

Case number: 10-02517
Appeal by: M and P M
Against a decision of: Hertfordshire County Council
Concerning: STM (born on the)
Date of hearing: 25 January 2011 and the 9th May 2011

Tribunal

Tony Askham Tribunal Judge
Ken Chapman.
Helen Cook

Appeal

Mr. and Mrs. M appeal under Section 326 of the Education Act 1996 against the contents of a Statement of special educational needs made by the Hertfordshire County Council (LA) concerning their daughter T.

Attendances:

For the parents

(On the 25.1.11)

Douglas Silas	Solicitor - representative
Mr. and Mrs. M	Parents
RB	Educational Psychologist
JF	Speech and language therapist

(On the 9.5.11)

Douglas Silas	Solicitor - representative
Mr. and Mrs. M	Parents
RB	Educational Psychologist
LMD	Deputy Head School

For the Local Authority

(On the 25.1.11)

Mark Small.	Solicitor- representative
Mrs. G	Head teacher School
HH	Speech and Language therapist
MS	Educational psychologist
MS	Observer

(On the 9.5.11)

Mark Small.
RG
PL

Solicitor- Representative
Head of School
Head of Education School.

Preliminary matters and background:

1. Despite this case having been adjourned in December little progress had been made in reaching agreement on Parts 2 and 3 of the Statement and as a result there were a substantial number of issues which we set out below for the Tribunal to hear evidence on and resolve at the first hearing on the 25th January 2011.
2. In areas where there was agreement the parties were content to reflect that agreement in an updated working document and deliver it to the Tribunal by 5 pm on Friday the 29 January 2011. That agreed working document is attached to this decision with the further amendments we made to it upon deciding the outstanding issues and following the application for Review.
3. At the first hearing we admitted late evidence concerning School (), the school now argued by the parents to be named in Part 4 and a letter and accompanying report from Dr R G, a clinical psychologist at Hertfordshire community NHS Trust. Both parties agreed the documents were an essential part of the issues to be decided by us and that we should admit them.
4. At the end of the first day we agreed to deliver a decision on the issues in dispute on parts 2 and 3. This we did in a decision dated the 4th February 2011. We ordered the type of school to be named in part 4 of the statement but adjourned naming it to allow both parties to put before us details of the school argued for by each.
5. Following our first decision the LA issued an application for leave for permission to appeal dated the 11th February 2011 and the parents responded thereto with a reply drafted by counsel.
6. Further the parents made an application for the costs incurred by them arising out of the postponement of the hearing originally listed for hearing on the 14th and 15th of December but which was postponed after a TCMH on the LA's application because of the illness of its representative and one of its witnesses. The LA had lodged a full written response to the application.
7. At the second hearing we admitted a full assessment of T carried out by School () on the 5 and 6th April 2011.
8. Given our decision on the application for leave to appeal we considered it sensible to provide a final decision on all the issues incorporating our first decision.

The issues at the hearing on the 25.1.11

9. The working document and the discussion with the representatives showed that the following issues needed to be decided by us.

In Part 2

10. Is it right to say that T's learning is affected by her interaction with her peers and other adults?
11. Does a description of the strategy used by the school to get T on task need to be included?
12. Is it correct to identify the fact that T appears happy did not mean that she was and is this part of her medical condition?
13. Does T have 'temper tantrums'?
14. Is it right to say that T is a "very effective communicator of how she feels by non verbal means"?

In Part 3

15. Should the provision for speech and language "focus on developing her oral motor skills"?
16. Does T need intensive use of PECs across the whole school day?
17. Should the level of Speech and language therapist involvement be 45 minutes a week as argued for by the parents or 90 minutes a month suggested by the LA?
18. Does T need to be assessed by an AAC expert to see if there is a communication aid appropriate to her?
19. Does T need a high level of adult 1:1 support?
20. Does T need short bursts of individual work away from the whole class?
21. Does T need a behaviour management programme, which operates across school, home and respite care provision?
22. Is it right to describe her behaviour as "challenging?"
23. Does she need only a small number of people working with her?
24. Does she need a waking day curriculum?
25. Does T need weekly hydrotherapy/swimming?

26. Does she need a school where she can participate in physical activity after school hours?
27. Does she require an educational physiotherapy provision to the type and extent argued for by the parents?

Part 4

28. Should Part 4 of the statement provide for a specialist post 16 placement providing residential placement and a waking day curriculum?
29. Is School, the school T currently attends, (), meeting and able to meet in the future T's special educational needs?
30. Can School () meet T's needs and be named in Part 4?

The issues to be decided at the hearing on the 9.5.11

31. At the hearing on the 9th May 2011 we had to resolve three issues arising from the appeal and subsequent applications.
32. First should we name School in part 4 of the statement as argued for by the LA or School as argued for by the parents? In that respect the LA accepted that School could meet T's needs but the parents denied that School could.
33. Secondly should we give leave to appeal our first decision or review it?
34. Should we make an order for costs against the LA in respect of the parents' application following the postponement of the December hearings?

The evidence on the 25th January 2011

Parental evidence

35. We first heard evidence from T's parents. Th suffers from Angelman Syndrome (AS) a rare chromosomal disorder that affects the nervous system and manifests itself as global developmental delay associated with learning, speech and language, fine and gross motor and behavioural difficulties. They told us of the difficulties they experienced with her in taking her out and her problems with walking over uneven ground.
36. As a result of the issues with her behaviour the family has, over the years, become increasingly reluctant to take her out into the community. They told us of how her inability to understand social norms can result in difficult situations in public places and how, when anxious or angry, she will rip her clothes. They told us she had temper tantrums. They considered that much of this behaviour stemmed from her frustrations because of her

inability to communicate. They told us that she liked to watch a film and eat. She enjoys cooking. They described her as sociable.

37. T attends, a LA facility for respite care, for 48 nights a year and the family also receive direct payments which they use for carers for T at home. They told us that they believed that T needed a consistent approach across school, home and respite provision to enable her to behave appropriately. They considered that her current school did not use consistent approaches and as a result three separate management programmes were in place. In addition they believed that T needs an intensive input over the final period of her education. She was still capable of learning. With this there would be opportunity for improvement for instance in the area of incontinence at night, her communication skills and her life skills.
38. Whilst they accepted that she would never be independent her quality of life could be improved by such input and her behaviour could also improve. As a result they maintained that a placement at a residential specialist school was required. They had seen a number of schools and they wished T to attend School. They were concerned that T had regressed in some skill areas and was not as happy as in the past and is unfulfilled.

Evidence from the school

39. We then heard from Mrs. W, the head teacher at School. The school is an LA maintained special school for pupils with severe learning difficulties aged 2-19. The school had been converted from a former infant school and it now had a hydrotherapy pool, sports hall and grounds, which included a sensory garden and an adventure playground.
40. She told us that T is now in the Post 16 School where the curriculum focuses on independence, literacy and numeracy. In addition to attending the school pupils attend a local FE College for one day a week and are also able to practice life/independence skills at a four bed roomed house owned by the college some 7-8 miles away for one day a week. T is in a group of 15 students working in two class rooms. The group has 2.06 teachers and 6 support staff. The hours of the school are from 9- 3.30 Monday to Friday.
41. Mrs. W told us that so far as evidence of progress is concerned she considered that T was more mature and confident and her behaviour more socially acceptable. She had acquired some life skills. It was not possible to show progress academically and she accepted that her communication skills might have declined. She said that T's behaviour could be variable. Some days she seems to want to learn other days she does not. She has in the past put things up her nose and still on occasions will tear her clothes. Usually the staff can persuade her out of her behaviour and in her view stress is the main cause of her difficulties. She saw no evidence of frustration.

42. She described her as generally happy and very social. She enjoys being with the staff and pupils. The school's main strategy to deal with T's unacceptable behaviour was distraction. By modeling what they required T to do and starting the task staff could usually get her back on track. The school did not now consider behaviour an issue and there was no IEP target for it.
43. She commented upon the findings of Dr G and his team who following a full assessment had concluded that T did not present with current significant challenging behaviours within the definition of the service. They had found that although the school, respite and home used different strategies to deal with T's behaviour these are effective in the context in which they were used.
44. She told us that T is highly distractible and does enjoy challenging people. Because the school's strategies worked it did not consider it needed a behaviour plan to deal with T as her behavior was not serious, and was not a threat to herself or others.
45. She considered that the school could meet T's needs in the school day and she could have a good life after her schooling without attending a residential school now. Whilst she could see that there may be some educational benefit to a residential placement Mrs. W felt that there was no requirement for it.

Speech and language therapy evidence

46. We had two speech and language therapists before us. HH from the local NHS trust and JF an independent therapist, who had been commissioned by the parents to assess T and give evidence to us. We had two written reports from Ms F and a report from Ms H being her assessment of T's needs for the statementing process. In reality there were few material differences between them on either their assessments or on the objectives to be pursued. However there were the specific detailed issues in the statement which we have identified above.
47. The first of these issues to be addressed was in relation to T's use of PECs. Mrs. H reminded us that all the issues, including her ability to communicate, needed to be considered in the context of T's functional level of 1-2 years. As to PECS use across the whole school day she considered that T required a mixture of objects, pictures and symbols and did not favour the usage of the word "PECs" as this was merely a commercial product.
48. Ms F argued that T had used PECs efficiently at her previous school and the system was a useful one. Her concern was that T's ability had declined. It was essential that she had an effective communication system before she leaves school. To achieve this she needs intensive work from a speech and language therapist. Her father gave examples of T's ability to make choices and why these showed she was still capable of learning.

49. Both then dealt with the issue of oral muscular deficiencies. Ms H pointed out that the importance was the ability to swallow safely and adequately. Whilst her oral skills might be immature for age she pointed to evidence which clearly described T eating and drinking effectively. She pointed to the report from the therapist at School who did not point to this being an issue. Ms F however disagreed. She said that there was potential that by improving her oral muscular control T may be able to make some sounds and also eliminate her drooling to make her more socially acceptable. Her mother said that T was much less prepared to eat meat and other food which required chewing as compare with the past.
50. Both then gave evidence of the amount of therapy which was required. Ms H said she preferred a flexible model rather than being tied to a specific amount of therapy each week. She would be in class each week. She thought that direct 1:1 therapy was unlikely to be successful because of the difficulties in the skills learnt being generalised. As a result her strategy was to work with school staff and families. She accepted that T's expressive language had not progressed. Her service had discharged T in 2007 as they considered she had plateaued. She maintained that 90 minutes involvement per month was sufficient to achieve the objectives set out in the statement.
51. Ms F however maintained that while accepting the concerns as to the generalising of skills there was a need for direct 1:1 therapy concentrating on getting a base line on PECs and putting in place the use of augmentative aids once the line had been established. To achieve this and ensure progress was made in the classroom a minimum of 45 minutes would be required weekly. T needed to be introduced again to skills and over learn them and practice them continually. She has to end up with some means of functional communication. She also needed work done to develop her social communication skills. There were many areas where the therapist would need to be involved and hence the time recommended.
52. Ms H and Ms W told us that assessment of augmented communication aids has been undertaken in the past and none had delivered a suitable solution for T.

Occupational therapy and physiotherapy evidence

53. There was no oral evidence before us. Both representatives took us to the written evidence and the written reports on physiotherapy. The first of these reports was one from JM, a paediatric occupational therapist, who was retained by the parents to assess T and advise. There was also available to us a report from GS a children's occupational therapist employed by the Health authority who advised that the recommendations and advice as outlined in Ms M's advice were appropriate to meet T's needs. As a result there was no disagreement on these and the statement reflected this.

54. As to physiotherapy issues here there was some dispute on the papers. The parental evidence consisted of a report by SW, a chartered Physiotherapist, who was instructed to see T and report by her parents. Her report, following a three hour observation of T at school, had three disputed elements. First she argued that T needed a school with a waking day curriculum where the consistency of adult support would be more likely to ensure her participation in regular physical activities. Secondly she advised that she needed weekly hydro therapy/ swimming and thirdly she identified the amount of therapy time required by the therapist to assess, provide and monitor a class based programme, provide input into a programme of physical education, monitor equipment, attend the annual review, contribute to an IEP, and liaise with parents and fellow professionals.
55. The LA evidence consisted of two letters from JO, a physiotherapist at the NHS Trust, who has been working with T at school. Ms O in response to Ms W's report stated that T did not have physiotherapy needs but life style and healthy living needs which should not be medicalised. No direct intervention was necessary as her needs are for monitoring only and this could be done by the Consultant Paediatrician when she is seen twice a year. She did not need a programme as her gross motor needs were as to exercise and stamina related which were being met at school. She has been discharged by the service as T was using functional motor skills at a level equating to her cognitive ability.
56. As a result she argued that her service does not attend annual reviews, that a class based postural programme did not need to be devised by a physiotherapist, but input had been made into the PE programme but further input was unnecessary. She argued that the need for a waking day curriculum was a need for healthy living and lifestyle and not physiotherapy intervention.
57. Ms W said T did not currently use the school hydro therapy pool as there was insufficient time in the week for this to be included in the curriculum.

Educational psychologists' evidence

58. We heard evidence from both Ms S, an educational psychologist employed by the LA and from RB an independent educational psychologist retained by the parents. We had two reports from Ms B and a report from Ms S. Both addressed the outstanding issues in parts 2 and 3.
59. As to the need to specify the need for 1:1 support the LA accepted that T needs a high adult/ pupil ratio, it was argued for the parents that all her activities had to be moderated through an adult so it was logical to make that clear. The LA pointed out that this wording arose from the School assessment and meant that additional fees would be charged if T attended there.

60. Similarly the LA argued that the only reason for the disputed provisions as to withdrawal came from the School assessment. Indeed Ms W told us T was hardly ever withdrawn in this way at School.
61. The next area of professional disagreement was the issue of behaviour management. Mrs. B pointed out she was the only professional to have carried out an adaptive behaviour assessment. The results from the teacher form clearly showed that T was in the clinically significant population and that problem behaviours were interfering with her adaptive behaviours, which clearly indicated that the significant emotional disturbance occurs. As a result she said there clearly needed to be a behaviour plan which identified the function, range and trigger of these behaviours. The behaviours were long standing and clinically significant and occurred across all settings. Once this work was done a behaviour strategy, which can be put in place across school, home and respite, needs to be designed and implemented.
62. Mrs. S said that the school's approach clearly worked and she felt the provision in the statement was sufficient and additions of this sort were unnecessary.
63. The late evidence from Dr G and her team related to the work the Challenging Behaviour Psychology Service of the NHS Trust had done with T and the family between March 2010 and September 2010 across a variety of settings including the school, home and the care environment. As against the definition of challenging behaviour adopted by the Challenging Behaviour Psychology Service she concluded that T was not presenting with significant challenging behaviours.
64. She advised that it had seemed that developing a consistent behaviour plan across all settings could be helpful in ensuring that there is not an escalation of T's challenging behaviours but the breakdown of the relationship between the school and the parents limited the scope to achieve this. The strategies used in each environment were however effective within those environments.
65. Ms B then dealt with wider issues. T did not have a visual timetable, and no communication plan and no visual schedules were used at School. She felt that the school was not giving her the skills she needed to live as independently as possible. Ms S argued that trying to skill T up using PECS ran the risk that she would lose motivation and it was the practical living skills that should be focused on.
66. Finally both Mrs S and Ms B spoke about the issue of whether there was a need for an extended day curriculum. Ms B said the main reasons were: the need for consistency in behaviour management, and communication. The need for the skills learnt to be generalised across the waking day. Developing functional skills across all environments. As importantly she pointed out that there was now only a short period left for T to be educated

and thus there had to be created sufficient time to provide her the intense help that was required.

67. She pointed out that each of the independent advisors had separately advised on the need for an extended day curriculum as had the consultant paediatrician.

68. The LA's response was that T's educational needs were being met at School and her respite needs were also being met. Ms S supported that position.

Costs of the provision

69. We had written evidence as to costs. Total public expenditure on T's existing package including respite care is some £52,968 per annum. The costs of placement at School for 46 weeks boarding will exceed £158,000.

The evidence at the hearing on the 9th May 2011.

70. At this hearing we were first told that the cost of a 48 week placement at School was £161,500 with transport cost of £1000. The cost at School was £169,217 with transport of some £3500 although the parents said they intended to take and collect T from School. The difference of £9000 the LA maintained was an unreasonable use of its resources.

71. We then heard detailed evidence of the assessment carried out by School. These included recommendations from the school's speech and language therapist, which were consistent with those of Ms F, from its physiotherapist, who recommended the need for a physical management programme to maintain her health, fitness and level of independence, and from the teachers, senior support worker and Nursing team leader. All advised the school could appropriately meet T's needs.

72. We also heard evidence from Mr. and Mrs. M on the reasons why they considered School could not meet the needs. We heard short evidence from Ms M from School.

73. At the end of the morning we asked further questions about the cost of the provision at School.

74. At the commencement of the afternoon session we were told the cost of the placement was in fact £162,000 and there was in reality little if any difference in the cost of each placement. As a result the LA conceded that subject to its application for leave to appeal that we should name School in Part 4.

Should T repeat Year 12 from September 2011?

75. It was argued by the parents that the delay in this case meant that she will only receive 6 and a half terms in School and not 9 and they argued we should provide in Parts 2 and 3 a need for her to start year 12 in September 2011.

The Law

76. We have taken into account the Code of Practice (in particular Paragraph 8.74) the DFES Guidance 0774/2001, the relevant sections of the Education Act 1996 as well as the case law which includes:-

London Borough of Bromley v Special Educational Needs Tribunal and Others [1999] ELR 260; S –v- The City and Council Swansea [2000] ELR 315; Oxfordshire County Council v GB and ors [2001] EWCA Civ 1358, [2002] ELR 8; R (Tottmann) –v- Hertfordshire County Council 2003; W V Leeds City Council and the Special Educational Needs and Disability Tribunal [2005] EWCA Civ988; R (A) v Hertfordshire County Council [2006] EWHC 3428 (Admin), [2007] ELR 95; The Learning Trust v SENDIST and MP [2007] EWHC 1634 (Admin), [2007] ELR 658; R (M) v Wiltshire CC and SENDIST [2006] EWHC 3337 (Admin) [2007] ELR 171; S v_Solihull MBC [2007] EWHC 1139; Bedfordshire County Council v Haslam and others [2008] EWHC 1070 (Admin),; TS v Bowen & Solihull MBC [2009] EWHC 5 (Admin); H v E Sussex County Council [2009] EWCA Civ 249; Hampshire County Council v R & SENDIST [2009] EWHC 626 (Admin) and K v London Borough of Hillingdon (SEN)[2011]JUK UT71 (AAC)

Tribunal's conclusions with reasons following both hearings.

77. We deal first with the issues in **Part 2** which were left for us to decide.

Is it right to say that T's learning is affected by her interaction with her peers and other adults?

78. On this matter we do not think that the evidence supports this statement. We have deleted it from the statement

Does a description of the strategy used to get T on task need to be included?

79. We think that this is unnecessary because it is clear that different strategies are used at home, school and respite and all are described by behavioural experts as effective. Given our findings on the need for behaviour management below we do not intend to include it and will delete it.

Is it correct to identify the fact that the fact that T appears happy did not mean that she was as this part of her medical condition?

80. Given how rare the condition is we think that identifying this is important to a reader of the statement who has not known T previously. We have amended the wording to make clear that it explains one of the symptoms of the condition from which she suffers. The issue is in our view important given her parents' evidence that in their view T is less happy and content than in the past.

Does T have 'temper tantrums'?

81. It is clear that on occasions T exhibits unacceptable behaviours but the evidence does not appear to suggest that these amount to "temper tantrums". It appears to us that the dispute as to this stems from a disagreement as to the wording to be used to describe her behaviour rather than from a disagreement as to how she behaves. We have varied the language in this paragraph to clarify the situation.

Is it right to say that T is a "very effective communicator of how she feels by non verbal means"?

82. This issue is in our view a very important one. Here there is some factual conflict. We were struck by part of T's mother's evidence as to an incident when she had failed to understand that T wished to have her pyjama bottoms on but could not express this to her mother and became upset. Ultimately she was able to get across her wishes but only because she could physically get the bottoms herself.

83. It is clear from the evidence both from the school and the speech and language therapists that T's expressive language has stalled and most probably declined. Whilst she might be able to communicate effectively if she can actually see or touch an object we find it is an exaggeration to say she is an effective communicator. Indeed her inability to effectively use PECS or any other symbol system suggests to us that Ms F's concerns as to this issue are well borne out.

84. As a result we have removed this phrase from the statement and replaced it with what on the professional evidence appears to be a fair reflection of her expressive communication abilities.

85. Dealing then with **the issues in Part 3**

Should the provision for speech and language "focus on developing her oral motor skills"?

86. As is apparent there is a professional disagreement on this issue. To an extent it is one of degree. It is accepted by Ms H that T's skills in this respect are immature. We note that the speech and language therapist at School did not raise the issue as one of concern. Ms F explained her views persuasively and wants to see if by so concentrating it might be possible to get T to verbalise a little. On balance we think it would be wrong to provide that the provision should "focus on" this problem.

87. As we explain below we believe that it is vital that efforts are concentrated on teaching T to be as an effective expressive communicator as possible. This might involve some increase in her ability to vocalise but primarily will concentrate on pictures and symbols.

Does T need an intensive use of PECs across the whole school day?

88. The answer to this issue stems from our views expressed immediately above. For T to have as fulfilled life as possible being able to communicate with those who will care for her in adult life and the peers she is with is vital. We have deep concerns as to how her ability to use pictures and symbols has declined over the last few years. We find it is essential that every effort is made to get T to a stage where she has a functional ability to express herself. Whilst we do not stipulate the scheme used needs to be PECs it must be one which can be taken forward into adult life by her. We have so provided in the statement.

Should the level of Speech and language therapist involvement be 45 minutes a week as argued for by the parents or 90 minutes a month suggested by the LA?

89. Given our concerns on her current abilities to communicate we find that Ms F's views as to the amount of input are to be preferred to those of Ms H but we agree that given the complexity of T's condition and the progress which must be made allowing flexibility of how the therapist spends her time is important. We have reflected this in our redrafting of the provision.

Does T need to be assessed by an AAC expert to see if there is a communication aid appropriate to her?

90. Again for the same reasons set out above any opportunities which may be available to aid T's ability to communicate must be explored. We accept that the school and LA have explored this before but the constant availability of new technologies means this must be kept under regular review. An assessment should be carried out within the next 3 months and we have so ordered.

Does T need a high level of adult 1:1 support?

91. We understand the LA's concerns as to the wording in dispute. Of course T will always need a high adult / pupil ratio in a learning environment. On many occasions she will need 1:1 support for instance when receiving her individualised speech and language, occupational and physiotherapy programmes. She will require individual support to keep her on task or get her back on task. However she does not need 1:1 support for each hour of the school day. This is quite apparent from the school evidence and indeed the evidence of the behaviour service.

92. As a result we have amended the provision to make the position comply with these findings.

Does T need short bursts of individual work away from the whole class?

93. There is no evidence to support this view. School have never felt the need to do this and again the behaviour team did not comment on the need for this. Clearly given the range of therapies and programmes the statement shows will be delivered to T individually, she will be withdrawn from the class frequently.

94. As a result we can see no reason for School to have reached this conclusion based entirely on its assessment of T.

Does T need a behaviour management programme, which operates across school, home and respite care provision?

Is it right to describe her behaviours as "challenging?"

95. We take these two issues together because they both relate to her behavioural issues. Clearly T can exhibit some difficult and socially unacceptable behaviours when she is stressed and it may also be the case when she is frustrated. It is clear that the behaviour team using its own clinical definition do not consider the behaviours "challenging". On the other hand we accept that in Ms B's assessment, which has not been challenged, that T's behaviours are clinically significant.

96. As importantly we accept Ms B's important conclusions that there appears to be no real understanding of either the function, range or trigger for these behaviours. Her view with which we concur is that the objective must be to ensure that T's symptoms can be managed across all environments.

97. We find that the school does successfully manage the behaviours at school. The evidence of the school, Ms S and the behaviour management team is clear about that. However this is not generalised across all settings and clearly at home and when out in the community that is not always the case. We accept Ms B's views that there needs to be a clear aim to understand the function, range and triggers for her behaviours and strategies devised to address them. We have amended the wording of each of the behaviour provisions to comply with these views.

Does T need weekly hydrotherapy/swimming?

Does she need a school where she can participate in physical activity after school hours?

Does she require an educational physiotherapy provision to the type and extent argued for by the parents?

98. We deal with the three physiotherapy issues together. This is a difficult issue because there appears to be some disagreement between the two witnesses but they have not appeared before us and we could not therefore seek to question or clarify their position. Whilst we accept that at

School the arrangements in place meant that as Ms O argued there was no need to build in a monitoring and review by the physiotherapist, in a different educational environment where there will be less direct input from then NHS team but where there is a school physiotherapist such a role is in our view required.

99. On the evidence we conclude that T has a need for a physical management programme which may include swimming and in which ideally she can participate in across the whole day. The direct involvement of the physiotherapist is minimal and is as set out in the revised part 3 of the statement. The programme does need to be devised in conjunction with a physiotherapist and monitored and reviewed by her. One of the main reasons for such a programme is to maintain T's independence which is one of her primary educational needs. As such the programme is educational and not merely recreational or for lifestyle or health reasons. As such we find these must be included in the statement.

*Does she need only a small number of people working with her?
Does she need a waking day curriculum?*

100. These two issues are interlinked so we deal with them together. In reality they go to the real issue in this case. They require us to properly examine a range of factual and legal issues which we have rehearsed both above under the heading of "the issues" and "the law". So we are clear about this in reaching our conclusion on this key issue we have dealt with this by answering the following questions:

Are Ts' needs as identified by Ms F, and the other therapist engaged by her parents special educational needs as they argue?

101. We start by saying that in our view, T requires a holistic approach to both her educational and social needs. In saying that, we recognise, of course, that our powers are limited to the areas of responsibility given to the Tribunal by the Education Act 1996 and the consequential regulation. As was observed by Wall LJ in the case of *W –v- Leeds City Council* a delicate line must be trodden between examining the full picture of T's needs, limiting our decision to a careful assessment of her special educational needs within that full picture and then deciding what is appropriate to meet those particular needs. That is apparent from Wall LJ observations that the child in question was "*manifestly a child with multiple needs who poses enormous challenges for those who have to attempt to care for him and provide him with education*". He stated that "*Such a child's special educational needs simply cannot be viewed in isolation; nor can his s 17 [of the Children Act 1989] needs; nor for that matter can his need for services provided by the health authority and CAMHS. A holistic approach is necessary, and inter-agency co-operation essential, particularly since two of the bodies with statutory responsibilities... (the LEA and social services department) are part of the same local authority.*"

Wall LJ's decision therefore clearly recognised the very considerable importance of `viewing the needs of each child holistically and as a human being whose own life is not neatly divisible into separate compartments.

102. We have also reminded ourselves that our task does not include identifying what might be optimum or ideal provision for the full range of T's educational and other needs. Nevertheless, despite the statutory limitations, the determination of where the line should be drawn between her educational and non educational needs is not on the face of it, a straight forward matter given the very considerable impact of and overlaps with educational needs described separately as behavioural, medical, social or care.
103. We noted that education is not defined in the education legislation, although its ordinary dictionary meaning is given as "systematic instruction, schooling or training given to the young in preparation for life". Section 351(1) of the Education Act 1996 says the curriculum for a school satisfies statutory requirements if, amongst other things, it prepares pupils at the school for the opportunities, responsibilities and experiences of adult life.
104. In the leading case the London Borough of Bromley –v- SENDIST and Others [1999] ELR 260, the Court of Appeal held that where the capacity of a child is severely limited, the purpose of education can include the development of daily living skills and the maximising control over a child's own environment. The Court held that special educational provision must be directly related to the child's learning difficulties but "there is between an unequivocally educational and unequivocally non educational a shared territory of provision which can be intelligibly allocated to either". The Court further held that provision for educational need is what is reasonably required and only those needs that are deemed to be educational must appear in Part 3 of the Statement.
105. It has been held in S v Solihull MBC and other that the inability of a child with ASD to generalise or translate into his home and other areas of his life and functioning what he was taught at school is an educational need. In our judgment that applies equally to T.
106. Section 322 of the Education Act allows a Local Authority to enlist the help of other bodies, such as Health and Social Services, in the making of special educational provision. In such a situation a child's needs may be described as educational or care or a combination of both. The fact that a consistency of approach is required beyond the school day does not mean either that it is necessarily an educational need or that it can only be met by way of residential provision. The fact that a child has a need for consistency of approach in his dealings with adults outside of school as well as inside school does not mean necessarily that this is an educational need that needs to be met with educational provision beyond the school day. Similarly the fact that the well being of a child and/or his family may benefit from Social Services input or social support does not make that provision educational. However, it will always be a matter of fact and degree in judgment in each case in our view.

107. What is determinative from the law is that it is the individual needs of the child in question that determines the outcome. We accept that as argued by Ms F the key to T's progress and to achieve any quality of functional life is communication. We further find that T needs to generalise her skills from one setting to another; enabling her to achieve this will involve delivery of speech and language therapy and occupational therapy appropriately for different contexts/environments both in and out of school. We also conclude that she needs a highly structured environment with clear rules to support her ability to regulate her behaviour and her sensory difficulties so that she can learn and occupy herself in socially appropriate ways. She needs access to physical activity as advised by the physiotherapist. We conclude first that these needs are all educational and that that they must be provided at all times during the waking day, and it is not sufficient to provide these solely during normal school hours and days.

108. In T's case we are much assisted in determining whether the provision for her needs is educational, and therefore to be included in Part 3 of the Statement by the experts' evidence before us to which we have just referred. We accept Ms B's and Ms F's views that T's rare chromosomal disorder that affects the nervous system and manifests itself as global developmental delay associated with learning, speech and language, fine and gross motor and behavioural difficulties means that she is not capable of benefitting from independent learning in the absence of an adult and that she needs to be at a learning environment where her difficulties with communication are fully recognised, recorded and understood to the point where she has an individual means of communicating with others in a robust and predictable way. We accept the argument that the more systematic and intense teaching she has in the final years of her schooling, the more (all be it limited) progress towards a level of independence she will make.

109. In summary, all the evidence we heard and read, is that the severity, multiplicity and complexity of T's disorder and its associated learning difficulties can only lead us to conclude that she requires a very high level of educational support and a particularly intense and consistent educational programme to develop her communication with the world and her understanding of her participation in that world, and that such level of education needs to be delivered throughout each waking day.

Are T's needs a mere need for consistency of approach across the waking day?

110. Given what we have set out above, whilst clearly T does require consistency of approach across the waking day, that is not her whole need. She needs the very high level of educational provision and a particularly intense and consistent educational programme to develop her communication with the world, which we have described above.

If T does require education outside of the normal school hours and days, whether the provision the LA argues as available is sufficient to meet T's special educational needs and if so whether this should be inserted in Part 3 of the Statement?

111. The Local Authority's contention was that in T's case, provision for her

special educational needs could be based on her attending her current school through a normal school day, followed by the existing social care provision. The essence of its position was that there was no requirement for an extended day because much of what she would be receiving beyond the normal school day was social care. For the reasons set out above we have found that there are clear reasons for an extended day curriculum for purely educational reasons.

112. This being the case, we have concluded that T's educational needs are such and so severe and complex that she does require educational programmes which are consistent throughout the day across a range of settings and delivered by staff who are focused on the coherent and continuous delivery of communication strategies which will enable her to work towards the educational targets set for her. That is, in effect, a curriculum designed to address her needs throughout her waking days.
113. In the light of this, and given the way in which the LA puts forward its evidence of extra provision, we are not satisfied that the combination of the existing school provision together with the social care provision which is being made will meet T's needs by providing the continuity, consistency and highly structured educational approach she requires beyond the normal school day.

Should T repeat Year 12 from September 2011?

114. Whilst we understand the reasons for this advanced by the parents in our judgement there is no clear educational reason for it. Whether T needs to stay at School in two years time and whether her statement needs to continue to be maintained is an issue to be decided at that stage. On balance we are not persuaded of the need to include it in the statement.

As to Part 4

115. *Should Part 4 of the statement provide for a specialist post 16 placement providing residential placement and a waking day curriculum?*
116. Given our conclusions above as to the need for a waking day curriculum, which includes skill training on bedtime routines, continence training during the night and routines and skills upon getting up, it follows that the placement needs to be both residential and providing a waking day curriculum.
117. As to the need for a specialist placement our conclusions are that T needs a school specialising in the education of young people post 16 with severe communication difficulties with moderate to severe learning difficulties. The school should have experience in dealing with young people with a physical difficulty and who require occupational and physiotherapy programmes.
118. *Is school meeting and able to meet in the future T's special educational needs?*

119. It is apparent from our views set out above that we have concluded that T requires a waking day curriculum. As this cannot be provided at School it is clear that it can not in the future meet T's needs as set out in Part 3 of the statement. In reaching this conclusion which was reinforced by the view of the school that it could not introduce swimming or hydrotherapy use into T's existing curriculum, we do not in any way criticise the school for the provision they have made for T in the past nor the strategies they have used.

120. The Ofsted report clearly evidenced that the school was outstanding in its post 16 provision and we heard no evidence which would suggest otherwise to us. Our conclusions are motivated by the need to maximise the time available for T's education and ensuring all the programmes set out in Part 3 of the statement can be delivered across the waking day.

Can School meet T's needs and be named in Part 4?

121. Given the concession made by the LA on the second day that School can meet T's needs and its acceptance that there is no difference in cost between the two suggested residential placements we will name School in Part 4.

Whether it is necessary for T to attend a residential School for thirty eight, forty eight or fifty two weeks in a year?

122. We have given careful consideration to the issue of whether or not T requires fifty two weeks provision. The parents current view is that they would like T home for some time during the year and do not seek a 52 week placement. However they do suggest that to maximize T's learning opportunities she should be at school for longer than 38 weeks in the year which is the standard residential provision. It does appear to us that all of the arguments which we have accepted for an extended day curriculum also apply to the days of the year. T is about to enter into her last years of education. The contention that the more education she gets over the next two years the better, whilst simplistically put is in fact in our judgment entirely right.

Whether her attendance at the school is an inefficient use of the Local Authority's resources?

123. Given our conclusions above that T requires residential education for 48 weeks a year and that School does not provide this, it is clear that a placement at a residential school namely School is not an inefficient use of the Local Authority's resources

124. In summary, we conclude:-

- i. That T's needs identified by Ms B and the parents are special educational needs
- ii. As a result we have amended Part 3 of the statement to make provision to meet those needs.

- iii. What is being argued for is not a mere need for consistency of approach across the waking day.
- iv. T does require education outside of normal school hours and days, and the provision being argued for by the LA is not sufficient to meet her special educational needs
- v. It is necessary for T to attend a residential School for forty eight weeks in a year.
- vi. Her attendance at a residential school is not an inefficient use of the Local Authority's resources.

Application for leave to appeal

125. The LA both in its written application and through Mr S's detailed and well argued submissions raises a number of substantial issues against our first decision. These were:

- i. That we acted irrationally and failed to consider the evidence of the LA in respect of physiotherapy provision.
- ii. That we erred in finding T's behaviour "clinically significant" and that we failed to have regard to the evidence provided by the NHS, social care and respite provider and the parent's failure to engage with the school.
- iii. We were wrong to fail to make enquiry as to the extended day facilities which could be provided by School or alternative providers.
- iv. In deciding that T required residential education we failed in effect to carry out a proper reasoning for our decision.
- v. We failed to deal with the suitability of School

126. In dealing with this application we have first applied Rule 47(1) of The Tribunal procedure (First Tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008, and have considered the overriding objective in rule 2 and whether we should review our decision under rule 49. We have decided that we should review our decision in two areas, namely, that part of our decision which deals with physiotherapy and that part which deals with T's behaviour.

127. On the issue of physiotherapy we accept that we failed in the decision to set out the evidence of Ms O relied on by the LA and to then explain our reasoning for the amendments to Part 3 of the statement and that failure is potentially an error of law. We have therefore reviewed the decision and the reviewed provisions are set out in paragraphs 97 and 98 of this final decision.

128. On the issue of behaviour whilst we consider we have clearly and adequately explained our reasoning for the way we have treated the issue of behaviour management we accept given the overriding objective that it would have been sensible to record in a little detail the work of Dr G and her conclusions and our failure to do so might have constituted an error of

law. Doing so should then enable our reasoning to be clear. We have therefore added paragraphs 63 and 64 to our decision.

129. As to the other grounds we consider that our duty was to promulgate a decision which as set out in *OD (Ivory Coast) v SSHD* [2008] EWCA Civ 1299

- i. Considers the relevant law
- ii. Identifies the important facts
- iii. States findings;
- iv. Outlines an overall conclusion based on the factual findings and materials submitted; and
- v. Explains the reasons sufficiently for the parties to be able to understand them and to see that the relevant matters had been considered before making the decision.

130. *R (Iran etc v SSHD)* [2005] EWCA Civ 982 states that a challenge to a decision by a Tribunal must be that there was a material error of law that would have made a material difference to the outcome. This could be due to perverse or irrational findings or a lack of findings on core issues.

131. We have considered the application within the framework of the Tribunal Procedure (First-tier Tribunal) (Health Education and Social Care Chamber) Rules 2008 (“the rules”) paragraphs 46 to 49 as explained in *RB v First Tier Tribunal (Review)* [2010] UKUT 160 (AAC).

The application of the case law and regulations to the applications in this case

132. We must first consider whether this application is in time. It clearly is as the decision was promulgated on the 4th February 2011 and the application received on the 11th February 2011 which is less than 28 days.

133. We are not satisfied that any of the three remaining grounds of appeal have any merit. As to the issue iii the LA led no evidence from which we could have concluded an extended day curriculum could have been provided at School. Its case was an extended day was not required. We concluded on the evidence that T’s education needed to extend beyond normal school hours and days. We consider we gave clear and concise reasons for our conclusion and no error of law arises.

134. As to issue iv this in our view is really asking us to revisit the evidence and come to a different conclusion. In our view our reasons for the conclusions we arrived at are more than adequate and no error of law arises.

135. Finally as to v we reached a clear conclusion on the ability of School to meet T’s needs, concluded it could not and gave a clear reason for it. Again no issue of law arises.

136. We accordingly find that there are no errors of law. We are satisfied in these three areas that findings were made on all core issues, the findings were not perverse or irrational, and that it is clear why the decision was reached.

137. There is one remaining area which on our own volition under Rule 44

we need to amend. We concluded in our first decision and in this decision that T should attend school for 48 weeks in each year but through accidental omission failed to replicate that provision in the working document attached to our decision. We have now done so.

138. Following the sending out of this decision the parents sought a review of the decision because we failed to deal with the parents' argument that T should start year 12 again in September 2011. We accept the issue was addressed at the hearing and we did in fact make a decision on the point but failed to include it in our written decision. We have therefore reviewed the decision in this respect and have added paragraphs 75 and 114 to this decision. It was also pointed out that there were typographical errors in paragraphs 63 and 64 which we have corrected.

Application for costs

139. The parents' application for costs is based on the postponement of the original hearing dates of this case which were ordered by this Tribunal. The real complaint seems to have been the application for the postponement could have been made earlier. There is no evidence to suggest that if it was the parents' costs would have been reduced. Under rule 10 this Tribunal can only make an order for costs "if it considers that a party or its representative has acted unreasonably in bringing, defending or conducting the proceedings".

140. Given that the Tribunal consented to the application to postpone after a TCMH and given the reason for such postponement was the late illness both of Mr S, who had the sole conduct of the case for the LA and his witness Ms H, the LA's speech and language therapist, it is difficult to see how we could conclude this was the unreasonable conduct of the proceedings. We accordingly decline to make an order for costs.

Order on the appeal

141. That parts 2 and 3 of the statement be amended as set out in the statement attached.

142. That Part 4 of the statement shall name School.

Order on application for leave to appeal

143. The application for a review is refused save as set out above as there is no material error of law or change of circumstances.

144. The application for permission to appeal is refused for the same reasons.

145. Notification

The applicant has the right to make an application no later than one month after the date on which the First-tier Tribunal (Health, Education and Social Care Chamber) Special Educational Needs and Disability sent to you the notice of this decision to apply for permission to appeal to the Administrative Appeals Chamber of the Upper Tribunal.

Order on application for costs

146. There will be no order for costs against the LA.



Tony Askham
Tribunal Judge
May 2011

Amended under Rules 44 and 49

Tony Askham
20th May 2011.

STM
DOB:
25.01.11

FINAL STATEMENT following hearing before tribunal

**STATEMENT OF SPECIAL EDUCATIONAL
NEEDS AND PROVISION**

PART 1: INTRODUCTION

- In accordance with Section 324 of the Education Act 1996 ('the Act') and the Education (Special Educational Needs) Regulations (England) (Consolidation) Regulations 2001 the following statement is made on _____ by the Hertfordshire County Council (the education authority) in respect of STJ*

CHILD:		Other names: STJ
Surname: M		Sex: Female

<p>Home address:</p> <p>Date of birth: 27-Jan-1994</p>	<p>Religion: Unknown</p> <p>Home Language: English/Makaton</p> <p>School currently attended: (if applicable) School</p> <p>Tel No:</p>
<p>CHILD'S PARENT or person responsible</p> <p>Surname: M</p> <p>Address: (if different from that of child)</p> <p>Tel No:</p>	<p>Other names: Mr P & Mrs M</p> <p>Relationship to child: Parents</p>
<p>IF CHILD IS IN CARE</p> <p>Name of Local Authority:</p> <p>Social Worker:</p> <p>Tel No:</p>	<p>Foster Parent:</p> <p>Tel No:</p>

2. When assessing the child's special education needs under Section 323 of the Education Act 1996 the authority took into consideration, in accordance with Regulation 11 of the Regulations, the evidence and advice set out in the Appendices A to F to this Statement.

A: Name of Parent: MM	Mrs	Parental Advice	Dated: 6-Mar-97
B: Name of Headteacher: Mrs PT		Educational Advice	Dated: 7-Apr-97
C: Name of Doctor: Dr AH		Medical Advice	Dated: 21-Apr-97
Name of Therapist: B. C		Occupational Therapy	Dated: 1-Apr-97
Name of Therapist: LA		Physiotherapy	Dated: 5-Jun-97
Name of Therapist: RW / HA		Advice	Dated: 14-Apr-97
Name of Consultant: JW		Speech & Language	Dated: 1-Apr-97
D: Name of Educational Psychologist: AT		Neurology Advice	Dated: 28-Apr-97
E: Name of Social Worker: advice to provide	No	Psychological Advice	Dated: 19-Mar-97
		Advice from Social Care	Dated: 19-Mar-97

(In making this statement the authority has taken into account the additional representations, evidence and advice set out in Appendix G to this statement).

Name of Headteacher: Mrs GW		Educational Advice	Dated: 17-Mar-10
Name of Therapist (Independent): SW		Physiotherapy Advice	Dated: 14-Feb-10
Name of Speech & Language Therapist (Ind): JF		Speech & Lang Advice	Dated: 15-Mar-10
Name of Educational Psychologist: RB		Psychological Advice	Dated: 1-Mar-10
Name of Therapist: JM		Occupational Therapy	Dated: 27-Apr-10
Name of Social Worker: CY		Social Care Advice	Dated: 27-Feb-10
Deputy Headteacher (Bladon House) LM		Education Advice	Dated: 6/7-Jan-11
Speech & Lang Therapist (Bladon House) HH		Speech & Lang Advice	Dated: 10-Jan-11
Occupational Therapist (Bladon House) KW		Occupational Therapy	Dated: 7-Jan-11

PART 2: SPECIAL EDUCATIONAL NEEDS

T first had a Statement of Special Educational Needs issued on 12 January 1998 by Surrey County Council. She attended School for PNI pupils from January 1999 to summer 2005 when T transferred to School for secondary transfer in September 2005.

This statement is being revised to reflect T's post 16 needs and provision.

T has a diagnosis of Angelman's Syndrome due to a chromosomal abnormality which manifests as a global developmental delay associated with learning, speech and language, fine and gross motor and behavioural difficulties.

Communication: T's understanding of language is significantly better than her expressive language. She understands a range of different nouns, verbs and a great many instructions supported by contextual cues.

T has no intelligible spoken language but she does produce a few sounds which represent certain things e.g. 'G ggg' when trying to say 'good morning'. Although limited her vocalisations are consistent and she will differ the pitch depending on her mood. Her main form of communication is through pointing, going and getting what she wants, looking at it and vocalising. However she is able to use a few basic gestures i.e. shaking her head, nodding, signing and a few Makaton/Sign Along signs such as 'please' and 'school' to make her needs known. T can make requests non verbally but she cannot request information, give information, make comments or direct. She is able to use PECS in a limited way to make a choice. T is able to use her communication book and collect the symbol of the activity she wants and bring it to you. If the activity she wants is not one of the given choices she will look through her book until she finds it.

Educational: In Spring 2010, T's teachers assessed her P Scales as follows: Speaking P4b Listening P7e; Reading P5; Writing P5e; Math P6; Science P6.

T's cognitive functioning falls within the 'severe' range, but learning is seriously affected by her behaviour, and poor communication skills. T is not consistent in her responses to questions or activities; there are days when her skills appear better than others

T has a short concentration span and is easily distracted and it can then be difficult to re-engage her. However, she can often be re-engaged by a familiar adult. She works best within a structured regime, with clear expectations where she knows the boundaries and is not anxious about what will happen next. T can 'switch off' in group sessions without adult support to keep her focused, unless the subject matter is very appealing to her.

T has a good recognition of the numerals 1-5 providing she is concentrating. With adult support, she is able to count out a number of objects and match them to the correct numeral. However, her work with number is not yet consistent and she continues to have difficulty retaining mathematical concepts. She enjoys PE lessons and joins in where she can with her peers.

Personal, Social and Emotional:

T has a healthy appetite and can usually feed herself successfully using cutlery. However she does not seem to chew her food very much if at all. She will occasionally take food from other children's plates. T's safety when eating and drinking is vulnerable due to poor coordination of the oro-musculature. Therefore, she is at risk of choking and requires close supervision to ensure she chews food adequately and does not put too much in her mouth at once.

T is not independent in her ability to dress/undress herself. She can manage to undress herself if she is wearing loose fitting clothes such as jogging bottoms and t-shirts. She struggles to dress even with loose fitting clothes.

T rarely uses the toilet at school however when she does she needs help to clean herself and wash her hands. She is able to dress and undress for PE but needs some support to ensure that things are not put on back to front. Her training for independence is limited by her behaviour, particularly in the home environment.

Those who work with T should recognize that a happy, social personality is a specific symptom associated with Angelman Syndrome. Whilst T may appear happy, she may not be.

T is a sociable girl who enjoys observing people and interacting with those she knows particularly well. She enjoys helping others in her class and sometimes takes the initiative to help her peers. However, it does take her sometime to get used to new things. Her behaviour in school can be inappropriate, including hitting out, shredding and chewing at clothes and refusal to co-operate. She will also hit other pupils randomly as she wanders around the classroom. She can self-harm by biting herself. Her behaviour in school responds best to a structured environment with consistent behavioural expectations.

T is a vulnerable girl whose ability with life skills is limited by her severe learning disabilities. She requires high levels of assistance within all domains of life skills, whether personal or domestic activities of daily living, road safety, communication, social etc.

T's developmental difficulties mean that she has difficulties acquiring peer relationships. She is able to communicate her basic emotions non-verbally. T can become frustrated at not being able to express her needs and can shout and scream when her family does not understand her. Her parents report that T is not always able to behave in relatively social acceptable manner when going out on a family outing i.e. restaurants, theatres. T needs help to increase her access to the wider community as this will increase her confidence.

T has no awareness of danger and needs careful supervision in the kitchen with hot pans and in the street as she will walk across the road without looking.

T is also vulnerable because of her sexualised behaviour, in particular, the way in which she is drawn to men.

Physical, Sensory and Medical: T has epileptic episodes associated with Angelman's Syndrome and has been prescribed medication to control them since she was six years of age.

She has a history of visual and perceptual difficulties. T has spectacles to correct her sight but is reluctant to wear them and therefore needs symbols adjusted to the correct size for her vision.

T has difficulties with her balance, seating posture and gross motor skills. Her gait is functional but poor in quality due to stiffness of her hips. T can use stairs but needs a handrail particularly when descending. T is independently mobile but she does need some support on uneven surfaces.

T has poor endurance and tires easily, has a weak grasp, props to support herself and moves stiffly. She frequently lacks ability to stand or hold a particular body position, appears lethargic and cannot lift heavy objects.

T is overly sensitive to certain sensory stimuli, which will have a direct impact on her behaviour and functioning. She has a low threshold to light touch sensations (e.g. she dislikes standing close to people and frequently reacts emotionally or aggressively to touch); but she has a high threshold to certain sensations (e.g. she always touches people and objects and has a decreased awareness of pain).

T has difficulties with auditory processing; she has difficulty paying attention, is highly distractible and can be sensitive to noise, has difficulty 'screening out' irrelevant sensory information. She has difficulty functioning if there is a lot of noise about.

T has an intention tremor in both upper limbs, which is evident on movement. The accuracy of her in-hand manipulation is severely limited by her tremor. T can hold a pencil in a gross grasp but she does not have more than very basic ability to make lines and scribble patterns on paper.

T has difficulty performing bilateral integration activities. She also has reduced muscle tone and core strength in her trunk.

From the advice provided it is clear that T has difficulties with:

- Communication
- Early Learning skills
- Listening and Attention
- Social skills
- Behaviour
- Self-help and Independence skills
- Gross & Fine Motor Skills
- Sensory Skills

PART 3: SPECIAL EDUCATIONAL PROVISION

The Authority identifies the following objectives:

1. To develop T's functional communication skills so that she is able to access a wide variety of environments, is able to access the curriculum, express herself and interact successfully with others to experience rewarding relationships with adults and peers
2. To develop T's learning and leisure and social skills by providing an appropriate curriculum so she is able to access a variety of activities that will develop her quality of life and allow her to develop her functional skills, independent living skills, vocational skills and social skills.
3. To develop T's listening and attention skills so she can participate effectively in a variety of activities and settings, including community access.
4. To develop T's social interaction skills so that she is able to interact appropriately with adults and peers to enable her to access a wide variety of activities
5. To develop her self-help skills so T is able to become independent in her daily living
6. To develop T's physical-and gross motor skills so she is able to achieve increased levels of co-ordination and independence
7. To develop T's fine motor skills so she is able to achieve increased levels of co-ordination and independence

Educational provision to meet needs and objectives:

The following provision is set out to correspond with the Objectives listed above. To meet these objectives T needs the provision listed below to be provided across the waking day and for 48 weeks in each year.

1. **To develop T's functional communication skills so that she is able to access a wide variety of environments, is able to access the curriculum, express herself and interact successfully with others to experience rewarding relationships with adults and peers.**
 - The school will provide an augmentative communication environment to support T's communication.
 - The Head Teacher will ensure all staff are aware of T's communication difficulties and the strategies required to meet her needs, and all staff who come into contact with T adopt the same consistent approach across the range of school settings. T's needs should be anticipated but she should be encouraged to communicate and make choices. These strategies will be recorded in a communication passport for T which will be shared with parents together with advice on how to use it.
 - The class teacher, in conjunction with the Speech and Language Therapist, will devise an individualised speech and language programme to develop T's language and communication skills in small groups and on an individual basis.

- As part of daily class routines her teachers will ensure that T works towards her Speech and Language targets. T will develop, practice and extend her communication skills in a wide variety of settings and curricular areas e.g. vocational, citizenship, park, library, shop, café, gym etc.
- T needs the intensive use of appropriately structured and consistently delivered PECS/PECS-type approach across her whole day and across all settings. The class teacher will review the use of PECS in consultation with a speech and language therapist and establish the use of this system before extending the range of symbols used by T's to help her develop her functional communication i.e. symbol for 'a drink' and then symbols for 'different flavours'.
- The class teacher will provide T with a visual timetable showing the activities and structure to her school day and work with T to help her understand its use.
- The classroom teachers and support staff will support T's learning with the use of visual approaches and concrete apparatus and materials.
- The class teacher will ensure the programme is monitored and reviewed on a half termly basis with input from the Speech and Language Therapist and members of the class team and shared with parents.
- The Speech and Language Therapist must be in the classroom at least once a week to observe T carrying out / working on her targets and to advise staff accordingly monitor the targets update them etc. The Speech and Language Therapist will need to provide a minimum of 45 minutes each week but the time can be used flexibly to meet T's needs at that time.
- T needs to have a Speech and Language Therapist on site who provides targets to be worked on throughout the week by other school staff and extended across into the Waking Day because of her difficulties in generalisation. T will need to consolidate her skills and generalise them in a variety of settings.
- T needs therapy concentrating on getting a base line on her use of PECs and putting in place the use of augmentative aids once the line had been established, on developing her oral motor skills such as chewing, and helping to reduce her immature tongue thrust. In addition the aim of the therapy is to improve T's expressive language.
- T needs to be fully assessed by an AAC specialist to see if there is a communication aid which will be more appropriate for T.
- The Speech and Language Therapist should be available on site and work directly with T and is also actively involved in training others who interact with her to ensure consistency and accuracy of approach across different environments.

2. To develop T's learning and leisure and social skills by providing an appropriate curriculum so she is able to access a variety of activities that will develop her quality of life and allow her to develop her functional skills, independent living skills, vocational skills and social skills

- The Head Teacher will ensure that T has a clear routine to her day and that the routine is communicated to her clearly using simple language and visual cues.

- The class teacher will provide T with a programme of highly structured learning activities at a level appropriate to her cognitive ability and age appropriate to her needs and ability, to develop her early learning skills, knowledge and understanding.
- The programme will follow a small steps approach and will provide T with extensive over learning and consolidation of learnt skills.
- The class teacher will set up individual and small group teaching sessions for T where learning and life skills are structured and directed by adults.
- T will have a differentiated curriculum which takes account of her learning difficulties and which will develop her functional skills, life skills, social skills and vocational skills.
- The class teacher will develop T's social skills by ensuring that T is engaged in activities which enable her to interact with slightly more able peers so skills are modeled e.g. turn-taking activities such as passing a ball or simple games with adult support where necessary.
- The class teacher will ensure that the programmes are monitored and reviewed on a termly basis with input from members of the class team.
- T requires a high level of adult support.

3. To develop T's listening and attention skills so she can participate effectively in a variety of activities and settings, including community access.

- The class teacher will arrange for the provision of visual, verbal and non-verbal cues to aid T's listening skills.
- The class teacher will ensure that all staff working with T both in the school and the residential provision follow her behaviour management programme. An integrated reward programme will be part of this and will tell T what she is expected to complete and the timescale for completion, with rewards for success. The reward system will need to genuinely motivate her to produce the desired behaviour.
- All instruction will be given in clear simple language (which will be reinforced with) visual cues such as large symbols, pictures, gestures and objects to ensure that T has understood what she has to do and how to do it.
- The class teacher will ensure all tasks are broken down with the use of visual information aids into their component parts so T is able to attempt them independently and concentrate for short periods (5 minutes initially). The time she is expected to concentrate for will gradually be increased. The programme will follow a small steps approach and will provide T with extensive over learning and consolidation of learnt skills.
- The class teacher will give T a clear indication of the start and end of activities, a short completion time, experiential activity-based learning (i.e. learning through 'trying out' and investigating rather than being told about things).

4. To develop T's social interaction skills so that she is able to interact appropriately with adults and peers to enable her to access a wide variety of activities

- T will need to have her inappropriate behaviours addressed through a consistent Behaviour Management Plan. The class teacher will devise and implement a clear behavioural programme to develop and encourage appropriate behaviours from T. The programme will include clearly stated expectations with defined rewards and consequences, which will be consistently applied in a firm but caring manner.
- The class teacher will ensure that the programme is delivered consistently on a daily basis by all adults who have contact with T and ensure that the programme is copied to parents. T needs a consistent range of people working with her throughout the whole waking day and across all settings to reduce confusion and develop consistency of behaviour across all environments.
- The class teacher will encourage T to develop her social interaction skills through opportunities for her to make and maintain friendships through class activities and in a variety of settings ensuring that she has adult support as required.
- T's class teacher will act as her 'key adult' at school who will prepare her for new experiences and maintain good contact between school and home.
- The class teacher will work closely with T's parents so there is an understanding of her difficulties and successful strategies for supporting her can be identified and shared.
- The Head Teacher will arrange regular liaison meetings between home, school and supporting professionals to review T's progress and co-ordinate ongoing support half termly.
- In addition the Head Teacher will provide a communication book to enable daily communication with all those working with T to enable consistency between all settings.
- T requires a social group to promote her social integration and communication skills with her peers and generalising her communication skills through PECS, speech and/or AAC.
- T needs more opportunities for socialising in a real-life situation.
- T requires a waking-day curriculum geared specifically towards developing her communication, behavioural needs and independence skills.

5. To develop her self-help skills so T is able to become independent in her daily living.

- Strategies will be employed and aimed at increasing her independence with regard to dressing/undressing, toileting and the gradual development of her independent learning and life skills through classroom activities and in the wider community.
- From year 12 T will focus on her independent life skills and will be allowed to drop some subjects. She will access a broader curriculum befitting her needs including developing life skills, accessing the local community, vocational skills, communication, physical activity and personal skills.
- T needs consistency of active programmes, monitored and evaluated regularly, and good sharing of information between professionals.
- T should receive full health screening, including from qualified therapists and the school paediatrician who can contribute in a major way to understanding and managing T's maturation.

- The Occupational Therapist should be involved in working with the Speech Therapist in relation to feeding in particular but in relation to life skills in general.
- T requires a life skills programme which extends beyond the school day, to incorporate all aspects of social living with other young people so that she can learn and carry out skills and generalise her learning in a safe and secure environment.

6. To develop T's physical and gross motor skills so she is able to achieve increased levels of co-ordination and independence.

- The Head Teacher will ensure that T has an educational setting that can provide her with a multi sensory and practical curriculum in which she needs to make further developments. She will need daily and ongoing input, support and advice from teachers who are skilled and experienced in teaching and meeting the needs of children with very significant learning difficulties, along with physical and medical needs.
- The class teacher, in conjunction with the relevant professionals, will devise and implement a daily postural programme to improve sitting posture and balance. In order to sit with good posture T will be assessed for a more specific classroom chair and will require a termly review of her positioning and use of this, when provided. This need can be met by either the physiotherapist or the occupational therapist and will need to be monitored.
- Staff will be trained how to implement such a programme. The programme will need to be of short duration to maintain T's attention.
- The class teacher will ensure that T gradually builds up to 30 minutes of a variety of cardiovascular exercises a day to improve her fitness. (e.g. swimming, tricycle riding, dancing, trampolining etc).
- The class teacher, in conjunction with the relevant professionals, will devise and implement a programme of activities designed to improve her fine motor skills, gait, balance and co-ordination that can be implemented as part of class routines.
- The class teacher will ensure the programme is monitored and reviewed on a termly basis with input from the relevant professionals and members of the class team.
- T needs weekly hydrotherapy/swimming with trained staff.
- T needs to attend a school where she has access to physical activities such as trike riding, horse riding, swimming, dance, trampolining and even gym equipment.
- T requires a school where she can participate in physical activity after school hours.
- T requires a school where there is a physiotherapist attached to the school.
- In summary T requires the following educational physiotherapy provision from a qualified physiotherapist:
 - Annual re-assessment - to coincide with Annual Review - 2 hrs per year (including report)
 - Attendance at Annual Review meeting – 1 hr per year
 - Contribution to IEP – 15 minutes per term
 - Liaison with parents – 30minutes per term

- Provision and monitoring of implementation of class based physiotherapy Postural Programme - 45 minutes per term
- Physiotherapy Input into Programme of Physical Education – 30 minutes per term.

7. To develop T's fine motor skills so she is able to achieve increased levels of co-ordination and independence.

- T needs assessment and ongoing, individually tailored advice from a qualified Occupational Therapist registered with the Health Professions Council (HPC) who is skilled, trained and experienced in working with children who have profound learning disabilities as follows:
Termly sessions at school for at least 1½ hours per session. This time would allow for initial assessment of specific skills; liaison; setting up of resources; development and implementation; review and monitoring of:-
 - specific compensatory strategies related to her tremor
 - suitable daily activities to increase gross and fine motor skills and reduce the problems related to sensory processing difficulties
 - specific functional advice related to the realistic development of T's self care and life skills. This needs to be directed towards the generalised teaching of life skills within a highly specialised life skills curriculum. It is vital that this teaching is not isolated to individual lessons but that it forms part of an extended curriculum, thus addressing skills in their naturalistic setting, which will aid learning and promote generalisation.

Monitoring

Short-term targets will be established by the school to meet the objectives specified in the statement (usually in the form of an Individual Education Plan). These targets will be set by the school in collaboration with her parents.

The short-term targets set by the school will be reviewed at least twice a year and ideally every term.

Progress towards meeting the objectives outlined in the statement will be monitored at the annual review. A review meeting will be held within 12 months of the date of this statement, or the previous review.

PART 4: PLACEMENT

1. School type: A residential school specialising in the education of young people post 16 with severe communication difficulties with moderate to severe learning difficulties. The school should have experience in dealing with young people with a physical difficulty and who require occupational and physiotherapy programmes.

School name: School

PART 5: ADDITIONAL NON-EDUCATIONAL NEEDS

- T has a diagnosis of Angelman's Syndrome

- T has difficulties with her fine gross and motor skills

PART 6: NON-EDUCATIONAL PROVISION

- T's health will be monitored by the appropriate health professionals, at the discretion of the Hertfordshire NHS Primary Care Trust

Date of statement: 09.07.10

.....

A Duly Authorised Officer of the Authority

Statement Status

Final Statement Number 1: 12.01.1998
Final Statement Number 2: 20.08.1999
Final Statement Number 3: 10.02.2005
Final Statement Number 4: 20.11.2008
Final Statement Number 5: 09.07.2010