After to?** | | N/A |

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| **Parent(s)/Carer(s) details (make clear who has parental responsibility)** | | |
| Name of Parent(s)/Carer(s) | Mr Adam Vials Moore | Mrs Cora Vials Moore |
| Address (if different from above) | 2 Coronation Drive  Crosby  L23 3BN | 2 Coronation Drive  Crosby  L23 3BN |
| Home Phone No. | 0151 287 4394 | 0151 287 4394 |
| Mobile No. | 07712553049 | 07931540482 |
| Email address | Moore.adam@gmail.com | cora.vialsmoore@gmail.com |

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| **Main area(s) of need as defined in the Code of Practice.**  (If it is considered there is more than one area of need, number in priority order, 1 being Primary Need) | | | |
| Communication & Interaction | 1 | Cognition & Learning | 2 |
| Social Emotional & Mental Health Difficulties | 3 | Sensory &/or Physical Needs | 1 |

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| Date of Annual Review | **11th January 2024** |

**Summary of recommendations to the Local Authority**

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| **Does the child or young person still require an EHCP?** | **Yes** | **🗸** | **No** |  |
| If no, please give details: | | | | |
| **Does the EHCP need amending** | **Yes** | **🗸** | **No** |  |
| **Is a change of placement being requested?** | **Yes** | **🗸** | **No** |  |
| If yes, please give details:  e.g. what is parental/young person’s preference? | | | | |
| **Is a personal budget being requested?** | **Yes** | **🗸** | **No** |  |
| **Where the child or young person receives a personal budget does this remain appropriate?** | **Yes** |  | **No** |  |
| Please give reasons/details: | | | | |

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| **Does the child/young person receive additional funding to meet the provision within the EHCP?** | **Yes** | **🗸** | **No** |  |
| **Does the funding remain appropriate?** | **Yes** | **🗸** | **No** |  |
| Please give details. | | | | |

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| **Has Health information changed?** | **Yes** | **🗸** | **No** |  |
| If yes, give details e.g. new diagnoses, new referrals. Please attach any relevant clinic letters or reports. | | | | |

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| **Has Social Care information changed?** | **Yes** | **🗸** | **No** |  |
| If yes, give details e.g. change of care order, change of social worker, change of social care needs:  New social worker to be confirmed. | | | | |
| Name of Social Worker and contact details: | | | | |
| **Does the family want a social care referral submitted?** | **Yes** |  | **No** | **🗸** |

***Please use information from current EHCP and make amendments if required.***

Recommended additions- Text Recommended removals- ~~Text~~

**Section A: History and views**

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| **Child/Young Person’s history** |
| Gwendolyn lives at home with her mum, dad and brother Isaac who she has a lovely, strong bond with.  Gwendolyn attended Streatham House Nursery School and transferred to St Nicholas's Primary School in September 2018. She was part of a strong peer group in the nursery environment though she was rarely invited to playdates and selective parties. Gwendolyn is a very kind and friendly little girl who is very good with people.  Gwendolyn has complex medical needs, in part attributable to having Downs Syndrome ~~and potentially Cerebral Palsy~~. Her medical conditions have in the past been classed as 'acute life-threatening' and include respiratory problems, (which have included respiratory arrests), neurological difficulties, differences in anatomy, gastric issues, hearing and visual impairments, difficulties with swallowing, heart issues and mobility issues (for which she has a wheelchair). It is thought that she dislocates her joints when walking (sublux) and additionally her right foot turns in, she has problems with her gait and can walk with her arm raised. She has been a frequent inpatient at Alder Hey and has a co-ordinating consultant in the Long-Term Vent team (she has non-invasive ventilation and complex respiratory problems) owing to the many Disciplines involved in her care. Gwen is allergic to penicillin and unable to have dairy products ~~owing to her inability to break down proteins.~~  Gwendolyn had received support from the SPOT (Speech and Language, Occupational Therapy and Physiotherapy) clinic, and referrals have been made to ensure that the services are provided now that she is at school. She is registered with guide dogs for the blind who can assist adjustments at school for her sight as she grows. She has also been referred to community paediatrics, though she remains under the care of Alder Hey and has had a number of operations (from five different disciplines). These include: (1) a high-resolution MRI of her brain to look for hemiplegia. Other defects save for brain tumour will not be reported as she has clear neurological differences irrespective of any additional diagnosis; (2) investigations in respect of the growth of her airways- ENT are not sure that her airways are growing appropriately with her. Her airways are a different shape so when she gets a cold her airways narrow & she regularly gets croup; (3) a look at & possible lavage of her lungs- she has central and obstructive apnias and requires ventilation when tired/sleeping; (4) a review of her oesophagus/stomach. Gwendolyn has had extensive hospital care since birth with long terms stays and has on a number of occasions almost lost her life. She also has a significant and complex operation planned in the next few months ~~To date Gwendolyn has had a number of operations and is awaiting an MRI scan on her upper spine.~~  Gwendolyn now has a diagnosis of ASD with and is on the ADHD pathway.  The Endocrinology department is now involved as Gwendolyn has recently started her periods.  Gwendolyn is currently under CAMHS and the gynaecology clinics. |

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| **How best to communicate with the child/young person** |
| Gwen receptive language has continued to develop well and she can follow one and two step instructions. When new language is introduced, signing is used to support understanding. Signing can still be used as a prompt. Visuals will be used as a prompt rather than signing. |

**Views, interests and aspirations of child/young person and his/her parent/carer**

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|  | **Child’s/Young person’s views** | **Parent’(s)/Carer’(s) views** |
| **Things that Gwendolyn is good at…** | * Performing on stage * Performing in the choir concerts * Counting * Sentence writing | * Cuddles * Reading stories * Acting characters especially The Grinch |
| **Things that Gwendolyn really likes** | * Playing with her friends, especially playing cops and robbers * Art * Maths | * Working hard * Phonics * Sewing * Helping younger children |
| **Things that the Gwendolyn really dislikes** | * Being told off when people don’t play what she wants * Bananas | Gwendolyn does not like being told what to do when she is tired. |
| **Things that are working well for Gwendolyn** |  | Gwendolyn responds well to routine but parents report that she presents with a demand avoidant profile and can be extremely self-directed.  Gwendolyn responds well to smaller group environments and parents are really pleased with the progress she has made with her personalised curriculum. |
| **Things that are not working well at the moment for Gwendolyn** |  | Parents are increasingly concerned that Gwendolyn’s current placement in St Nicholas is no longer appropriate. The complexity of her needs mean that Gwendolyn needs a very specific individualised curriculum tailored to her wide range of needs and a that a mainstream school can no longer provide the learning and medical support that she needs.  Gwendolyn is due to have major surgery in the coming months and will require extensive support both physically and educationally post-surgery. She will require regular school visits from hospital staff and the use of hoists and other specialist equipment and therefore requires a more specialist school that is located close to Alder Hey Hospital. |
| **Aspirations/goals for the future**  **For Gwendolyn** | Gwendolyn says at various times that she would like to be a Doctor, Hairdresser, carer or work in her brothers restaurant when older as a waiter | Parents would like Gwendolyn to achieve as much progress as she is capable of and lead as independent a life as possible. |
| **What support/help is required in order to achieve these goals/ aspirations?** | See Parents comments | Parents are requesting a change of placement. They feel a more specialist school located near to Gwendolyn’s hospital team would allow her to return to school post-surgery much more quickly.  Change of placement request discussed in detail for the following reasons:   * Gwendolyn requires a very specific individualised curriculum to support all areas of her needs. A specialist setting for secondary school would have been requested next year. * Gwendolyn requires a specialist setting that will support physical and sensory needs and access to a multi-sensory specialist teacher * Gwendolyn has complex medical needs having had at least 12 operations and spent 4 years on ventilation. Her upcoming surgery requires hospital staff to visit her and therefore a school closer her hospital team with an environment more suited to support her mobility post-surgery. * Gwendolyn difficulties with mobility have become more significant over recent months and therefore a more suitable environment for students with physical and visual impairments is required. * Gwendolyn will need to use a hoist following her operation which was not successful in school after her operation in Year 4 due to the distress it caused Gwendolyn and Mum said that the disabled toilet was not suitable. |

**Section B: Educational Needs**

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| **Medical/Physical/Sensory Needs** |
| Gwendolyn has Downs Syndrome and has complex medical needs. Gwendolyn has variable conductive hearing loss and has been fitted with bone conducting hearing aids on a soft band but is awaiting a new glasses/hearing aid combination frame. It is important that her BCHA is checked daily and Gwendolyn also has a visual impairment and needs to wear glasses, she can be reluctant to wear both. It should be less of an issue with the combination frames. The reason for the move is that the hearing aids/glasses do not currently fit well together and can slip rendering her unable to hear properly etc.  Gwendolyn’s gross and fine motor skills are delayed, although Gwendolyn is able to walk around, she regularly falls which causes her injury. Gwen has a high pain threshold/lack of communication and so does not communicate when hurt or in pain unless it is through learnt behaviour (if another child has been injured at the same time and seeks assistance, she will copy). Gwen uses a wheelchair, which since starting school she has sat in when tired and used to go between buildings (such as School to church or outside at pick up). She dislocates her joints when walking and can do otherwise~~. Gwen’s hips are under a huge amount of pressure/wear and consultants are considering a double hip operation.~~  **Health**  ~~Gwendolyn has recently had a knee operation and is currently in a cast and needs to use her wheelchair at all times in school.~~  ~~Gwendolyn will attempt to move cast and is developing sensory seeking behaviours.~~  Gwendolyn has been discharged from Speech and Language. Occupational Health and physiotherapist will provide a report once the assessment is complete  Mrs Nel is going to re refer Gwendolyn for Speech and Language.  Gwendolyn is awaiting an appointment after re-referral back to physiotherapy.  Gwendolyn has a diagnosis of Trisomy 21 which is also known as Down Syndrome. This is a genetic condition that typically causes some level of learning disability and certain physical characteristics which can affect cardiac, hearing, vision and abdominal health and increases risk of thyroid, joint and spinal problems. For Gwendolyn this includes eye difficulties, hearing difficulties, gastro-oesophageal reflux, obstructive sleep apnoea, bowel difficulties, mobility difficulties, fine and gross motor difficulties, continence difficulties, speech and language difficulties and previous cardiac difficulties. Gwendolyn has had recent input from a guide officer from Guide Dogs.  Gwendolyn was born at 36 weeks and was admitted to the special care baby unit for feeding difficulties. She did not require intubation or ventilation, so it was presumed that she did not sustain any significant hypoxic Ischaemic brain injury. She was last reviewed by the Developmental Paediatrician via telephone contact in April 2019. She was reviewed by the Consultant Paediatric Neurologist in October 2018 and had an MRI brain scan and cervical spine booked.  Gwendolyn has eye difficulties with bilateral hypermetropia with astigmatism. She wears refractory glasses for this condition. She is under the care of the Consultant in Ophthalmology and was last reviewed in January 2019. She had bilateral syringing and probing of nasolacrimal ducts and irrigation of fluorescein was recovered from the nose on both sides. They will endeavour to get a pair of glasses that will fit her BAHA hearing aid coordinating with the dispensing optician from Manchester Royal Eye hospital.  Gwendolyn has hearing difficulties with fluctuating hearing loss from difficulties with glue ear. She was reviewed by the Consultant Audio Vestibular Physician in May 2018 and is awaiting her new spectacles before making an integrate bone conduction hearing aid. She will be reviewed again in February 2019.  Gwendolyn has significant Gastroesophageal reflux. She has medication for this condition. She is under the care of the Consultant in Paediatric Gastroenterology and was last reviewed in January 2019. She had an upper GI endoscopy, MLTB with biopsies on 30th January 2019 to assess effects of long-term gastro-oesophageal reflux despite on-going anti-reflux medication. There was completely normal appearance of the entire upper GI tract reaching all the way up to the second part of the small bowel. She had assessment of her swallow under the care of the Senior Specialist Speech and Language therapist in April 2018 who found she had a safe swallow with all consistencies and was therefore discharged from this service.  Gwendolyn has obstructive sleep apnoea and is on nocturnal CPAP. She is under the care of the Consultant in Respiratory Medicine and was last reviewed in April 2018. The Consultant Neurodevelopmental Paediatrician referred back to the Respiratory Consultant in April 2019 to see if an independent study was required during her next sleep study to review her symptoms and support review of her medication.  Gwendolyn has recurrent croup. She is under the care of the Consultant ENT surgeon and was last reviewed in August 2018. She has had previous investigations for the sleep disordered breathing and had an intracapsular adenotonsillectomy in October 2016. She has an omega shaped epiglottis. She had a sleep study in November 2018.  Gwendolyn has recurrent lower respiratory tract infections. She has suffered from recurrent chest infections since infancy. She has trachea-bronchomalasia.  Gwendolyn has bowel difficulties with constipation. She has medication for this condition. She had previous investigation for Hirschprungs disease. Investigations were normal; however, she will continue to be reviewed if symptoms persist. She had a rectal biopsy in October 2016. Following review in May 2018, she was advised to increase her medication.  Gwendolyn has some mobility difficulties with an ‘immature gait’ and some asymmetry on her right side. She was reviewed by the Consultant Orthopaedic Surgeon in March 2018 and referred onto the Neurology Consultants to review her posturing. She was reviewed by Consultant Paediatric Neurologist in October 2018 and found to have a symmetrical gait, mild diffused hypotonia, but no evidence of any brain injury to result in the reported asymmetry of gait. Gwen is under the care of the Paediatric Orthopaedic Consultant and was reviewed in clinic in January 2019. Gwen is receiving regular monitoring under the team. Physiotherapy was discussed and it was concluded that physiotherapy would not be necessary due to Gwen being relatively mobile. Gwen’s family pay for Piedro boots to support Gwen with her walking, it was advised these should be made available via the Orthotics team. Gwen has been referred to the Orthotics team for further assessment and review.  Gwendolyn has fine and locomotor difficulties. She is under the care of the Occupational therapist, who is providing support for functional independence, communication and interaction skills. She was last reviewed in August 2018. She has a Heathfield chair to support her comfort and the equipment has been updated to a larger one to support her needs.  Gwendolyn is under the care of the Children’s Continence Service. She has continence difficulties. She is able to use the toilet throughout the day but uses the potty at home and refuses to use the toilet. She is not in nappies during the day but has regular accidents. Gwen is not dry yet through the night and wears pull ups at bedtime. She has been referred to the continence service and is currently waiting for a home visit for support and advice. At school Gwendolyn is becoming more independent with her toileting and personal care but still requires support from an adult.  Gwendolyn has Speech and Language difficulties. She is under the care of the Speech and Language therapist and was last reviewed in ~~July 2018.~~ In April 2021  Gwendolyn had previous cardiac difficulties with a Patent Ductus Arteriosis and a Patent Foramen Ovale. She was last reviewed by the Consultant Paediatric Cardiologist in February 2019 due to concerns over heart rhythm. Following a 24 hour recording, there were no concerns found. The Consultant advised if there were any further concerns or new symptoms he would investigate.  Dr Daniels update (May 21) See update received 29/06/2022  School Gwen attends St Nicholas Primary. Gwen is settled back into school and has an EHCP meeting due next week – parents feel continuation of a consistent 1:1 would benefit Gwen and they would like support with personal care to be explicit in the plan. Health After a recent orthopaedic review, it was noted that Gwen has a different unstable gait and there have been some concerns about possible axial myopathy and some laxity around Gwen’s neck, she has had an X-ray of her cervical spine which has demonstrated - The alignment of the cervical spine is preserved on dynamic study. The atlantodental distance is within normal limits. No abnormal prevertebral soft tissue swelling noted. An MRI scan under general anaesthetic to assess this in greater detail is pending. ND v1.1 Page 3 of 4 Thyroid screening is required every 2 years. Gwen has this checked on 25/6/2020 and within normal limits with TSH 2.37, T4 11.4. A full blood count was also checked on 25/6/2020 – This is overall in expected limits for a child with Trisomy 21 with a slightly low white cell count (4.7). Gwen has a history of mild hearing loss and wears bilateral contact mini hearing aid. A hearing test was completed in April 2021 showing satisfactory hearing, and will be repeated in 6 months. Gwen has worn glasses since 2018 and is under ophthalmology/orthoptics follow up regularly. She was last seen December 2020 with good functioning visual fields but the possibility raised of visual field inattention or processing difficulties which will be monitored. Gwen has been added to the wait list today for assessment of her social communication as the possibility of Autism Spectrum Condition (ASD) has been raised. Communication Gwen can talk in sentences but has reverted to using noise and growls when distressed/for comfort. She can make her needs known and can be very headstrong. Activities of daily living Gwen can walk but is very slow and she has a wheelchair. Around the house she can walk in a fashion – slow and unsteady. She is determined and generally successful in her movement but experiences trips and falls every day. Gwen needs full assistance in washing, dressing and teeth brushing. She needs to be taken to the toilet as she has no insight into needing the toilet. In view of this she experiences wetting and soiling requiring full care in the toilet and with hand washing. She can eat with a spoon and fork if food is cut up into small pieces and can finger feed although at risk of aspiration and so needs constant supervision. Gwen can drink from a tommy tippy cup and can now drink from a cup without a lid, she again requires supervision with this as she will spill liquids. Gwen can make a structured choice – i.e. ‘this or this?’, but would not be able to respond accurately to ‘what would you like?’ Diet Gwen is becoming fussier over time with her approach to food and separating everything. She will put anything in her mouth, try to eat things which are not human food. Her preference would be to eat the same foods, rather than a wide variety of foods.  Support in place  DLA, EHCP in place and due a review. Support worker and CIN plan in place. ND v1.1 Page 4 of 4 Summary Gwen has complex medical and social needs. These are long standing and will require long term ‘round the clock support’ to ensure Gwen is safe, happy and thriving ensuring her physical and emotional needs are met. Any support plans in place need to take the above complexities into consideration along with her emerging social communication difficulties which will soon be assessed. Gwen requires consistent caring relationships which are especially important to her emotional wellbeing and enabling her to develop lasting secure relationships with peer and carers. Gwen requires a robust framework of support that caters for her needs and ensures she is empowered to reach her academic and social potential. Whilst Gwen is headstrong, she benefits from being challenged to learn/develop and maintaining a consistent and routined approach to most things in order for her to feel comfortable and have a sense of control over life and events. Without this consistency, she can display challenging behaviour. Escalation in challenging behaviour can be minimised/avoided by ensuring she has a consistent routine and a sense of involvement and control over decisions. Gwen requires help with personal cares daily and this should be included in all support plans to maintain her physical health and wellbeing. Given her medical complexities, Gwen attends multiple health appointments which may impact on her access to learning.  Trisomy 21 – Down Syndrome.  Eye difficulties – wears refractory glasses.  Hearing difficulties – ~~awaiting~~ uses bone conduction hearing aids and has periods of time when she uses them.  Significant Gastroesophageal reflux – medication - Omeprazole soluble MUPS 10mg twice a day and Gaviscon 5ml 4 times a day with meals.  Obstructive sleep apnoea.  Lower respiratory tract infections.  Constipation – medication – Movicol 1-2 sachets daily.  Mobility difficulties.  Fine and locomotor difficulties.  Continence difficulties.  Speech and Language difficulties. |
| **Communication and Interaction** |
| |  | | --- | | **Communication and Interaction** | | ~~Gwendolyn’s use of language is developing and she uses some single words and can put two/ three words together but often not clearly.~~ Gwendolyn’s verbal communication is delayed however her signing is good however she usually communicates verbally and is encouraged to do so.  Her understanding is regarded as being good and she can follow 1 to 2 step instructions. Gwendolyn will initiate interactions through vocalisations, tapping arms, gestures, pointing and taking adults by the hand. Sign along means the words she knows well are dropped and focus is put on signs which needs to be developed, as people cannot sign as quickly as they talk. Gwendolyn’s vocalisations tend to be accompanied by her signing and she has a wider range of signs than words at present.  Gwendolyn has a good understanding of what people are saying to her, and can use Makaton and Singalong.  Due to her hearing and physical disabilities, it is difficult for Gwendolyn to make some sounds, for example she cannot articulate the 'g' sound. Gwendolyn's levels of hearing fluctuate and her levels of responsiveness vary accordingly. ~~Nursery report that Gwendolyn has difficulty with her communication and language. They highlight that she is unable without support to make her wants and feelings known.~~ ~~Gwendolyn has very limited vocabulary and will use sign language to~~ ~~communicate her needs~~. ~~Nursery~~ Adults report that Gwendolyn does not communicate pain like other children so unless witnessed it is not possible to know if she is hurt/sick. Gwendolyn is beginning to make her wants and feelings known.  Gwendolyn communicates her needs well.  ~~Early years setting report that at age 42 months Gwendolyn was working at E2 for Listening, E1 for Understanding C2 for Speaking.~~ | |
| **Cognition and Learning** |
| Dr Stuart Duckworth (Educational psychologist) reported that although Gwendolyn has global development delay, she is cognitively able and tracking well in many areas, she is reported to love stories and picture books and **will engage with this for prolonged periods**. She has also begun to enjoy dressing up although does not do so in terms of role-play. Parents have also identified that Gwendolyn is beginning to develop early pretend play skills such as feeding her stuffed animals and sometimes using objects as part of symbolic play.  Eleanor Boylan (Educational psychologist) has undertaken a recent assessment with Gwendolyn and has supported with suggested new outcomes for her plan. Report to follow.  ~~Early Years setting report that aged 42 months Gwendolyn was working at E1 for Reading, D1 for Writing, C1 for Number, C3 for Shape, Space and Measure. For Expressive Art and Design, she was working at E1 for Exploring using Media and Materials, E1 for Being Imaginative.~~ |
| **Social, Emotional and Mental Health** |
| Gwendolyn interacts well with other children although she can sometimes struggle to follow the rules of the game. She is happy and outgoing in her approach to adults, peers and her surroundings. Gwendolyn is keen to explore the learning environment in its entirety and is also keen to respond to the activities presented to her. She can sometimes be a little 'stubborn' although this was not regarded as a significant issue in ~~nursery~~ school it has been problematic in school- though school have dealt with it well. Gwendolyn is regarded as having her own mind but can be gently persuaded to partake in suggested activities and if bad behaviour is ignored, she stops. ~~She has a particular passion for cleaning tables and making sure things are tidied away.~~ Gwendolyn is keen to come for the children when they are upset and is very affectionate to the majority of people she meets. Gwendolyn has beautiful manners and always wants to help others and engages in an emotionally positive way. She is beginning to develop her expression of different emotions.  ~~Nursery highlight that Gwendolyn struggles with dealing with her emotions, i.e. anxiety, frustration and uncertainty which requires adult intervention / support.~~  ~~Early years setting report that aged 42 months Gwendolyn in assessment of Understanding of the World she was working at D1 for People and Communities, D2 for The World, C3 for Technology.~~ |

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| **Summary of Special Educational Needs** |
| Gwendolyn has complex health and education needs but is continuing to make a good progress as a result of the individualised curriculum planned for her. The increasing challenges with mobility and health mean that she now requires support from a more specialist setting in order to meet her needs. |

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| **Area of need** | **Progress against outcomes** |
| **Communication and Interaction** |  |
| Gwendolyn will be able to express wants, needs, likes and dislikes. | Gwen can express her wants, needs and likes. She cannot always say why she may feel sad or dislikes something. Gwen is excellent at expressing her views and prefers to talk than sign, she is very verbal but doesn’t like to say anything she dislikes |
| Gwendolyn will continue to develop an understanding of language to the three key word level and beyond. | Gwen has a good understanding of language but struggles with clarity in her speech.  Gwen’s communication has improved significantly.  Margaret Dutton was instrumental with Gwen’s improvement.  Further support required from the Speech and Language service is required to ensure there are clearer outcomes for Gwen’s communication. |
| Gwendolyn will be able to communicate her thoughts and needs through the use of sign and verbalisation. | Gwen prefers to communicate verbally rather than to sign. She is always eager to express her thoughts in lessons.  Gwen responds really well to working in a group and can work independently for up to 15 minutes. |
| Gwendolyn will continue to be able to predict and understand the expectations and routines of her educational environment. | Gwen works well within a structured environment and can transition easily within her routine. She can be very self-directed and refuse to comply in new unfamiliar environments.  Gwen is not obsessed with timetables and picks things up easily. Gwen operates in the here and now and finds the concept of time challenging. She struggles to talk about the recent past. |
| **Cognition and Learning** |  |
| Gwendolyn will achieve her learning potential. | Gwen can work for longer periods of time but she still needs adult support and prompting. She has made good progress towards the targets set on her SEN Support Plan and enjoys learning. |
| Gwendolyn will develop her pretend play skills. | Gwen has a great imagination and loves pretend play. She is happy to play with others but can at times become very self-directed. |
| Gwendolyn will be able to match and sort according to shape and colour. | Gwen has a good understanding of common 2D shapes and colours. |
| **Social, Emotional and Mental Health** |  |
| Gwendolyn will feel happy, included and safe. | Gwen is very happy in school and has never expressed feelings of being unsafe. She has a good relationship with her familiar adults. |
| Gwendolyn will enjoy reciprocal social interactions with adults and peers. | Gwen loves to be with adults and her peers and has developed many positive relationships with the children and adults she works with. She does become more anxious in new setting and will therefore require support when moving to a new setting. |
| Gwendolyn will display an emerging understanding of emotions and ability to respond to adult requests. | Gwen has a good understanding of positive emotions within herself but struggles to identify anything that may be a negative emotion. However, she is very empathetic with other people. |
| Gwendolyn will continue to be included within a group of her peers during play and learning experiences. | Gwen prefers adult led play but with encouragement she does enjoy playing with her peers in the Rainbow Room and in year 5. |
| **Physical and Sensory** |  |
| ~~For all agencies to continue to contribute information and advice in order that understandings of Gwendolyn's physical and medical needs remain current~~ | Gwen continues to take part in daily fine and gross motor skills. She has regular sensory breaks and a varied sensory diet in the Rainbow Room. Gwen often requires 2:1 for her toileting needs in school. |
| ~~Advice provided by the following agencies should be followed; QTVI ToD • SaLT • OT • Physiotherapy • Medical professionals~~ |  |

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| **Area of Need** | **Suggested new outcomes** |
| **Communication and Interaction** | Gwendolyn will be able to express wants, needs, likes and dislikes and begin to discuss things that worry her. |
|  | Gwendolyn will be able to her express her needs and wants with increasing clarity to more unfamiliar adults. |
|  | Gwendolyn will continue to be able to predict and understand the expectations and routines of a new educational environment. |
| **Cognition and Learning** | Gwendolyn will develop functional skills that will allow her to stay safe and develop her independence skills. This will require a setting that delivers a holistic approach to her learning. |
|  | Gwendolyn will develop fluency working with whole numbers. She will become more confident using objects and pictorial representations to identify and represent numbers. Gwen will begin to solve simple number word problems using concrete objects linked to her interests. |
|  | Gwendolyn will develop her counting skills and count with increasing fluency both forwards and backwards. She will begin to recognise when she has made an error when counting.  Gwendolyn will develop her knowledge and use of mathematical vocabulary.  Gwendolyn will begin to recall number bonds to 20.  Gwendolyn will know and write the numeral to 20. |
|  | Gwendolyn will learn all of the letters and the sounds they make and blend them together from left to right to make words. She will identify sounds in words in the wider environment.  Gwendolyn will blend cvc words when reading.  Gwendolyn will identify the end sounds in a word.  Gwendolyn will begin to write sentences independently. |
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| **Social, Emotional and Mental Health** | Gwendolyn will feel happy, included and safe in a new and unfamiliar environment. |
|  | Gwendolyn will enjoy reciprocal social interactions with adults and peers and have access to a social literacy programme in a new and unfamiliar environment. |
|  | Gwendolyn will respond to new and unfamiliar adults and undertake tasks all tasks. She will begin to talk about transition to a new setting and ask questions about her new setting. |
| **Physical and Sensory** | Gwendolyn will engage with a wide sensory diet that supports her needs. |
|  | Gwendolyn will make her physical needs known including pain on a daily basis but also post-surgery. |
|  | Gwendolyn will make her physical needs known including her vision and hearing and make adults aware if she is having difficulty. |
|  | Gwendolyn will undertake all exercises/activities to support with mobility. |

**Section F: Provision**

*Detail any new provision or changes to provision from current EHCP.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Special Educational Need** | **Outcome linked to provision** | **What will be provided?** | **Who will provide this?** | **When and how often?** |
| **Communication and Interaction** | | | | |
| 1.Gwendolyn will be able to express wants, needs, likes and dislikes and begin to discuss things that worry her. | See section E | A specialist setting that provides a holistic approach to education that will develop Gwendolyn’s independence. Access to a specialist and personalised curriculum that supports Gwendolyn’s complex medical and learning needs. | Specially trained staff and professionals with training in how to support children with complex medical and learning needs. Multi-sensory impairment teacher. | Ongoing/when required |
| 2.Gwendolyn will be able to her express her needs and wants with increasing clarity to more unfamiliar adults. | See section E | A specialist setting that provides a holistic approach to education that will develop Gwendolyn’s independence. Access to a specialist and personalised curriculum that supports Gwendolyn’s complex medical and learning needs. | Specially trained staff and professionals with training in how to support children with complex medical and learning needs. Multi-sensory impairment teacher. | Ongoing/when required |
| 3.Gwendolyn will continue to be able to predict and understand the expectations and routines of a new educational environment. | See section E | A specialist setting that provides a holistic approach to education that will develop Gwendolyn’s independence. Access to a specialist and personalised curriculum that supports Gwendolyn’s complex medical and learning needs.  Access to specialist staff that are trained in delivering learning to pupils with a demand avoidant profile. | Specially trained staff and professionals with training in how to support children with complex medical and learning needs. Multi-sensory impairment teacher. | Ongoing/when required |
| **Cognition and Learning** | | | | |
| 1.Gwendolyn will develop functional skills that will allow her to stay safe and develop her independence skills. This will require a setting that delivers a holistic approach to her learning. | See section E | A specialist setting that provides a holistic approach to education that will develop Gwendolyn’s independence. Access to a specialist and personalised curriculum that supports Gwendolyn’s complex medical and learning needs.  Access to specialist staff that are trained in delivering learning to pupils with a demand avoidant profile. | Specially trained staff and professionals with training in how to support children with complex medical and learning needs. Multi-sensory impairment teacher. | Ongoing/when required |
| 2.Gwendolyn will develop fluency working with whole numbers. She will become more confident using objects and pictorial representations to identify and represent numbers. Gwen will begin to solve simple number word problems using concrete objects linked to her interests. | See section E | A specialist setting that provides a holistic approach to education that will develop Gwendolyn’s independence. Access to a specialist and personalised curriculum that supports Gwendolyn’s complex medical and learning needs.  Access to specialist staff that are trained in delivering learning to pupils with a demand avoidant profile. | Specially trained staff and professionals with training in how to support children with complex medical and learning needs. Multi-sensory impairment teacher. | Ongoing/when required |
| 3.Gwendolyn will develop her counting skills and count with increasing fluency both forwards and backwards. She will begin to recognise when she has made an error when counting.  Gwendolyn will develop her knowledge and use of mathematical vocabulary.  Gwendolyn will begin to recall number bonds to 20.  Gwendolyn will know and write the numeral to 20. | See section E | A specialist setting that provides a holistic approach to education that will develop Gwendolyn’s independence. Access to a specialist and personalised curriculum that supports Gwendolyn’s complex medical and learning needs.  Access to specialist staff that are trained in delivering learning to pupils with a demand avoidant profile. | Specially trained staff and professionals with training in how to support children with complex medical and learning needs. Multi-sensory impairment teacher. | Ongoing/when required |
| 4. Gwendolyn will learn all of the letters and the sounds they make and blend them together from left to right to make words. She will identify sounds in words in the wider environment.  Gwendolyn will blend cvc words when reading.  Gwendolyn will identify the end sounds in a word.  Gwendolyn will begin to write sentences independently. | See section E | A specialist setting that provides a holistic approach to education that will develop Gwendolyn’s independence. Access to a specialist and personalised curriculum that supports Gwendolyn’s complex medical and learning needs.  Access to specialist staff that are trained in delivering learning to pupils with a demand avoidant profile. | Specially trained staff and professionals with training in how to support children with complex medical and learning needs. Multi-sensory impairment teacher. | Ongoing/when required |
| **Social, Emotional and Mental Health** | | | | |
| 1. Gwendolyn will feel happy, included and safe in a new and unfamiliar environment. | See section E | A specialist setting that provides a holistic approach to education that will develop Gwendolyn’s independence. Access to a specialist and personalised curriculum that supports Gwendolyn’s complex medical and learning needs.  Access to a learning delivered through a range of therapeutic approaches.  Access to specialist staff that are trained in delivering learning to pupils with a demand avoidant profile. | Specially trained staff and professionals with training in how to support children with complex medical and learning needs. Multi-sensory impairment teacher. | Ongoing/when required |
| 2.Gwendolyn will enjoy reciprocal social interactions with adults and peers in a new and unfamiliar environment. | See section E | A specialist setting that provides a holistic approach to education that will develop Gwendolyn’s independence. Access to a specialist and personalised curriculum that supports Gwendolyn’s complex medical and learning needs.  Access to small class sizes and a curriculum delivered using a range of therapeutic approaches.  Access to specialist staff that are trained in delivering learning to pupils with a demand avoidant profile. | Specially trained staff and professionals with training in how to support children with complex medical and learning needs. Multi-sensory impairment teacher. | Ongoing/when required |
| 3.Gwendolyn will respond to new and unfamiliar adults and undertake tasks all tasks. She will begin to talk about transition to a new setting and ask questions about her new setting. | See section E | A specialist setting that provides a holistic approach to education that will develop Gwendolyn’s independence. Access to a specialist and personalised curriculum that supports Gwendolyn’s complex medical and learning needs.  Access to specialist staff that are trained in delivering learning to pupils with a demand avoidant profile. | Specially trained staff and professionals with training in how to support children with complex medical and learning needs. Multi-sensory impairment teacher. | Ongoing/when required |
| **Physical and Sensory** | | | | |
| 1.Gwendolyn will engage with a wide sensory diet that supports her needs. | See section E | A specialist setting with a curriculum and environment that is designed for pupils with complex multisensory needs.  A specialist setting that provides a holistic approach to education that will develop Gwendolyn’s independence. Access to a specialist and personalised curriculum that supports Gwendolyn’s complex medical and learning needs.  Access to specialist staff that are trained in delivering learning to pupils with a demand avoidant profile. | Specially trained staff and professionals with training in how to support children with complex medical and learning needs. Multi-sensory impairment teacher. | Ongoing/when required |
| 2.Gwendolyn will make her physical needs known including her vision and hearing and make adults aware if she is having difficulty. | See section E | A specialist setting with a curriculum and environment that is designed for pupils with complex multisensory needs.  A specialist setting that provides a holistic approach to education that will develop Gwendolyn’s independence. Access to a specialist and personalised curriculum that supports Gwendolyn’s complex medical and learning needs.  Access to specialist staff that are trained in delivering learning to pupils with a demand avoidant profile. | Specially trained staff and professionals with training in how to support children with complex medical and learning needs. Multi-sensory impairment teacher. | Ongoing/when required |
| 3.Gwendolyn will undertake all exercises/activities to support with mobility. Including post-surgery | See section E | A specialist setting closer to Alder Hey Hospital that enables Gwendolyn to return to school as quickly as possible post-surgery. A setting that has more frequent access to medical and other professionals that can support Gwendolyn’s complex medical and learning needs.  A specialist setting that provides a holistic approach to education that will develop Gwendolyn’s independence. Access to a specialist and personalised curriculum that supports Gwendolyn’s complex medical and learning needs.  Access to specialist staff that are trained in delivering learning to pupils with a demand avoidant profile. | Specially trained staff and professionals with training in how to support children with complex medical and learning needs. Multi-sensory impairment teacher. | Ongoing/when required |

**Section J: Personal Budget (if applicable)**

|  |  |  |
| --- | --- | --- |
| Is a personal budget requested?  If yes, is this a: | Yes | No |
|  |  |
| Notional budget |  |  |
| Notional and direct payment budget |  |  |
| Direct payment budget |  |  |

|  |  |
| --- | --- |
| Personal budget allocation is: | £ |

|  |  |  |
| --- | --- | --- |
| Description of support | Weekly Cost | Annual Cost |
| Education | £ | £ |
| Health | £ | £ |
| Social Care | £ | £ |
| Other | £ | £ |

|  |  |
| --- | --- |
| £ | £ |

**Section K: Advice and information gathered for Annual Review including attendees at meeting**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Role | Contact Details  E Mail/ Tel: | Advice | Date |
| Cora and Adam Vials Moore | Parents | moore.adam@gmail.com  cora.vialsmoore@gmail.com |  |  |
| Mark Brooks | Teacher | mbrooks@stnicholas.sefton.org.uk |  |  |
| Katie Foster | Teacher | kfoster@stnicholas.sefton.org.uk |  |  |
| Laura Duthie | 1:1 Support | lduthie@stnicholas.sefton.org.uk |  |  |
| Jayne Nel | SENCO | deputyhead@stnicholas.sefton.org.uk |  |  |
| Eleanor Boylan | Educational  Psychologist | Eleanor.Boylan@sefton.gov.uk |  |  |
| Kirsty Malthouse | School  Health | kirsty.malthouse2@merseycare.nhs.uk |  |  |
| Lynn Barber | Inclusion Consultant | Lynn.Barber@sefton.gov.uk |  |  |
| Lyndsey Mutch | Occupational Therapist | lyndsey.mutch@alderhey.nhs.uk |  |  |
| Jo Pilkington | Physiotherapist | Joanna.Pilkington@alderhey.nhs.uk |  |  |
| Inclusion consultant  VI Team | IC Visual Impairment | senis@sefton.gov.uk |  |  |
| Amy Furlong | Speech and Language | amy.furlong@alderhey.nhs.uk |  |  |
| Dr Daniels | Community Paediatrician | Natalie.Daniels@alderhey.nhs.uk |  |  |
| Jennifer Johnson | Children’s Services | Jennifer.Johnson@sefton.gov.uk |  |  |
| Cathy Cookson  Jennifer Yates | CAMHS | Cathy.Cookson@alderhey.nhs.uk  Jennifer.Yates@alderhey.nhs.uk |  |  |

**SEND Transport:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the child/young person receive SEND Transport? | Yes |  | No |  |
| Is yes is transport still needed? | Yes |  | No | NA |
| Does the young person currently use public transport for any journey? | Yes |  | No |  |
| Has independent travel training been completed? | Yes |  | No | NA |
|  | Not appropriate | Give reason: | | |
| Has the parent/Carer considered a personal budget for mileage? | Yes | No – give reason: | | |

**Review Document compiled by:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role:** | **Signature** | **Date** |
| **Jayne Nel** | **Deputy head**  **SENCO** | **C:\Users\nelj\Documents\Signature\20171208104850294.tif** | **15th December 2023** |

Please attach attendance sheet and other relevant reports and letters.

Please send to [Special.Needs@sefton.gov.uk](mailto:Special.Needs@sefton.gov.uk) within two weeks of the review meeting.