

**My Support Plan**

**Information, Guidance and Template**

**Introduction**

The My Support Plan (MSP) has been in place in Kirklees since the introduction of the SEND reforms in September 2014. A working group of SENCO champions, early years practitioners and representatives from Health and Social Care have been meeting during the autumn term (2015) to develop the My Support Plan template in order to: a) improve its ‘usability’ as an effective planning tool in response to feedback from schools and settings, and b) to reflect developing thinking, both locally and nationally, as the implementation of the SEND reforms progress.

Many schools and settings will be using the current template (Version 1) for existing My Support Plans and can continue to do so: there is no requirement to change over existing plans onto the new template.

From January 2016, schools and settings are asked to use the new template (MSP – Version 2(V2f)) when starting a My Support Plan (for a child who hasn’t previously had an MSP). The new template is attached to this guidance.

This information and guidance is primarily to support schools and settings but may also be useful to other practitioners who are involved in developing My Support Plan(s) for children and young people with special educational needs. It should **always** be read prior to starting a new My Support Plan (MSP) on the new template (MSP – Version 2(V2f)). It explains key elements of the new approach to meeting SEND as detailed in the SEND Code of Practice 2014, which needs to become fundamental to our thinking right from initial identification of special educational needs, and all of which **must** be considered within a My Support Plan. This guidance should be read in conjunction with other Kirklees guidance listed in point 9.

**What are we aiming for – a reminder**

‘Our vision for children with special educational needs and disabilities is the same as for all children and young people that they achieve well in their early years, at school and in college, and lead happy and fulfilled lives.

…….the aspirations for children and young people will be raised through an increased focus on life outcomes, including employment and greater independence’.

*Foreword to the SEND Code of Practice 2014*

**1.The Golden Thread**

There should be a golden thread directly from the aspirations to the provision and this is achieved by thinking about outcomes as steps on the journey towards the aspirations.

Aspirations

Provision

Outcomes

Needs

**2.Aspirations**

**What does the Code say?**

**1.39** ‘With high **aspirations**, and the right support, the vast majority of children and young people can go on to achieve successful long-term outcomes in adult life.’

**8.10** ‘Children and young people’s **aspirations** and needs will not only vary according to individual circumstances, but will change over time as they get older and approach adult life.’

8.11 ‘Planning must be centred around the individual and explore the child or young person’s **aspirations** and abilities, what they want to be able to do when they leave post-16 education or training and the support they need to achieve their ambition.’

SO the system needs to support children, young people and their parents to have high aspirations for the future. We must seek to raise aspirations by not only thinking about what is possible now but thinking creatively about what could be possible in the future.

**Aspirations must be challenging**

**3.Needs**

**What does the Code say?**

Page 15 xiii. ‘A child or young person has special educational needs if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.’

6.27 ‘A detailed assessment of need should ensure that the full range of a child or young person’s needs is identified, not just the primary need. The support provided to an individual should always be based on a full understanding of their particular **strengths** and **needs** and seek to address them all using well-evidenced interventions targeted at their areas of difficulty.’

**6.28 ‘Special educational needs** are linked to the 4 broad areas of need as outlined in the Code of Practice. **Cognition and learning, Communication and interaction, Social, emotional and mental health and Sensory and/or physical*.’***

Sometimes a child or young person has **health** needs that relate to their SEN or **social care** needs that relate to their SEN and as such have an impact on their learning progress. This is where a collaborative approach across services is particularly important (please refer to Point 8 of this guidance – Sharing Outcomes across Education, Health and Social Care).

**4.Outcomes**



**What does the Code say?**

9.66 ‘An outcome can be defined as the benefit or difference made to an individual as a result of an

intervention. It should be **personal** and **not expressed from a service perspective**; it should be something that those involved havecontrol and **influence over**, and while it does not always haveto be formal or accredited, it should be specific, measurable,achievable, realistic and time bound (**SMART)**’

9.21 ‘Planning should **start with the individual** and local authorities must have regard to the views, wishes and feelings of the child, child’s parent or young person, their aspirations, the outcomes they wish to seek and the support they need to achieve them.‘

Aspirations

9.68 ‘Outcomes will usually set out what needs to be achieved by the end of a **phase or stage** of education in order to enable the child or young person to progress successfully to the next phase or stage’.



9.67 ‘When agreeing outcomes, it is important to consider both what is **important to** the child or young person – what they themselves want to be able to achieve – and what is **important for** them as judged by others with the child or young person’s best interests at heart.’



9.68 ‘From year 9 onwards, the nature of the outcomes will reflect the need to ensure young people are **preparing for adulthood**.’

**SO** outcomes describe a positive difference towards the aspirations and life outcomes, are holistic (i.e. are shared between education, health and care where appropriate), person-centred, last for a phase or stage, about things that can be influenced, based on what is important **to** and important **for** the child or young person and remain SMART for that individual. This is quite a challenge!

**5.Steps towards outcomes**

The steps towards outcomes might be shorter term outcomes which would lead towards the achievement of the longer term outcome. They should be expected to be relevant for at least a year and possibly longer.

Steps towards outcomes might be expressed separately for education, health and care. Even though they may cover a shorter time period all of the other principles for outcomes should still apply.

**6.Shorter Term Targets**

Shorter term targets are set at the level of the school or other institution where the child or young person is placed.

Professionals working with children and young people may agree shorter term targets with the parents/young person that can be reviewed and amended regularly to ensure that the individual remains on track to achieve the outcomes specified in their plan. **Regular progress** **monitoring** should always be considered **in the light of the** **longer term outcomes and aspirations** that the child or young person wants to achieve.

Shorter term targets should be SMART so that progress can be monitored.

**7.Provision**

Provision is the intervention/resource that is to be provided in order to work towards attaining the outcome.

**What does the Code say?**

Page 16 – xvi. ‘**Special educational provision** is provision that is additional to or different from that made generally for other children of the same age.’

6.50 ‘The support and intervention provided should be selected to meet the outcomes identified for the child/young person, based on reliable evidence of effectiveness, and should be provided by staff with sufficient skills and expertise.’

Page 166 – ‘Provision should be specific and normally quantified, in terms of type, hours and frequency of support and level of expertise.’

Specialist services can work with schools and settings, and involving parents, to agree teaching approaches, appropriate equipment, strategies and interventions to support the child or young person’s progress. They should agree together the outcomes to be achieved through support, including a date by which progress will be reviewed.

Sometimes a child or young person requires provision to be made to meet their **health** and **social care** needs that relate to their SEN. This is where a collaborative approach across services is particularly important (please refer to Point 8 of this guidance – Sharing Outcomes across Education, Health and Social Care).

**8.Sharing outcomes across Education, Health and Social Care**

In order to make a positive difference towards aspirations and life outcomes, outcomes will need to be **holistic** i.e. where appropriate they will need to be shared between education, health and social care. Thisis why it is important to be collaborative when setting outcomes.

Points 10 and 11 of this guidance provide practical checklists to link the My Support Plan with other planning processes within Social Care and Health to enable effective collaboration across services and to support the ‘tell it once’ approach. You **must** go through each checklist at the same time as you complete Section 1:

About me with the family. You can append the completed checklist to My Support Plan.

**9) Other resources to use and refer to:**

|  |  |
| --- | --- |
| **Resource** | **Where to find it** |
| **Kirklees** |  |
| 1. Guidance - Coordinated planning approach & pathway - My Support Plan | [**http://intranet.kirklees.gov.uk/getattachment/a196c0df-1711-413a-8d49-0aea293d1880/3.%20Coordinated%20planning%20approach%20and%20pathway%20-%20My%20Support%20Plan.aspx**](http://intranet.kirklees.gov.uk/getattachment/a196c0df-1711-413a-8d49-0aea293d1880/3.%20Coordinated%20planning%20approach%20and%20pathway%20-%20My%20Support%20Plan.aspx) |
| 2. My Support Plan – example | [**http://intranet.kirklees.gov.uk/getattachment/ceb5b6d6-f6f0-4d7d-97ae-e36cce0008dd/5.%20My%20Support%20Plan%20-%20example.aspx**](http://intranet.kirklees.gov.uk/getattachment/ceb5b6d6-f6f0-4d7d-97ae-e36cce0008dd/5.%20My%20Support%20Plan%20-%20example.aspx) |
| 3. Person Centred Planning and Writing SMART Outcomes – training resources | [**http://intranet.kirklees.gov.uk/getattachment/9e7b5063-1175-4451-b518-5656ca8fe14c/Regional%20Outcomes%20Training%20by%20Alasdaire%20Duerden.aspx**](http://intranet.kirklees.gov.uk/getattachment/9e7b5063-1175-4451-b518-5656ca8fe14c/Regional%20Outcomes%20Training%20by%20Alasdaire%20Duerden.aspx) |
| 4. Children & Young People with SEN:Guidance –School Based Support | [**http://intranet.kirklees.gov.uk/Policies-and-procedures/Service/Schools/Special-educational-needs/Guidance-notes,-documents-and-forms/SEN-Support**](http://intranet.kirklees.gov.uk/Policies-and-procedures/Service/Schools/Special-educational-needs/Guidance-notes,-documents-and-forms/SEN-Support) |
| **National** |  |
| 5. SEND Code of Practice | [**https://www.gov.uk/government/publications/send-code-of-practice-0-to-25**](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) |
| 6. EHC Outcomes Pyramid | [**http://www.councilfordisabledchildren.org.uk/media/724423/ehc-pyramid.pdf**](http://www.councilfordisabledchildren.org.uk/media/724423/ehc-pyramid.pdf) |
| 7. Developing outcomes in EHC Plans | [**http://intranet.kirklees.gov.uk/getattachment/15d1ea2d-112a-4e42-844f-b837b3a2d72b/Developing%20outcomes%20in%20Education,%20Health%20and%20Care%20Plans.aspx**](http://intranet.kirklees.gov.uk/getattachment/15d1ea2d-112a-4e42-844f-b837b3a2d72b/Developing%20outcomes%20in%20Education,%20Health%20and%20Care%20Plans.aspx) |
| 8. SE7’s ‘Thinking about writing good outcomes’ | [**http://www.sendpathfinder.co.uk/coordinated-assessment-process**](http://www.sendpathfinder.co.uk/coordinated-assessment-process) **Appendix 4 and 5** |
| 9. Portsmouth’s ‘Evidence Writers Pack’ to support the development of outcome focussed advice for EHC plans | [**http://www.sendpathfinder.co.uk/coordinated-assessment-process**](http://www.sendpathfinder.co.uk/coordinated-assessment-process) **Appendix 1** |
| 10. Online training, Council for Disabled Children | [**http://training.councilfordisabledchildren.org.uk/course/view.php?id=7**](http://training.councilfordisabledchildren.org.uk/course/view.php?id=7) |

**10) Social Care/Early Intervention and Targeted Support (EITs) – checklist for schools and settings**

Please contact EITs Duty (EHAT) Coordinators on 01484 456823 if you require further information and guidance when going through this checklist

1. **When completing Section 1: About me of the My Support Plan with the family determine is there already an EITS Single Assessment being undertaken or is there a Team around the family plan (TAF) already in place?**

YesNo If no, please go to question 2.

*Please consult with the**Designated Safeguarding Lead Professional (DSL) in your school/setting for further support with this.*

**If yes:-**

**Relevant** information ie. relevant to Section 1:About me or relevant (ie. relating to the child/young person’s SEN) social care needs, outcomes and provision, from the single assessment/TAF may be transferred into the child/young person’s My Support Plan.

*Please consult with the Parents/Child/Young person and Lead professional to ensure they are happy for this to happen and to agree what information should be included in the My Support Plan.*

The My Support Plan and TAF should be jointly reviewed when appropriate (ie. the TAF **must** be reviewed every six weeks so when the MSP is due to be reviewed the two reviews can be brought together). This will ensure that the outcomes, steps, targets and provision in the MSP are jointly reviewed, updated and aligned with the TAF and agreed with the family and all professionals involved with the child. Remember the ‘tell it once approach’.

If you are unsure please call the EITs Single Assessment (EHAT) coordinators duty team who will give you further information and support on 01484 456823.

2. **When completing Section 1: About me of My Support Plan with the family – Does this discussion alert you that the child/young person and their family might benefit from some early intervention support?**

Yes  No  If no, no further action is necessary

*Please consult with the Designated Safeguarding Lead Professional (DSL) in your school/setting for further support with this.*

**If yes:-**

1. The child/ young person may meet the threshold for anEarly Intervention and Targeted Support (EITS) Single Assessment.

If you think this is the case, call a Team Around the Family meeting (TAF) at this point, in conjunction with your DSL. Please contact EITS Single Assessment (EHAT) coordinators duty team who will give you further information and support on 01484 456823.

*Please follow the link* ***below*** *for guidance on EITS – Single Assessment****.***

*See Early support and Intervention continuum of need on page 3.*

<http://www.kirkleessafeguardingchildren.co.uk/single-assessment.html>

At the TAF meeting joint outcomes will be set by the relevant professionals in attendance at this meeting to enable the family to make progress towards desired outcomes and these will be detailed in the TAF Plan, Single Assessment. The child/young person’s My Support Plan **must** also be considered at the TAF meeting where it should be agreed how the **relevant** (ie. relating to the child/young person’s SEN) social care needs, outcomes and provision for the child/young person are detailed in their My Support Plan.

1. If Section 1; About Me discussion has not triggered an EITS Single Assessment Part One, please consider whether single agency/ universal and targeted services are able to provide support for a child/young person and their family to meet their outcomes.

Please consult the Kirklees Local Offer at - <https://www.kirkleeslocaloffer.org.uk/> for details of services outlined below.

* Children Centres - Family workers
* Stronger Families
* Integrated Youth Support
* Voluntary and Community Providers
* Targeted Youth Support

**Note:**

Family Support - Family Intervention Project Commission (FIP) can only be accessed via the EITS Single Assessment process.

The Early Intervention & Targeted Support Service will be working in partnership with colleagues in other services to provide early support to vulnerable families. All Schools in Kirklees have a link worker within EITs, speak to your head teacher who will tell you who your School link worker is. For Private and voluntary sectors please contact [roger.clayphan@kirklees.gov.uk](mailto:roger.clayphan@kirklees.gov.uk) regarding your link worker for your area.

3. **Statutory Social Care Single Assessment Part One/ Level 3 and above.** **Is there an assessment ongoing or is there a Child in Need Plan or Child Protection Plan?**

Yes  No  If no, consider question 2.

**If yes:-**

Please contact the lead social work professional regarding the child/young person, to discuss how to review the MSP with any statutory plans in order to set joint outcomes collaboratively.

**4. Is the child/young person LAC?**

Yes  No

**If yes:-**

Please consider reviewing the Personal Education Plan (e-PEP) with the My Support Plan. You may have identified the child SEN through the PEP process. These documents should complement each other and not repeat information. Please consider the child/young person care plan and how the information may complement the MSP.

*Please contact Your Designated Teacher regarding aligning these reviews.*

5. Please summarise any actions you have taken to link the MSP with social care planning processes (as described above) and to collaboratively set outcomes

Date……………………………….. Signed……………………………………………………

**11) Health – checklist for schools and settings**

**When completing Section 1: About me of the My Support Plan with the family, confirm with them all of the Health professionals who are involved in their child’s care.**

Please tick all the Health professionals involved.

School Nurse

Nurse Specialist

Speech and Language Therapist

Physiotherapist

Occupational Therapist

Health visitor/CDC

Paediatrician

CAMHS/CHEWs worker

GP

Other

If other please specify **Epilepsy Nurses**

*If there is any lack of clarity or missing information, with parental consent please contact Locala – Single Point of Contact Centre on* ***0300 304 5555*** *to find out who is involved from health and request further information on behalf of the family.*

1. **Health Care Plans**

**General information**

A Health Care Plan should be put in place where:

* There is a health need supported by medical evidence;
* The child/young person’s health need is impacting on their education and requires management in their setting;

For example, a Health Care plan is necessary when a child has a condition such as asthma (an asthma plan should be in place and parents will have been given doctor’s advice re ongoing management).

A Health Care Plan can be developed with school and parents, and where necessary and on the judgement of the parents and school, with the support of a Health Professional i.e: School Nurse or Nurse Specialist.

A Health Professional **must** be involved in the development of a Health Care Plan when health needs are more complex i.e epilepsy; pain; asthma or is on medication or has a gastrostomy; tracheostomy etc.

*If you require further support from a Health Professional and you are not sure who to contact, with parental consent please contact Locala – Single Point of Contact Centre on* ***0300 304 5555*** *to find out who is involved from health and request further information on behalf of the family.*

**1a. Does the child/young person have a Health Care Plan?**

Yes  No  If no, please go to question 1b.

**If yes:-**

**Relevant** information relating to the Section 1: ‘About me’ or relating to the child/young person’s SEN/ health needs; outcomes and provision from the Health Care Plan may be transferred into the child/young person’s My Support Plan.

*Please consult with the Parents/Child/Young person and where appropriate the nurse or most appropriate professional to ensure they are happy for this to happen and to agree what specific information should be included in the My Support Plan.*

The Health Care Plan and My Support Plan should be jointly reviewed when appropriate (e.g: the Health Care Plan **must** be reviewed when there is any change in the child’s health/medical needs so if the MSP is due to be reviewed then the two reviews can be carried out together). This will ensure that the outcomes, steps, targets and provision in the MSP are jointly reviewed, updated and aligned with the Health Care Plan and agreed with the family and all professionals involved with the child or young person.

**1b.** **When completing Section 1: About me of My Support Plan with the family – Does this discussion alert you that the child/young person has medical needs that may require a Health Care Plan to be put in place?**

Yes  If yes, please follow guidance above *‘Health Care Plans’*

No

1. **Therapies**

**2a. Is a Speech and Language Therapist (SALT), Occupational Therapist (OT) and/or Physiotherapist (PT) involved?**

Yes  If yes, please follow guidance below.

No  If no, please go to question 2b.

Where advice is already being provided by therapists:-

* Speech and Language Therapists (SALT) will be helping schools and settings to build on their own assessments of the child/young person’s speech, language and communication needs, which can be reflected in Section 2 of My Support Plan.
* Physiotherapists and Occupational Therapists (PT/OT) will be involved in determining the nature and extent of the child/young person’s physical needs which can be reflected in Section 2 (where there is a direct impact on education or training) and/or Section 3 of My Support Plan.

Therapists will work with the family; the school/setting and other professionals where appropriate in order to develop SMART outcomes and steps within My Support Plan. They will agree arrangements for delivery of provision to enable the child/young person to make progress towards achievement of their outcomes and make appropriate arrangements for reviewing progress, which will be need to be reflected in the relevant sections of My Support Plan.

Any written reports/advice produced by the therapists will reflect the above.

**2b. When completing Section 1: About me of My Support Plan with the family – Does this discussion alert you to the possibility that the child/young person and their family might benefit from a SALT/PT/OT referral?**

Yes  If yes, please follow guidance below.

No

To make a referral in **North Kirklees** go to:-

[www.locala.org.uk/ereferrals](http://www.locala.org.uk/ereferrals)

To make a referral in **Greater Huddersfield** go to:-

Children’s Therapy Website for Calderdale & Huddersfield NHS Foundation Trust [www.cht.nhs.uk/childrens-therapy-services](http://www.cht.nhs.uk/childrens-therapy-services) (referral form can be found under ‘Making a Referral’).

5. Please summarise any actions you have taken to link the MSP with health involvement (as described above) and to collaboratively set outcomes

Date……………………………….. Signed……………………………………………………

*This checklist is being further developed to include CAMHS/CDC/Health Visitor etc. and will be updated accordingly.*

**My Support Plan**

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| --- |
| My name is Sarah  I am known as Sarah    My date of birth is 01.01.2018  My school/setting is Billy Bears Nursery    Current photo of me    C:\Users\ClaireMFisher\Desktop\frame.png |
| My Support Plan: Number 1 Date 08.02.21     |  |  | | --- | --- | | Date of 1st review (R1): | 29.03.21 | | Date of 2nd review (R2): |  | | Date of 3rd review: |  |   **School logo** |
| |  | | --- | | **Introduction to My Support Plan**  This is My Support Plan. Included in my plan is information on;   * what is important to me and to my parents, including our goals and aspirations for the future; * my strengths, my special educational needs (SEN) and my health and social care needs which relate to my SEN; * the outcomes which will help me to move towards my goals and aspirations; * the support given to me to help me to make progress towards my outcomes.   My plan should be a useful working plan for those involved in supporting me, and should actively promote co-ordinated support for me and my family so that I can make progress.  I might already have other plans in place such as (please tick as appropriate):-  Team around the Family (TAF) Plan  Child in Need Plan  Child Protection Plan  Personal Education Plan (PEP)  Looked After Child Care Plan    Health Care Plan  Please gain consent of Parent/Carer when using information from plans listed above.  Signed by parent/carer………A.N.Other……………………………………………………….  Please see attached ‘My Support Plan - Information & Guidance’ for further information on aligning My Support Plan with existing plans, and how to act on information which indicates that a child/young person and their family may benefit from further support. | |  | |

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**Section 4: My social care needs which relate to my special educational needs**

**Section 5: Outcomes and provision**

**Section 6: Reviewing My Support Plan**

**Section 7: Appendices**

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| **Section 1: About me**   1. **my profile**   **My profile has been written by:**    **Me  ~~Me with help from………………………….~~ My Parent** |
| **When and how I communicate best, and what help I need**  I am non-verbal but will make repetitive sounds and the adults around me know I am settled and happy. I get frustrated when I don’t want to do something or do not understand what you want me to do. When I am frustrated, I can shout through gritted teeth and arch my back.  I need help with understanding routines and with self-care.  **How information and choice need to be presented to me to help me make decisions**  I need objects of reference showing to me to support my understanding of routine. You  cannot yet pass me the object of reference as I throw it on the floor. |
| **What people like and admire about me**   * My laugh and my smile. * My cuddles when I am tired. * My determination. |
| **What I enjoy doing and what I do well**  **In school/setting:**   * I am enjoying throwing objects against the concrete to make loud noises * I like to run * I like to splash in any water.   **Out of school/setting:**   * I like having a bath * I like the garden * I like being chased around the house |
| **What is important to me now**   * To not be frustrated so I do not hurt myself. * To eat more foods |
| **What are the things that aren’t working so well for me at the moment**   * Verbal communication * Understanding routines. |
| **What would make things better for me**   * Help with communicating * Help with understanding routines |
| **What are my goals and aspirations for the future –**  **Short term - the next 6-12 months**   * To make progress with my communication * To not be as frustrated   **Long term - what I want for my future beyond next year and ‘when I am an adult’**   * To attend a mainstream school * To communicate effectively with adults and peers |

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| **Section 1: About me**  **b) my story (background information)**  **My story has been written by:  My parent  My carer  Me**    **with help from………………………..** |
| **Growing up**   * Sarah was born at 37 weeks and was a natural birth. * On coming home Sarah fed and slept well. * Sarah began crawling around 7 months and began walking around 14/15 months * Around the age of 6 months Sarah would say ‘mama’ and ‘dada’ but at the age of 1 Year old stopped saying them. * At Sarah’s 2 Year check there was concerns raised about her communication and interaction and she was referred to a Paediatrician and Speech and Language Therapy. * At 2 years and 10 months Sarah was placed on the Neurodevelopmental Pathway. * Sarah started at Billy Bears Nursery in September 2019, the September after she was 3. Sarah had not attended any other childcare setting. |
| **People involved in helping and supporting me**   * Sarah’s family * Sarah’s Keyworker in Nursery * Speech and Language Therapy * Paediatrician * Kirklees Early Years SEND Support Service * Family Support Worker * Epilepsy Nurses |
| **How do I feel when I am at school/setting and how do I feel and behave when I come home from school/setting**   * Sarah seems happy in nursery unless she does not understand and becomes frustrated. * Sarah can be tired when returning from nursery and can be a bit grumpy. * Even though Sarah is tired she can be very active when she returns home, and doesn’t usually sit still until she is asleep |
| **Any other things which are important for you to know about me**   * I like to wander and run off, so I need a hand to hold. * You must tap me to get my attention. I do not respond to my name. |

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| **Section 1: About me**  **c) my family**  **My family has been written by: My parent  My carer  Me**    **with help from…………………………….** |
| **My family at home / extended family**   * Sarah lives at home with mum, dad, 3 older brother and 1 younger sister. * Sarah has 2 older step sisters who stay every other weekend. * Sarah spends a lot of time with her maternal grandparents and they help with childcare. |
| **Wider community connections**   * Sarah enjoys going to the local play gym on a Thursday afternoon for a session for children with Special Needs. * Sarah enjoys going to Sha-Bang on a Wednesday afternoon. |
| **Times or days or barriers that make it difficult for me or my family to attend appointments or to meet professionals**   * Mum is available most afternoons, but dad will need good notice to attend meetings due to work. |
| **Any other things which are important for you to know about my family** |

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| **Section 1: About me**  **d) my parents/carers views**  **Written by:  My parent  My carer**  **with help from…………………..** |
| **What is important for my child now**   * For Sarah not to be frustrated so she does not hurt herself. * For Sarah to eat more foods |
| **What is not working so well for my child at the moment**   * Verbal communication * Understanding routines. |
| **What would make things better for my child**   * Help with communicating * Help with understanding routines |
| **What are my goals and aspirations for my child**  **Short term - the next 6-12 months**   * To make progress with her communication * To not be as frustrated   **Long term - what I want for my child’s future beyond next year and ‘when they are an adult’**   * To attend a mainstream school * To communicate effectively with adults and peers. |

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| **Section 2: My special educational needs**  **My strengths and my special educational needs are described by my family, education, health and care services. Their assessments are listed at the end of My Support Plan.** |
| **A summary of my needs**  Sarah is a little girl with complex social communication needs, who is presenting with needs across all areas of her development. Sarah is currently aged **37 months**. All areas of Sarah’s **Personal, Social and Emotional Development,** **Physical Development** and **Communication and Language** are below her developmental age.  Sarah is currently receiving support from Speech and Language Therapy; Kirklees Early Years SEND Support Service and is currently waiting on the Neurodevelopmental Pathway.  Sarah also has a diagnosis of Epilepsy and along with her family and setting, is supported by the Epilepsy Nurses.  Sarah requires a high level of support when accessing areas of provision throughout the nursery, this includes objects of reference for transitions of routines. Sarah is currently at the stage of these being shown as she throws them if they are passed to her.  Sarah requires a high level of support in all self-care skills and is not, yet toilet trained.    Sarah likes to move from area to area quickly and independently. Sarah explores orally and likes to run indoors and outdoors looking for objects to put in her mouth. Sarah has good skills our pouring in the sand and water but is not yet extending her play. Sarah enjoys cause and effect toys that have lights and sounds. |
| **Cognition and Learning**  **Sarah is currently presenting below her developmental age across the EYFS and the small steps document is being used to track her progress.**   * Sarah can be very distracted by what is going on around her. * Sarah will spend limited amounts of time in areas of provision and will flit from one area to another * Sarah is showing a very trajectory patterns of movement in her play, enjoying throwing and pushing. * Sarah can get become quite fixated with the patterns of her play and this is then difficult to move her on to the next activity. * Sarah will find an object in provision to explore with her mouth. * Sarah finds it difficult to extend her play and an adult will model this alongside her. However, Sarah needs to be accepting of the interaction for this to continue. * Sarah can independently use cause and effect resources in the sensory room, being able to turn the sensory light tile on and off by tapping. |
| **Communication and Interaction**  **Sarah is currently below her developmental age in communication and language and is currently receiving support from Speech and Language Therapy.**   * Sarah uses repetitive sounds when vocalising. * Sarah will use the word ‘hiya’ during play but not in the correct context. * Sarah does not respond to her name. * Sarah has limited eye contact; this increases during productive Intensive Interaction activities. * Sarah is beginning to engage in intensive interaction activities around sharing personal space. * Sarah shows no awareness of her peers and will push past them to get to where she is going. * Sarah will put her hands up in the air to request a cuddle from a familiar adult. * Adults are using Objects of Reference with Sarah to transition her to different areas and to differing routines. * To communicate that Sarah is frustrated she will make a loud noise through gritted teeth and arch her back. * When hearing familiar nursery rhymes and songs Sarah will often smile and rock her body backwards and forwards. |
| **Social and Emotional**  **Sarah is working below her developmental age across her Personal, Social and Emotional Development.**   * Sarah cannot regulate her emotions independently. * On entering setting Sarah will transition in with a very impassive manner. * Sarah can quickly become frustrated, from being settled and this can result in Sarah throwing objects, hitting, and arching herself backwards. * On occasion Sarah has also bitten others. * To support regulation Sarah seeks objects to place in her mouth, at this time a sensory chew is offered. This can regulate Sarah quickly. * Sarah is regulated when playing in the water tray or running the water from the taps in the sink watching the water run over her hands. * Sarah will become easily unsettled when sat in a large group. During these times she can sometimes regulate with the support of her sensory chew, other times she becomes so overwhelmed she need to be taken away from the activity to an activity that can regulate her, i.e., the water tray. * Sarah finds the sensory room calming but there is sometimes a danger that she can become over stimulated so she only spends short amounts of time in there. * Sarah does not seek out adults or peers for social involvement and will play solitary with little or no interaction with others. * Sarah is beginning to let adults share her personal space, but this is only for short burst of 30 seconds. * It is not clear when Sarah needs an adult for comfort but if she is seeking it, she will approach her known adult and raise her arms for then to pick her up. * Sarah is unhappy during nappy time and this can often take 2 adults to change her. |
| **Sensory and/or Physical**  **Sarah a is developing below her developmental age across Physical Development. Sarah has a Health Care Plan due to her diagnosis of Epilepsy.**   * Sarah has a diagnosis of epilepsy. Staff are trained to administer recovery medicine in the event of a seizure. * Seizures leave Sarah very tired which can result in 1 or 2 days of nursery. * Sarah sensory seeks using her mouth. She put objects in her mouth, and she will put her teeth together and taps the object on them. * Sarah enjoys making loud noises by banging objects on the walls and floor. * If there is an unexpected loud noise Sarah can become very anxious and will need support to calm and regulate. * Sarah has no concept of danger and will climb on tables, chairs and into the water tray. * Sarah enjoys accessing the sensory room with the lights off and the disco ball, bubble tube and interactive tile on. Sarah will watch the lights circling the room and tap the interactive light tile. * Sarah can spend a long time exploring and splashing in the water tray. Which can be very repetitive of filling and pouring. * Sarah is not independent in any self-care practices and needs full adult support for nappy changing, mealtimes, dressing and washing of hands. * Sarah is reluctant to eat food of a ‘sloppy’ consistency and a crunchy consistency. * Sarah will eat a yogurt with full support, adult feeding as she is unable to put a loaded spoon into her mouth. |
| **Preparing for key transitions and/or preparing for adulthood**   * To support Sarah and her family with all transitions it is important that strategies carried out in day-to-day provision are transferred to bigger transitions. * Sarah’s medication must be with her supporting adults at all times. * Sarah must always have her sensory chew with her when transitioning into somewhere new. * Good communication with Sarah’s families around what these transitions will look like is imperative to ensure consistency. * For Sarah to have a successful transition parents, settings and all involved need to have a joined-up approach. * As Sarah is starting school in September 2022, parents will need to begin to look at schools that can meet Sarah’s needs, with support from all involved. |

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| **Section 3: My health needs which relate to my special educational needs** |
| I have a diagnosis of epilepsy. I have epilepsy nurses who support me and the setting.  I have a health care plan as I need the rescue medication ‘Buccolam Midazolam.’ Key members of staff are trained to administer it.  Sometimes after a seizure I am absent from setting due to tiredness and recovery. I miss my learning time. |

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| **Section 4: My social care needs which relate to my special educational needs** |
| Myself and my family are being supported through ‘Team Around the Family.’ This support started in August 2020. |

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| **Section 5: Outcomes** **and provision** | | **Supported**  **by** | | |
| **My Outcomes:-**   * are what I will be able to do by the end of a phase or stage of education * should take into account what is important **to** me and help me move towards my goals and aspirations * should take into account what it important **for** me and address the area of my needs (barriers) set out in Section 2, 3 and 4 of my plan so that I can make progress. Sometimes an outcome will address more than one area of my needs and may be shared across education, health and social care | | **Education** | **Health** | **Social Care** |
| **Explanatory note**  (*Add or delete outcome boxes as appropriate)* | *The area(s) of my needs this outcome will address: ……………………………..*  *(eg. Cognition & Learning, Communication & interaction, Social and Emotional, Sensory and Physical, Preparing for key transitions/preparing for adulthood, Health needs, Social Care needs or more than one area of need – Cognition and Learning/Communication and Interaction, Sensory and/or Physical/Health needs)*  *Use wording which allows the outcomes to be measurable (SMART):-*  *Ie. By the end of key stage (Early Years Foundation Stage (EYFS)/ KS1/KS2/ KS3/KS4) &&& will be able to…………………………* |  |  |  |
| **Outcome**  **1** | This area of my need this outcome will address ***Communication & Interaction***  By the end of the EYFS Sarah will be able to follow the setting routines using visual support and commented by an adult. | X |  |  |
| **Outcome**  **2** | This area of my need this outcome will address ***Communication & Interaction***  By the end of the EYFS Sarah will communicate her needs and wants to a familiar adult through gestures, sounds words, body language, facial expressions and possible use of visual aids | X |  |  |
| **Outcome**  **3** | This area of my need this outcome will address ***Communication & Interaction. Social & Emotional***  By the end of the EYFS Sarah will share a focus of attention with up to two peers during an activity of her choosing in an interaction activity for 5 minutes with adult support | X |  |  |
| **Outcome**  **4** | This area of my need this outcome will address ***Sensory & Physical***  By the end of the EYFS Sarah will begin to develop confidence in her self- help skills including eating and personal care with adult support. | X |  |  |
| **Outcome**  **5** | This area of my need this outcome will address ***Sensory & Physical***  By the end of EYFS Sarah will self-regulate by accessing a sensory diet with adult support. |  |  |  |

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| **Provision**  The provision (support) to meet my special educational needs (Section 2) and needs which relate to my special educational needs (Sections 3 & 4). This provision should help me to make progress towards achieving my outcomes.  Steps I will make towards achieving my outcomes  Steps towards outcomes will also be set out in this section, leading towards the achievement of the outcomes. They should normally be relevant for at least a year and sometimes longer. Where appropriate, they can be expressed separately for education, health and social care.  Short term targets  These can be reviewed and amended regularly to ensure that the child/young person remains on track to achieve the outcomes. Regular progress monitoring should always be considered in the light of the steps, outcomes and aspirations.  *Key*  *At each review, update My Support Plan to set new targets, make adjustments to provision etc.*   * *at the 1st review - add to these columns and indicate additions with an R1 and the date of the review;* * *at the 2nd review – add to these columns and indicate additions with an R2 and the date of the review;*   *If a provision is no longer in place then ~~strikethrough.~~ If no strikethrough then this will indicate that provision is still in place and potentially being added to at the review.*   * *at the 3rd review ensure all sections of My Support Plan are fully reviewed and updated to produce a ‘new’ My Support Plan. No history of amendments need to be shown on the ‘new’ My Support Plan as the history will be recorded on the previous plan. The number ‘My Support Plan’ should be recorded on page 1. The beginning of this key then applies again.* |
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| **No. of outcome** | **Steps I will make towards achieving this outcome**  *(each outcome may need more*  *than one step)* | **Short term targets**  *(each step may need more than*  *one target)* | **What needs to happen to help me achieve this outcome?** | **Who will do it?** | **How often?**  **(frequency and duration)** | **Resources required (including weekly costs)** |
| **Notes** | *Use wording which allows steps to be measurable (SMART):-*  *ie. By the end of year %%%, &&& will be able to………..*  *Outcomes may be supported by education and/or health and/or social care. Steps towards outcomes might be expressed separately for education, health and social care and should* ***all*** *be brought together within this plan. Information to support this is provided in the My Support Plan Information and Guidance.* | *Use targets to ensure child/young person remains on track to achieve steps/outcomes and enable regular progress monitoring. Use wording which allows targets to be measurable (SMART):-*  *ie.By the end for the autumn term/within the next 6 weeks, %%% will be able to…..*  *If adjustments need to be made to targets between reviews these should be added and dated in the appropriate section.* | *Describe provision and delivery - ie. approaches, programmes, training, resources, materials and how they are delivered eg. in the classroom, in a small group, 1-1*    *Descriptions of provision must be clear and understandable to those involved ie. parents and practitioners across services.*  *Please be clear about the purpose of the provision and avoid jargon, abbreviations etc.* | *ie. Teacher, SENCO, Teaching Assistant, Teaching Assistant with specific training or skills or health or social care professional as determined by health and social care assessments* | *Ie. 3xper week, 20 minutes per session* | *Identify where the resources come from ie Education, Health or Social Care. Where funding comes from a school’s delegated funding (Elements 1&2) provide weekly costs* |
| **No. of outcome** | **Steps I will make towards achieving this outcome**  *(each outcome may need more*  *than one step)* | **Short term targets**  *(each step may need more than*  *one target)* | **What needs to happen to help me achieve this outcome?** | **Who will do it?** | **How often?**  **(frequency and duration)** | **Resources required (including weekly costs)** |
| **1** | **By February 2022** Sarah will begin using a range of objects of reference across the setting. | **By w/b 29.03.21 (6 weeks)** Sarah will follow the object of reference for the water tray, sand tray and nappy changing when supported by an adult on three separate occasions.  **(R1) PARTLY MET**  **(R1) By w/b 10.05.21 (6 weeks)** Sarah will follow the object of reference for the water tray, sand tray, nappy changing **and sensory room** when supported by an adult on three separate occasions. | Adult shows Sarah the object of reference for the area and uses key vocabulary alongside i.e., ‘sand’ or ‘water or nappy **or sensory**’ and guide her to the area.  This to be used consistently within the setting by all adults.  **Target Offered by Speech and Language Therapy.** | Keyworker/ familiar staff within the setting. | During session when appropriate. | Attends 30 hours.  SENDIF S5 95% - £285.00  Setting fund 5% - £15.00 |
| **2** | **By February 2022** Sarah will give eye contact to familiar adults to indicate her wants and needs. | **By w/b 29.03.21 (6 weeks)** Sarah will give a gesture to indicate that she wants a highly motivating activity to continue on three separate occasions.**(R1) NOT MET**  **(R1) By w/b 10.05.21 (6 weeks)** Sarah will give a gesture to indicate that she wants a highly motivating activity to continue on three separate occasions | Using an area of Sarah’s interest (water or sand) use the pause and wait method to encourage Sarah to show response to wanting it to carry on.  The gesture may be a body movement, a look, a smile etc………  **Target Offered by Speech and Language Therapy.** | Keyworker/ familiar staff within the setting. | During session when appropriate. | Attends 30 hours.  SENDIF S5 95% - £285.00  Setting fund 5% - £15.00 |
| **3** | **By February 2022** Sarah will begin to enjoy joint-focus activities with a well-known trusted adult when accessing different areas of provision. | **By w/b 29.03.21 (6 weeks)** Sarah will tolerate an adult sat beside her while accessing the sensory room once a day. **(R1) MET**    **(R1) By w/b 10.05.21 (6 weeks)** Sarah will tolerate an adults light touch when in the sensory room with hand over hand activities. | A well-known, trusted adult will set a calming atmosphere. The adult will follow the Sarah’s lead judging whether Sarah is happy for it to continue. No demands should be made on Sarah. If she becomes unhappy the interaction needs to stop. **Target Offered by EYSEN** | A well-known trusted adult. | Once a session. | Attends 30 hours.  SENDIF S5 95% - £285.00  Setting fund 5% - £15.00 |
| **4** | **By February 2022** Sarah will show more independence in feeding, building up her use of another cutlery.  **By February 2022** Sarah will accept nappy changing routines with a familiar adult. | **By w/b 29.03.21 (6 weeks)** Sarah will begin to move a pre-loaded spoon when prompted by an adult at every mealtime. **(R1) CHANGED**  **(R1) By w/b 10.05.21 (6 weeks)** Sarah will begin to move a pre-loaded spoon when guided with a hand over hand approach from a familiar adult.  **By w/b 29.03.21 (6 weeks)** Sarah will begin to accept the nappy changing routine in response to adults singing familiar nursery rhymes. **(R1) PARTLY MET**  **(R1) By w/b 10.05.21 (6 weeks)** Sarah will begin to accept the nappy changing routine in response to adults singing familiar nursery rhymes. | The adult will begin with a hand over hand strategy using simple verbal cues such as ‘up’ and ‘in’. Gradually move the hand away and support Sarah still, with simple verbal cues such as ‘up’ and ‘in’.  Adult will show the object of reference and keep language to a minimum. The adult will sing familiar nursery rhymes gently as she is changed.  **Target offered by Setting.** | A well-known trusted adult.  A well-known trusted adult. | At key meal times  At nappy times. | SENDIF S5 95% - £285.00  Setting fund 5% - £15.00  SENDIF S5 95% - £285.00  Setting fund 5% - £15.00 |
| **5** | **By February 2022** Sarah will be guided to the sensory room when not regulated due to becoming more familiar with it. | **By w/b 29.03.21 (6 weeks)** Sarah will be led by the adult to seek out sensory experiences within the sensory room 3 times per session. **(R1) NOT MET**  **(R1) By w/b 10.05.21 (6 weeks) Using an object of reference** Sarah will be led by the adult to seek out sensory experiences within the sensory room 3 times per session. **NOT MET** | Motivating sensory activities which help Sarah self-regulate and soothe to be available to Sarah when she is calm in the sensory room. Adult to lead so that it is not always on Sarah’s Terms.  **Target offered by EYSEN** | A well-known trusted adult. | 3x per session | SENDIF S5 95% - £285.00  Setting fund 5% - £15.00 |

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| **Section 6: Reviewing My Support Plan Date of review: 29-3-2021 1st review (R1)** | |
| **No. of outcome** | **Progress towards outcomes in My Support Plan**  *(to include whether the steps I will make towards achieving this outcome have been met, partly met, not met or need to be changed)* |
| **1** | **Sarah will follow the object of reference for the water tray, sand tray and nappy changing when supported by an adult on three separate occasions – PARTLY MET**  Sarah has a keen interest in the sand and water tray. Therefore, she is beginning to respond but more consistency is needed. Nappy time is still needing a lot of focus. Parents have sated that they will work on nappy time at home also. Sensory Room object to be introduced – see Outcome 5. |
| **2** | **Sarah will give a gesture to indicate that she wants a highly motivating activity to continue three separate occasions. NOT MET**  Very recently Sarah has begun moving her body towards the adult when she wants the adult to carry on pouring water on her hand. Sarah has not transferred this to any other area within the provision and it still needs to be an outcome. Parents have not seen any requests at home. |
| **3** | **Sarah will tolerate an adult sat beside her while accessing the sensory room once a day. MET**  Sarah is very happy to have an adult sat close by her. The target needs to now progress towards Physical contact with an adult such as light touch on her hand as she touches the sensory equipment (hand over hand). |
| **4** | **Sarah will begin to move a pre-loaded spoon when prompted by an adult at every mealtime.** **CHANGED**  To break this target down there will be a hand over hand approach to put the spoon to Sarah’s mouth as she still does not tolerate this. This will be addressed in the intensive interaction approach in Outcome 3.  **Sarah will begin to accept the nappy changing routine in response to adults singing familiar nursery rhymes. PARTLY MET**  Sarah has become a little bit more settled once the singing starts. She seems to enjoy this for the beginning of the nappy time but is still getting frustrated. Introduce a song that finishes as nappy time finished so she knows it will end. |
| **5** | **Sarah will be led by the adult to seek out sensory experiences within the sensory room 3 times per session. NOT MET**  Sarah is finding the transition difficult to the sensory room but once she is there, she is tolerant of the adult sat beside her. Continue with this using an object of reference. See Outcome 1. |
| **What is working well with provision and support and needs to continue?**  Sarah is building relationships in the setting now and tolerating her familiar staff member next to her.  Parents are happy with how staff, and Sarah’s keyworker are feeding back progress from targets and linking with other professional to support Sarah’s needs**.** | |
| **What isn’t working well with provision and support and needs to finish or change?**  Transitions need more support and focus. Objective of reference to be introduced for sensory area.  Hand on hand approach to be continued with spoon and feeding and built into intensive interaction outcome to help Sarah tolerate light touch. | |
| **Should anything new be introduced to match the parent/child’s goals and aspirations?**  Sensory checklist to be completed with EYSEN to look at Sarah’s sensory sensitivities as a whole. | |
| At this review, update My Support Plan to set new targets, make adjustments to provision etc. Please reference these updates with an R1 and the date of the review in **Section 5**.  If any provision is not continuing then ~~strikethrough~~ in **Section 5**. If no strikethrough then this will indicate that provision is continuing and if it is being added to following this review please reference these additions with an R1 and the date of the review. | |
| **Section 6: Reviewing My Support Plan Date of review: 2nd review (R2)** | |
| **No. of outcome** | **Progress towards outcomes in My Support Plan**  *(to include whether the steps I will make towards achieving this outcome have been met, partly met, not met or need to be changed)* |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| **7** |  |
| **What is working well with provision and support and needs to continue?** | |
| **What isn’t working well with provision and support and needs to finish or change?** | |
| **Should anything new be introduced to match the parent/child’s goals and aspirations?** | |
| At this review, update My Support Plan to set new targets, make adjustments to provision etc. Please reference these updates with an R2 and the date of the review in **Section 5**.  If any provision is not continuing then ~~strikethrough~~ in **Section 5**. If no strikethrough then this will indicate that provision is continuing and if it is being added to following this review please reference these additions with an R2 and the date of the review. | |
| **Section 6: Reviewing My Support Plan Date of review: 3rd review** | |
| **No. of outcome** | **Progress towards outcomes in My Support Plan**  *(to include whether the steps I will make towards achieving this outcome have been met, partly met, not met or need to be changed)* |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| **7** |  |
| **What is working well with provision and support and needs to continue?** | |
| **What isn’t working with provision and support and needs to finish or change?** | |
| **Should anything new be introduced to match the parent/child’s goals and aspirations?** | |
| At this review ensure all sections of My Support Plan are fully reviewed and updated to produce a ‘new’ My Support Plan. No history of amendments need to be shown on the ‘new’ My Support Plan as the history will be recorded on the previous plan. The number ‘My Support Plan’ should be recorded on page 1. | |

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| **Section 7: Appendices**  **Documents that inform My Support Plan** |
| **Family/Young person**  **(Reference (and date) below)** |
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| **Education**  **(Reference (and date) eg. previous My Support Plan(s), risk assessments/positive handling assessments, behaviour log/diary)** |
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| **Health**  **(Reference (and date) eg. Health Care Plan, Therapy advice, Paediatricians report)** |
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| **Social Care**  **(Reference (and date) eg. TAF Plan, Child in Need Plan, Child Protection Plan, PEP, Care Plan)** |
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| **Careers** |
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| **Other evidence from other people or agencies** |
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| *It is good practice to make sure that the young person/parents understand what information is being used to inform the My Support Plan and that some of this information may need to be shared more widely with the professionals involved in order to work effectively together to support the child/young person.* |
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