



Workshop on Relationship Development Intervention
(RDI) and Education, Health and Care Plans

June 2015: Zoe Thompson



Example Education, Health and Care Plan

SECTION A1: The views, interests and aspirations of the child and their parents, or of the young person.

This is me, my name is:	I like to be known as:	
I have participated in this plan and communicated my views by:		
XXXXXX's views		
Current photo of me / picture of what I like:		
Please attach a photograph or picture here	MY PERSONAL DETAILS	
	My date of birth:	
	My address:	
	My Education UPN/PID or NHS Number:	
	Names of person/s with parental responsibility:	
	Home telephone number:	
	Mobile number:	
Email:		

	Young Person's mobile:	
	Young Person's email:	
	School/College/ other setting: (name and address)	
	Social Worker contact details:	
What people like about me. What I can do well.		
What's important to me now and in the future: <i>(learning/training/communication/care/health/relationships/employment/independent living/ housing/ community/ leisure/ travel/ inclusion)</i>		
How best to support me: (how I prefer to communicate/ my health/ safety/ what I need to help me make decisions/ my movement and mobility/ my independence/ my friends/ play/ what helps me learn/ my sensory needs/ my equipment?)	People important to me: (parents, siblings, grandparents, friends etc.)	

A2: Parent/carers views Background information and what is important for XXXX now? (learning/training/communication/care/health/relationships/employment/independent living/ housing/ community/ leisure/ travel/ inclusion)	
What is important for XXXX in the future?	
Other important things about XXXX and the family. <i>Anything you need to know about X's siblings or other family members; times or days or barriers that make it difficult for the family to attend appointments or to meet professionals; (consider home language, physical access, how they communicate with other people etc.)</i>	

SECTION B: The child or young person's Special Educational Needs (SEN)

COGNITION & LEARNING Description of Strengths and Needs that may require additional or different provision:

COMMUNICATION & INTERACTION Description of Strengths and Needs that may require additional or different provision:

Number	Need
1	Sarah has difficulty making and maintaining friends
2	Sarah is often rigid in her thinking and behaviour and has great difficulty managing uncertainty and change
3	Sarah is unable to take on board the different perspectives of others in order to help her to decide what to do in situations of uncertainty and/or to problem-solve challenges
4	Sarah does not read the non-verbal communication of others or use trusted adults as a point of reference
5	Sarah does not have the social competence to take part in reciprocal social interaction

SOCIAL, EMOTIONAL & MENTAL HEALTH Description of Strengths and Needs that may require additional or different provision:

Number	Need
6	Sarah has severe difficulties with emotional regulation
7	Sarah has difficulty staying within limits and accepting boundaries which causes her to withdraw or abscond
8	Sarah has had suicidal thoughts and continues to self-harm
9	Sarah is not emotionally resilient and has difficulty learning from mistakes/coping with failure
10	Sarah has great difficulty sleeping and is often awake in the middle of the night

SENSORY/PHYSICAL/MEDICAL Description of Strengths and Needs that may require additional or different provision:

Number	Need
11	Sarah reacts badly to loud noises
12	Sarah is tactile defensive and has hyperacusis

SECTION E: Educational - The outcomes sought for the child or young person (over the next 2/3 years). From Year 9 (age 14) consider preparing for adulthood and beyond. Employment, Supported Employment, Independent Living, Travel, Community Participation, Good Health and Wellbeing with projected attainment targets/reflecting progress.

Communication and interaction

Outcome
Improved mental flexibility – the child or young person is able to rapidly & effectively review options and select the best-fitting responses in the face of complex, dynamically-changing, uncertain environments
Improved adaptive planning - the child or young person understands that even the most careful plans and well thought-out strategies will inevitably require revision when executed in real-world settings
Improved episodic memory – the child or young person can retrieve memories of competence from previous activities/events in order to help decide what to do when faced with uncertainty and possible failure
Improved self-directed learning and emotional growth - the child or young person is strongly motivated to gain more understanding and competence in their world

Note: The degree to which the above outcomes are achieved will be assessed by a qualified professional using a peer-reviewed assessment tool, the RDA-R.

Social, emotional and mental health

Outcome
Improved internal motivation – the child or young person shows an improved desire to expand what they can do, where they can do it and with whom they can do it
Improved emotional regulation – the child or young person better able to ‘stop and think’ before acting; better able to recover from setbacks.
Improved ability to learn from mistakes - the child or young person actively seeks to construct and revise meaning wherever and whenever they can, including personal and shared experiences and experiences of failure as well as success.

Note: The degree to which the above outcomes are achieved will be assessed by a qualified professional using a peer-reviewed assessment tool, the RDA-R.

Sensory and physical

Outcome
Sarah will be able to fall asleep within 2 hours of settling in bed
Sarah will be able to settle herself back to sleep within one hour of waking during the night

SECTION F: The special educational provision required by the child or young person.

The support that is needed to achieve these outcomes	Who will do it?	How often is the support going to be provided?	To be used at interim or annual review. Progress towards meeting the outcome
An integrated programme of Relationship Development Intervention (RDI) taking place across the home and education settings	Parents (home) TA (School) Under supervision of a certified RDI Consultant	Three times weekly at home for 1 hour per session Daily at school for 1 hour per session	Parents and TA have mastered the RDI guide competencies
A programme of reflex integration in school	TA and teachers will be trained and supported by Reflex Integration specialist	Daily for 30 minutes	Retained primary reflexes are identified, programme devised and implemented to address these.

SECTION C: The child or young person's health needs.

Sarah struggles to fall asleep and wakes in the night. She is unable to settle without parental support.

SECTION G: Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN.

What health support is needed to achieve these outcomes?	Who will do it:	How often is the support going to be provided?	To be used at interim or annual review. Progress towards meeting the outcome
Sarah will be prescribed melatonin	GP	Every night	Efficacy of melatonin dose will be monitored by parents and GP quarterly
Parents will attend a 6 week sleep hygiene course	Parents	A one off course for 6 weeks duration starting August 2015	Parents attend 6 week course and implement the personalised sleep hygiene action plan that is developed at the end of the course. Efficacy of sleep hygiene action plan is assessed by parents, GP and autism advisor quarterly.

SECTION D: The child or young person's social care needs

Sarah is isolated from her peers due to the social communication and social understanding difficulties that result directly from her autism. Sarah does not access leisure opportunities outside the home because providers are unable to cater for her sensory needs and emotional regulation difficulties. Sarah does not lead an 'ordinary life' due to lack of social and leisure opportunities. Sarah's lack of peer relationships is beginning to impact on her emotional wellbeing.

Section H
H1 Any social care provision which must be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA)
H2: Any other social care provision reasonably required

What social care support is needed to	Who will do it:	How often is the support going to be	To be used at interim or annual review.
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achieve these outcomes?		provided?	Progress towards meeting the outcome
<p>H1</p> <p>Supported access to appropriate leisure opportunities where Sarah can begin to mix with developmentally matched peers</p>	<p>Personal Assistant, social worker</p>	<p>3 times per week in the evenings for 2 hours per evening and 3 hours at weekends. An additional 3 hours per week to be allocated during school holidays</p>	<p>PA appointed</p> <p>Sarah is accessing the allocated hours</p> <p>Sarah's satisfaction with the service is monitored using a Likert scale to indicate her degree of enjoyment</p> <p>Sarah makes one friend at the activities</p>

SECTION I Educational Placement

Name of school or college

Type of school or college

SECTION J: Personal Budget (including arrangements for direct payments):

YES / NO (delete as appropriate)

Agreed Educational Personal Budget:

Description of resources	Funding
Home programme of RDI School-based programme of RDI Reflex integration programme	

Agreed Social Care Personal Budget:

Description of resources	Funding

Support worker 3 evenings per week (2 hours per evening) plus 6 hours at the weekend and an additional 3 hours per week during school holidays	
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Agreed Health Personal Budget:

Description of resources	Funding
Melatonin 6 week sleep hygiene course for parents	
Total Personal Budget:	£0.00

Date of Final Plan	
Signature on behalf of Children, Young People and Specialist Services	
Signature on behalf of social care	
Signature on behalf of the CCG	

SECTION K: Advice and Information

Evidence submitted by Family/Young Person; evidence submitted by education; evidence submitted by health; evidence submitted by social care

Appendix 1: Medium term targets (18 months – correlating to needs)

Communication and interaction

Number	Medium term target
1	Sarah will visually check to determine communication partner's readiness prior to activity initiation or resumption. Visual checking is followed by appropriate contingent actions based on appraisal of partner's state of readiness.
2	Sarah will be able to manage gradually more complex challenges/uncertainties
3	Sarah will master simple perspective-taking
4	Sarah will master both reading and using the 5 channels on non-verbal communication as well as mastering of social referencing
5	Sarah will learn how to co-regulate during social interactions

Social, emotional and mental health

Number	Medium term target
6	Sarah will be able to take part in increasingly more complex cycles of regulation-challenge-regulation
7	Sarah will be able to accept limits and boundaries from trusted adults
8	Sarah will be able to employ strategies that enable her to better handle her periods of distress and agitation
9	Sarah will retrieve memories of competence from previous activities/events in order to help decide what to do when faced with uncertainty and possible failure
10	Sarah is better able to settle herself if she wakes up in the night

Sensory and physical

Number	Medium term target
11	Sarah's xxx primary reflex will be integrated
12	Sarah's xxx primary reflex will be integrated