



**First Tier Tribunal
HESC Chamber
SEND Jurisdiction**

Appeal Number 10-00597

**Heard at: Pocock Street London
On: Monday 24th May 2011**

Before

Judge Aitken

Deputy Chamber President (HESC)

Ms Patricia Kennedy

Ms Sheila Smith

Between

1. SK

2. JP

Appellants

and

London Borough of Hillingdon

Respondent

For the Appellants: Mr D Silas (Solicitor)

For the Respondent: Ms F Scolding (Counsel)

Decision

1. This case concerns CK (born on the 3rd February 1998). SK and JP appeal under section 326 of the Education Act 1996 against the contents of a statement of special educational needs made by the London Borough of Hillingdon (the Local Authority) in respect of their daughter CK. CK has severe and complex needs which are largely agreed within her Statement of Educational Needs which is appended to this decision. Nonetheless she is a

happy and co-operative pupil and has a keen sense of humour, whilst finding life frustrating at home.

The following witnesses were called to give evidence:

DU	Educational Psychologist
LS	Teacher of the visually impaired
JH	Speech and language therapist
AP	School

For the Local Authority:

TN	Speech and language therapist
PB	VI advisory Teacher
KD	Educational Psychologist
CH	Inclusion manager School.
SM	Social Worker

Preliminary issues

1. The parties had provided us with a working document and a further document which outlined the areas in dispute which required a decision by the tribunal. We allowed the parties a further hour to enable them to further discuss some of the issues on parts two and three of the statement and, as a result, further agreement was arrived between them. The Parents representative agreed to provide a further electronic version of the working document to the Tribunal after the hearing identifying all the agreed provisions in Parts 2 and 3, this was done and is used as the basis for our final decision.

The issues between the parties

2. As a result of the negotiations between the parties the major issues for us to decide were as follows:
 - a. What amendments were required to part 2 of her Statement of Special Educational Needs
 - b. What amendments were required in part 3 of her Statement of Special Educational Needs and in particular whether she required a waking day curriculum.
 - c. CK's requirements for educational or social care
 - d. Whether was adequate to meet CK's needs
 - e. The relative costs of the schools.
3. Although all of the listed persons gave evidence before us they did so in the main dealing with discrete issues rather than all of their evidence at once.

Part 2 Matters

4. Under background we delete “*in line with her cognitive function*”, we heard from Mr U the Educational Psychologist that there was no reliable testing of CK’s functioning and rather that her communication skills were under-developed, we accept that opinion. Mrs D the Local Authority Educational psychologist added this:

“I agree with Mr U about cognitive ability, it is not beyond first percentile in any non verbal test, we are not dealing with a child who if her speech and language were dealt with she would become average”

5. We include:

“CK has sensory processing difficulties which impact on her school life in several ways:

Reducing concentration and attention through poor processing of external information and mild sensory avoiding behaviours.

Reducing fine motor skills through poor tactile and proprioceptive processing.

Increasing social and emotional reactions and behaviour to situations due to poor modulation of sensory information.”

6. There is evidence for this with the report of RT dated 18th June 2010 at page 17.

7. We delete:

“CK herself has adopted an unwillingness to do homework in the home setting and can be uncooperative at times.”

The phrase is related to her home difficulties and we do not regard it as a manifestation of her educational needs, rather a description of her current attitude.

8. Under self help skills we insert:

“CK requires constant supervision. CK requires support in all areas of her development. Almost everything in which CK is engaged, other than sedentary TV watching, requires not just supervision but adult intervention and/or assistance – especially as she develops independence. This does not cease at bedtime, as CK is a poor sleeper and requires, because of her various health complications, to be ‘managed’ during the night.”

This is slightly different from the amendments sought, however we feel it is a sufficient description of the evidence we have of her condition whilst remaining clear and non repetitive.

9. Further under that section we do not add the further paragraph:

“Reports indicate that CK can use humour as a distraction from tasks and can occasionally laugh inappropriately, for example when someone else is rude to her. CK’s desire to do things herself can result in some rude and difficult behaviour.”

We consider that the description of her social unawareness and frustration is accurately described, and adding specific examples does not assist comprehension.

10. Under **“Social, emotional and behavioural”** we do not make the amendments suggested by the parents, we consider that the present paragraphs adequately summarise the position from the evidence we have seen.

Part 3

11. We make the amendments suggested by the parents, in particular we heard the evidence of Mr U, and read the report of RT, and indeed the preponderance of the evidence was that communication improvements would reduce CK’s frustration and that there is a significant disparity in her home and school life which can be addressed. In addition Ms H the parents’ Speech and Language therapist felt that CK’s communication need is her primary need; she also highlighted that as regards CK’s progress it had not matched her age over the past year or so.

Waking Day Curriculum.

12. We bear in mind the Code of Practice for Special Educational Needs which reads as follows at paragraph 8:74

“8:74 In general LEAs are likely to consider that there is a need for residential provision where there is multi-agency agreement that:

_ the child has severe or multiple special educational needs that cannot be met in local day provision

_ the child has severe or multiple special educational needs that require a consistent programme both during and after school hours that cannot be provided by parents with support from other agencies

_ the child is looked after by the local authority and has complex social and learning needs, and placement is joint-funded with the social services department

_ the child has complex medical needs as well as learning needs that cannot be managed in local day provision and the placement is joint-funded with the health authority”

13. Of particular relevance in this case is

“_ the child has severe or multiple special educational needs that require a consistent programme both during and after school hours that cannot be provided by parents with support from other agencies”

14. There is no dispute that CK has severe and multiple special educational needs; indeed the background section to her statement of Special Educational Needs commences with the phrase “CK’s range of special educational needs is very complex “ and later goes on to describe severe elements. The Local Authority are not of the view however that a waking day curriculum is necessary to meet CK’s special educational needs. It was Ms S’s position that the need for a waking day curriculum was not made out, but if it were, it was on a social care basis rather than educational need. That was evidenced by the opinion of the SEN Officer DH who felt that a waking day curriculum is requested because of family problems rather than for an educational reason (4.4 of SEN Officer DH’s written submission). KD an Educational Psychologist who appeared on behalf of the Local Authority indicated that whilst CK did not intrinsically need a waking day curriculum. She felt that if the school were able to assist to extend her skills into the home that would be sufficient although she indicated that whilst she had not heard of any liaison with respite care CK had refused to co-operate at home. The core assessment of needs written by Ms SM records at the foot of page 23 (page 80-29 within the Tribunal documents)

“it is evident that parents cannot cope with CK at home on a full time basis.”

15. She also indicates that they may not be able to cope even if there is some form of residential school placement, this neatly indicates the difference between provision which is educational and that which is social. In this case, a waking day curriculum and the residential school it implies, may not be sufficient to meet the family’s social needs which in turn may require CK to have some other form of residence, we however are not empowered to deal with that issue, we must look to see what she requires educationally. That was a position Ms M adhered to in giving evidence.

16. Whilst different in degree, disruption of education is a factor to consider with regard to a waking day curriculum and we note that in the Upper Tribunal case of **Hampshire County Council v JP [2009] 239 (AAC)** the Tribunal said this:

“the First Tier Tribunal was entitled to reason that, if N were not educated in a residential school, his life would be disrupted to the extent that he would learn too little to be of any use”.

17. Ms N the Local Authority Speech and Language therapist was of the view that whilst communication was important for CK there were ways of embedding that whether she was in respite or at home, and by 2.30pm she might be exhausted and need to rest anyway. We do not accept that a waking day curriculum as suggested would infringe on CK’s need to rest, there is no question of a formal lesson structure rather an integration of what has been learned into after school activities.

18. The occupational therapy report of LM of the dated 5th May 2011 and so a very up to date report contains the following proposition which is put forward with regard to CK’s needs at page 330 of the bundle:

“However consistency of approach and learning is essential and CK would benefit from this being carried over into her life outside school either by the family or other carers.”

It should be noted in this context that no witness was able to suggest that any contact had been made with the respite carers and the appellants generally criticised their contact with the school, although they agreed they were sincere. Whilst it is essential in both parties' view that there is consistency and a real benefit in a consistent approach in CK's education, none was in truth discernable.

19. We have also seen the report of Mr CY, who deals with this matter explicitly and at paragraph 22 points out that despite the great efforts they have made CK's educational needs exceed the ability of her parents to provide. It does not seem to us that the reasons for that need be necessarily categorised as social or educational, stemming as they do from a mix of CK's difficulties with her parents, their difficulties in handling her, and a lack of communication. The situation as we find it is that the parents and respite carers are presently unable to provide for CK the essential elements of her education.

20. We agree with Mr Y's assessment (reproduced at paragraph 49 of his report dated 21st April 2011:

"Indeed, it is arguable that 'educational development' is actually pivotal for CK, since it is upon her achievement in all other areas of development that will, so to speak, 'make or break' her progress."

21. We agree with Mr U in his report dated 2nd May 2011 wherein he makes this assessment at paragraph 4.5

"CK must also develop skills that translate and generalise into other settings. Due to the very difficult nature of home life I am not convinced that Mr K and Ms P are in the position to support the learning that takes place within a day school such as."

22. He gave evidence before us that he strongly considered a waking day curriculum essential, he pointed to the difficulties that her parents had in understanding CK as being a source of frustration and indicating the real need for specialist education continuing during the waking day, he pointed out that waking day did not mean that CK would receive formal lessons all evening, rather there would be a much better seamless context for her communication learning, he also pointed to the differences perceived by the parents and her present school of CK's abilities as evidence that she required a waking day curriculum during which time she would be in a better position to learn.

23. We consider that a waking day curriculum is required for educational reasons and despite it being clear that liaison with the parents and other carers is in the view of the respondents witnesses "essential" this simply has not happened. We have considered whether this can be rectified, however we have no information as to how the respite carers might be able to put such requirements into effect (indeed Mr U was sceptical that respite care could be made to work in an educational way), and having heard from the parents and various reports written about the situation, we are satisfied that they

would be unable to do so.

24. In those circumstances the amendments under “Educational provision to meet needs and objectives” is amended in accordance with the parents wishes. Under “c” and “f” in that section the parents deletion is appropriate given that a waking day curriculum will be necessary. The amendments sought under section “h” are appropriate given the need for a waking day curriculum. The amendment under “n” is not made, we are of the view that this is too vague a phrase, indeed all children need a structured and consistent approach with their behaviour, in this respect it does not reflect a special educational need.
25. Given our findings it follows that the only appropriate placement within part 4 of the statement is that of . The parents have throughout this case submitted that this should be on a 38 week basis, CK spending her weekends and holidays at home.
26. Our findings with regard to the waking day curriculum mean that much of the evidence concerning the approach of CK’s present school is not relevant to our decision, the absence of that information does not represent any criticism rather it reflects the parties position that if a finding that a waking day curriculum were required would not be appropriate.

Decision

The Statement of Special Educational Needs is amended in accordance with the attached document.



Judge John Aitken
Deputy Chamber President
10th June 2011

PART 2: SPECIAL EDUCATIONAL NEEDS

The Authority is of the view that it is necessary to determine the special educational provision for CK and has therefore made this Statement of Special Educational Needs. The statement was amended following her annual reviews on 25th June 2002 and November 2004. Following a Tribunal Order in December 2005 amendments were made to CK's statement. This latest statement has been amended ahead of her transfer to secondary school in September 2010.

Background

CK's range of special educational needs is very complex. She has physical and learning limitations. CK has cerebral palsy that affects all four limbs and all that this condition entails. Her right side is weaker than her left. CK suffers from epilepsy and has a significant complex visual impairment. CK is registered as sight impaired (partially sighted). Her complex visual impairment has an impact on all other areas of learning and on every aspect of her life.

CK presents with a severe communication impairment with weaknesses in listening attention, receptive and expressive language development, as well as aspects of her speech. CK shows significant weaknesses in her ability to process and follow directions as they increase in length.

CK has scoliosis of the dorso lumbar spine and is receiving a range of therapies that includes physiotherapy, speech and language therapy, hydrotherapy and occupational therapy. CK was one year out of phase during primary school.

CK presents as an enthusiastic, happy and co-operative pupil and has a keen sense of humour. At home, CK can become very frustrated if she is unable to complete a task, particularly relating to her self-help skills. School do not see these frustrations in respect of self-help skills.

CK has the following strengths:

- a. CK is described as a happy, sociable girl who is outgoing in the company of other children and adults whom she has known for some time. She usually cooperates with what she is asked to do or can be persuaded to do it. She likes to tease and joke with adults. CK's cerebral palsy affects her eye movement and this will affect her ability to learn. Fixing, tracking and scanning will present difficulties for her. Socially, CK is a well-integrated member of the class and she is able to behave assertively with her peers. There is a risk that she may become overwhelmed by the attention of the peers who are very keen to support her.
- b. CK's ability to be responsive to verbal instructions is a learning strength of hers that should be continually built upon.
- c. CK, when not fatigued, tries very hard to use what vision she has and has become more visually curious.

CK's special educational needs are:

CK has cerebral palsy that affects all four limbs; her right side is much weaker than her left. CK has to work hard to maintain her physical postures. She is often not able to keep her body or head still because of the problems controlling her muscles, including those in her eyes. This adds to the difficulty of keeping her eyes on target and focus long enough to make a reasonable visual judgement.

Communication - CK shows severe weaknesses in her retrieval and use of vocabulary, as well as her development of grammar and ability to formulate phrase structures with appropriate grammatical markings. Her phrases remain short and she shows difficulties in conveying meaning

clearly. CK shows significant weaknesses in her ability to retain facts from the information that is read to her.

CK understands and follows verbal requests and will often respond to adult conversation with gestures and sounds. She benefits from instructions being within the 'here and now'. CK is able to understand simple inferences such as why something is happening in a picture of what may happen. She is able to respond better when asked specific questions rather than open ended ones. However, CK's expressive language is significantly delayed and she is showing signs of frustration at her inability to express herself. CK is able to use her expressive language to describe simple pictures, make requests, ask questions, make comments and jokes. She can use approximately three to four key word sentences for descriptions. Her verbal responses are not always intelligible and therefore she benefits from having alternative communication strategies in place to help her expressive language skills, such as signing, pictures and symbols to point to or make choices from, objects, gestures and facial expression. CK has a limited vocabulary and an inability to pronounce some words with the clarity needed for someone who is not familiar with her to understand what she is saying and this can cause a lot of frustration for her. Facial expressions are the key to her receptive language and she needs to be directly spoken to at facial level. She needs thinking time in order to respond and some prompting.

When assessed in January 2010, CK showed a profound impairment with her understanding of single words, a severely limited understanding of grammatical structures and a profound word-finding difficulty.

CK had an ICT assessment for her communication and literacy in December 2010. Equipment recommended included access to a laptop and printer, specialised roller plus joystick and an angled wedge to help her place the joystick at an appropriate angle. CK can use a keyboard if there is sufficient space between the keys. She benefits from visually contrastive lower case stickers being placed over the keys. CK has access to software to support for her language and literacy development and an alphabet chart for her communication and literacy lessons. Recently CK has trialled a high tech communication system using an iPad with communication software loaded and has now been supplied with one for use in school (but not home). She is now able to visually scan and interpret images on this device when the cell size is set to medium and above. CK enjoys using the software on the iPad and she is beginning to use it communicatively.

Visual difficulties - CK has cortical vision impairment and is registered as partially sighted. CK has a diagnosis of Cerebral Visual Impairment, Optic Atrophy, Nystagmus, Hypermetropia, Right convergent squint and probable restricted peripheral fields. This restricts her ability to judge distance and depth. Her field of vision appears to be limited to the upper half, which further affects her mobility.

In spite of her visual and physical difficulties, CK wants to be active and this can present problems for her in school, as she is likely to bump into things. She has had mobility training for four years, which has trained her to do 'good looking'. School staff report that she seems confident in her movements around school after she has become familiar with her surroundings and that she appears to manage very well. She is able to negotiate changes in level around the school and does not usually collide with other children despite her restricted visual fields. However, in the playground she is unaware of other children and if they run past her she can be startled and may fall over as a result. She is unable to react or brace herself when she does fall.

CK's visual impairment is itself complex in nature, being a combination of cerebral and ocular deficits. She therefore has very specific visual difficulties that will affect her ability to work within all elements of the curriculum as well as supporting safe and independent movement around her wider environment. CK has visual behavioural characteristics and needs including:

- Her visual abilities are variable from day-to-day and throughout the day.

- She tires easily when using her vision.
- She moves her head to support visual access.
- She may hold objects close to her eyes to see.
- She needs clarity and contrast and space between objects and uncluttered visual presentations.
- She identifies colour more readily than shape.
- She uses her hands to supplement her vision.
- She requires much visual repetition –familiarity supports understanding.
- She needs a lot of time for her to absorb and process and respond to the visual information.
- She needs things to be presented within her visual field.
- She needs tactile support to supplement learning.
- Presentations need to be maximised to use her functional vision – she will not have good visual access to information more than one metre away.

CK has relative difficulty with visual perception, including visual memory and visual discrimination which affects her ability to visually attend, read and copy visual information.

CK's vision is at its best when she is focussed on a task without distraction and her engagement is enhanced when working in a pair (where her attention is more focussed).

Physical and sensory difficulties – CK has asymmetric quadriplegic cerebral palsy, which affects her mobility and fine motor skills. She moves more slowly than other children. She needs reminding to use supports on steps and requires prompting about which side to go up or down.

CK's gross motor difficulties can be summarised as follows:

- Increased muscle tone in her arms and legs; more marked on her right
- Tightness in muscle groups
- Weak core stability
- Poor balance
- Poor coordination
- Weak ball skills.

CK's physical difficulties will impact on her ability to access the curriculum. She will be working hard to maintain a good seating posture in class as well as being challenged when moving and performing within her educational environment.

Stumbling and tripping are ever-present dangers for CK. Her physical difficulties make her highly vulnerable to falling in many environments, especially busy ones.

CK has difficulties with fine motor manipulation, particularly speed of manipulation, which affects her ability to manipulate small parts in dexterous tasks and cutlery. Her drawing and writing skills are restricted by her pencil grip. She is able to pincer between her left index finger and thumb but her fingers remain curled up. She has a splint to open her hand up. She suffers from epilepsy.

CK has sensory processing difficulties which impact on her school life in several ways:

- Reducing concentration and attention through poor processing of external information and mild sensory avoiding behaviours.
- Reducing fine motor skills through poor tactile and proprioceptive processing.
- Increasing social and emotional reactions and behaviour to situations due to poor modulation of sensory information.

Learning – CK's cognitive skills were assessed in March 2009 using the British Ability Scales II (BAS II). She scored at the 1st percentile in all areas although her difficulties in vision, speech and language and hand-eye coordination need to be taken into account. She achieved some correct answers indicative of moderate rather than severe learning difficulties. However, given the combination of difficulties CK experiences, it is very difficult for her true cognitive functioning to be accurately determined. CK relies heavily on verbal prompting to complete tasks. She shows difficulties in her understanding of directional concepts and regularly works from right to left across the page.

She is learning some basic skills in literacy and mathematics but she still needs an individual curriculum for literacy and maths.

Self Help Skills - CK's self-help skills are delayed and she needs help with toileting, dressing and feeding. She can undress independently but requires help with dressing due to time constraints between lessons. She is toilet trained, but needs assistance. She needs to be encouraged to increase her independence and has responded well to being more responsible for her possessions.

CK requires constant supervision. CK requires support in all areas of her development. Everything in which CK is engaged, other than sedentary TV watching, requires not just supervision but adult intervention and/or assistance – especially as she develops independence. This does not cease at bedtime, as CK is a poor sleeper and requires, because of her various health complications, to be 'managed' during the night.

Social, emotional and behavioural – CK has a small group of friends in class but she has difficulty engaging in interactive chat with them though they understand many of her short phrases. She is keen to communicate and highly motivated to be sociable. She plays well and interactively with other children in the class. She can be frustrated in her efforts to communicate and express herself to others. CK shows some reported weaknesses in areas of her social awareness and interactional skills, alongside signs of good social intent.

CK's trusting nature can make her extremely vulnerable in a less secure setting where her outgoing personality could easily compromise social boundaries with less familiar adults.

CK's special educational needs can be summarised as:

- Physical and learning limitations
- Scoliosis
- Cerebral palsy affecting all 4 limbs but affects her right side more than her left side
- Epilepsy
- Visual impairment – cortical visual impairment and registered partially sighted.
- Language and communication difficulties especially with her expressive language skills
- Social and emotional difficulties which are a consequence of her other difficulties in that she has difficulties in communication and becomes frustrated in her efforts to communicate with others

As a consequence of her these, CK will have difficulty in:

- Achieving her educational potential.
- Optimising her access to the curriculum.
- Optimising her expressive and receptive communication skills.
- Achieving an appropriate sense of self and self-esteem.
- Optimising her social skills.
- Optimising her ability to make choices in all areas of her learning and life.

- Optimising her autonomy (intellectual, physical & social).

PART 3: SPECIAL EDUCATIONAL PROVISION

Objectives

To continue to develop her receptive and expressive language and communication skills.

To develop appropriate independence skills making maximum use of her limited vision, using language, auditory and tactile information.

To develop her gross motor skills and improve ambulation, and to further develop her trunk stability and muscle tone.

To continue to develop her fine motor skills, particularly to enable the moving and handling of equipment and tools.

To develop *her* self-help/care skills further, including toileting and encourage greater independence in learning *and looking after herself*.

To develop her use of functional vision and to further develop her visual perceptual skills.

To develop basic literacy and numeracy skills through continuous monitoring of these skills.

To continue to develop her social skills, through practical experiences and regular opportunities for play.

To further develop her concentration and perseverance on tasks that are adult directed, in addition to activities that she initiates.

To develop CK's processing and memory skills.

To develop CK's ability to attend and regulate her behaviour and emotions.

To improve CK's registration of sensory information.

CK's visual impairment impacts on all the objectives listed and must be taken into account when addressing these.

Educational provision to meet needs and objectives

- CK will require a broad and balanced National Curriculum, which is full and varied, appropriately adapted and differentiated to ensure her safe and suitable access to a variety of subjects incorporated in the national curriculum at an age appropriate level. The curriculum needs to be modified to take account of the combination of CK's visual, physical and communication needs delivered in a multisensory manner where appropriate.

CK needs a curriculum and an educational placement that caters specifically for children with language and communication difficulties, where there are appropriate supporting strategies in place as part of a classroom and whole school approach. CK's learning will not move ahead until her expressive and receptive language needs are fully addressed.

A multidisciplinary approach will be necessary to reduce overlap between professionals and would involve sharing information through meetings, e-mails, letters etc. *CK must also*

develop skills that translate and generalise into other settings. Within a residential setting, there will be opportunities built into the waking day curriculum that allow CK to develop those independent self-help skills that she is lacking at the present time. Once she has developed these skills through an intensive waking day approach, the school can then focus on generalising the skills to the home setting during school holidays.

- b.** CK requires direct teaching to increase her awareness of her right side e.g. encouraging her to use her right hand during activities.
- c.** Teaching should use sighted methods. However, tactile skills should also be developed. Materials will need to be adapted and enlarged and lighting conditions should be monitored to afford the most advantageous conditions. Advice should be sought where necessary from a specialist teacher who is qualified and experienced in teaching children with visual impairment. The specialist teacher will, where necessary:
 - Establish full understanding of CK's specific visual needs within the school and class setting related to access to teaching materials and learning strategies and approaches within the curriculum.
 - Provide whole school awareness training.
 - Give specific staff training in adapting and modifying teaching materials to be appropriate for CK's visual needs.
 - Liaise with other physical and communication specialists as deemed necessary.
 - Devise and deliver a programme of functional vision development, as well as providing strategies for use by staff working with CK.

CK needs:

- Staff who are used to adapting the curriculum to teach children with additional SEN and VI
 - Training for staff in VI awareness and in CK's complex visual needs from a QTVI
 - Regular access to a QTVI (as specified above)
 - A well-lit learning environment, well-lit rooms and corridors
 - Full time adult support where necessary
 - A school on one level
 - Experience of life-skills training
 - Access to mobility training
- d.** She will require additional assistance both inside and outside the classroom in the classroom to help her meet her objectives, improve her daily living skills. In particular she will need mobility supervision in the playground during lunchtime and all other times of day. CK requires 1:1 physical individual support when mobilising in new and busy environments, in the playground and on uneven terrain.
 - e.** Mobility and independence training delivered by a specialist person who is a mobility trainer in paediatrics.
 - f.** CK requires speech and Language therapy input and advice.

CK should have access to symbols, pictures and photos to support her verbal communication skills.

CK will require considerable differentiation of activities and support in listening to and understanding verbal directions. This will include visual points of reference. Practical tasks will also be helpful in developing her understanding of a range of different language concepts.

CK's placement needs to include integrated speech and language therapy intervention, with the availability of the therapist within the classroom setting to provide advice on differentiation of the

curriculum and demonstrate some communication strategies that can be used within the classroom setting. This should include the use of augmentative communication techniques, such as signing, picture symbols, the written word where appropriate etc.

CK needs speech and language therapy intervention as part of her educational provision and this should include availability of the speech and language therapist within the classroom setting to set up, monitor and demonstrate communication strategies on a minimum of a twice weekly basis. This should include both direct and indirect intervention and involve training of staff in carrying out CK's communication programme. The therapist will need to allocate 2 x 30 minute sessions for this provision on a weekly basis.

This input would also include setting up, demonstrating and monitoring a speech programme that should be trialled for a period of 6 months, introducing appropriate augmentative communication systems and looking at the need for any alternative communication devices as well as setting up visual support systems for her attention and ability to follow directions within a classroom setting.

This programme that is set up by the speech and language therapist will need to be integrated throughout CK's learning programme, with opportunities for one to one work on her speech programme equivalent to a three times weekly basis with a member of the support staff with sessions of 15 minutes. The speech and language therapist will also need to provide advice with regards to setting up supported social activities to encourage CK's social communication skills with peers.

g. CK will receive a minimum of 45 minutes each week of direct physiotherapy in school from a Chartered Paediatric Physiotherapist experienced in working with children who have needs similar to CK.

CK will receive a programme of motor activity devised by her physiotherapist and delivered within her school day on a daily basis.

CK needs differentiation of PE and games by her physiotherapist in consultation with relevant staff.

CK's physiotherapist will monitor her orthotic and splinting needs in close liaison with her occupational therapist. CK needs the opportunity to trial a Lycra suit to aid her balance, stability and posture.

CK needs to continue to participate in weekly hydrotherapy sessions the equivalent of 45 minutes per week to facilitate graded limb control, improve balance and overall muscle coordination. This should be initially delivered by her physiotherapist and then by a specifically trained member of staff.

The aim should be to maintain and improve all aspects of her physical mobility. CK will need mobility training within the school, leading towards more general independence later, including the provision of specialised equipment.

h. CK requires *direct individual weekly occupational therapy sessions, the equivalent of 60 minutes per week*, within her educational environment by a qualified occupational therapist who has experience *in sensory integration and working with children with cerebral palsy, motor planning difficulties, visual impairments and learning difficulties.*

The therapist will develop, review and revise an occupational therapy programme with CK's teacher and relevant school staff so that the programme can be embedded into her school curriculum/day. The Occupational Therapist will need approximately 2 hours to initially develop the OT Programme and approximately half a day of observation to observe CK in class and consult

with classroom staff. The OT Programme should be revised each term and the Occupational Therapist will need approximately 45 minutes each term for this.

CK requires a high arousal learning environment including additional visual and auditory stimulation to improve her level of sensory registration. CK needs facilitation of a Sensory Diet developed by a qualified occupational therapist with experience in sensory integration and working with children with communication and learning difficulties in conjunction with relevant school staff. The Sensory Diet should be incorporated into her school curriculum/day.

CK will require specific equipment as advised by the occupational therapist including a saddle seat, book wedge board and thick stemmed pencils. She should be seated in class so that she can clearly see the white board. She may require an adjustable height table but can currently use a standard height school table.

i. CK will require her own ICT provision, which will need to be maintained. This will include laptop and printer and appropriate software such as Clicker 5. She will be provided with an appropriate joystick and keyboard. She will be provided with a high tech communication aid as recommended in the ACE assessment dated 4 January 2011. She will require the following equipment (according to the recommendations of the ICT assessment for her communication and literacy in December 2010,) including a laptop and printer, specialised roller plus joystick and an angled wedge to help her place the joystick at an appropriate angle. She requires a keyboard where there is sufficient space between the keys and visually contrastive lower case stickers being placed over the keys. CK requires access to software to support her language and literacy development and an alphabet chart for her communication and literacy lessons. CK should also be provided with her own iPad with communication software loaded for use in both school and home with the cell size is set to medium and above.

CK will need to be introduced to an adapted form of touch typing immediately to provide her with an alternative method of communicating, recording and reporting information. This specific program should be developed by the occupational therapist in conjunction with the speech and language therapist. CK will need frequent exposure and practice with the equipment with the support of an LSA initially, to ensure her success in acquiring and developing these skills.

j. Staff trained to administer relevant medically prescribed drugs and be aware of CK's needs. An action plan should be devised for CK's medical needs.

k. There should be close liaison between the school and Mr. K and Ms P to ensure that CK gets maximum continuity and help with her learning.

l. CK's progress should be monitored and regularly reviewed by the school with the parents and relevant professionals.

m. CK should have access to 1:1 support at all times.

Monitoring

The SENCO, in consultation with CK's parents and the appropriate professionals, will establish short-term educational targets and the strategies to meet them. These may be set out in an Individual Education Plan (IEP) or in a Personalised Learning Plan. CK should be actively involved in setting the targets and monitoring them as far as she is able to do so.

Statements of Special Educational Needs must be reviewed at least annually for pupils of statutory school age and every six months for those under five years old. Any modifications and exclusions to the National Curriculum should be reconsidered as necessary at the review and reference made

to the learning targets that CK has been working on and to her progress towards meeting the objectives identified in the statement.

It is the responsibility of the school to convene, chair and minute the annual review and to invite those with parental responsibility and any professionals involved to submit written reports and/or attend the review. The school should seek the views of CK. Copies of any reports to be discussed at the review must be sent to all of those concerned at least two weeks prior to the review meeting. The review report, containing the recommendations made at the meeting, must be submitted to the Authority no later than ten days after the review has taken place or by the end of that term, whichever is the earlier.

The Special Educational Needs Team, London Borough of Hillingdon, should be informed of the date and time of the review meeting and a representative invited to attend.

The Annual Review in Year 9 (14+) will be the first Transition Review at which a Transition Plan will be drawn up. The school must ensure that the Connexions Service is involved and invited to the review in accordance with the statutory duties of that service. Thereafter, the Transition Plan will be reviewed every year at the annual review meeting.

PART 4: PLACEMENT

A special secondary school which specialises in communication that can also meet CK's visual needs and which can offer a waking day curriculum, namely .

PART 5: NON-EDUCATIONAL NEEDS

- a. CK has cerebral palsy affecting her right more than the left side.
- b. She has cortical vision impairment and is registered partially sighted.
- c. She has full epilepsy.
- d. She has delayed speech and language skills.

PART 6: NON-EDUCATIONAL PROVISION

- a. Physiotherapy monitoring, advice and input.
- b. Occupational Input and Advice.
- c. She wears spectacles and her vision should be monitored at Hillingdon Hospital.
- d. Ongoing medical monitoring of medical needs.
- e. Speech and Language Therapy.

Date

.....
**Corporate Director:
Education & Children's Services**