

	Understanding of the World:	People: 30 (developing) World: 30 (developing) Technology: 40 (secure)
	Physical Development:	Moving: 40 (developing) Health: 40 (emerging)
	Expressive Arts & Design:	Exploring: 40 (developing) Imagination: 30 (developing)

During the observation, Finley demonstrated that he was able to:

- Count to 20 along a visual number line with his peers.
- Recognise that a number was out of order on a number line to 20.
- Participate in a very visual and familiar phonics teaching activity, the teaching of which was on a screen and animated. Finley was able to sound out some sounds along with his peers and the animated character on the board. School report that Finley loves the very visual and repetitive 'Big Cat' phonics activity on the Smart Board.
- He loves numbers and number line activities and is very numerate with concrete activities.

Finley demonstrates the following difficulties:

- School report that Finley has made limited academic progress since starting school in September 2017.
- Despite it being a favourite activity, Finley experienced difficulty attending and engaging consistently in the phonics learning activity.

INFORMATION PROCESSING / FLEXIBILITY OF THINKING:

During the observation, Finley demonstrated that he was able to:

- Benefit from having his own carpet square and wobble cushion to help focus his attention when sitting on the carpet.
- Follow the familiar PE routine of toilet, getting changed and waiting on the carpet with 1-1 support.
- Follow the familiar routine of lining up to transition to different activities, with support. He was able to wait to be told what to do and where to go during the PE lesson. Finley seemed comfortable not being first in the line and not always winning at activities. He was able to wait to take his turn during team games.
- Sit quietly on the carpet to watch a learning video whilst having his drink and biscuit at snack time.
- Show some awareness of, and interest in, things around him in the classroom. For example, Finley noticed super hero (something he is interested in) pictures on the tables.
- Make an independent choice of play activity within the familiar structure and routine of the classroom and with support.
- Engage briefly in some imaginary toy play using a structured play mat and cars when encouraged and supported by a familiar adult.

Finley demonstrates the following difficulties:

- Some calling out during a class discussion about super heroes. Finley does not appear to fully understand the 'no calling out' rule in school, although he did put his hand up and wait to be asked for his information alongside calling out.
- When engaging in class discussions, Finley directed many of his ideas to his 1-1 support rather than his teacher or the class as a whole.
- Finley became quite agitated when asked to help tidy up after returning to the classroom after break. Although he put a few cars away with support when prompted, he did so quite forcefully (ie throwing cars into the box) and engaged in some shouting before returning to his carpet square to sit and wait for a favourite screen activity. He refused to help other children tidy up.

COMMUNICATION & INTERACTION:

During the observation, Finley demonstrated that s/he was able to:

- Enter school relatively quietly with his 1-1 support after a lot of gentle coaxing by Mum and school staff. Finley was able to communicate 'I'm not going' to Mum when reluctant to go into school. On this occasion, he was able to be coaxed in after a few minutes of talking to his 1-1 support.
- Sit on a carpet square and wobble cushion with his peers for carpet time.
- Join in a whole class clapping and counting activity with his peers and watch routine visual learning activities on the Smart Board.
- Put his hand up to volunteer answers to simple number questions.
- Interact with his 1-1 support, looking towards her to engage in simple discussion about teaching activities. Finley appeared comfortable interacting with a familiar adult, and often initiated and engaged in 'High 5's' with her.
- Listen to and follow well-paced and very clear whole class instructions.
- Look to and follow his peers to support his understanding of expectations during PE, and clarify what he had to do with his 1-1 support when unsure.
- Engage in a semi-structured group activity with other children led by an adult outside on the playground. Finley seemed to cope with the close proximity of other children; ie when peers hugged him as part of a game.
- Follow his peers running up and down the playground. Finley watched other children playing although he appeared to be on the periphery of the game. He briefly pretended to hide from peers behind a bush but did not maintain the imaginary play activity. He initiated a game of tag with one other child but found it difficult to maintain when she stopped chasing him.

Finley demonstrate the following difficulties:

- Finley's expressive, receptive and functional language skills are delayed.
- He did not engage in social conversation with other children during this observation.
- Finley did not interact with other children when getting changed for PE or waiting to go into the hall and out to play. Although other children attempted to initiate, he did not follow their lead.
- During tidy up time, Finley became quite agitated and started talking in a loud and aggressive voice, as he was clearly angry at not being able to go straight into a favourite activity.
- Finley sometimes called out during the phonics activity, as if needing reassurance. He often copied what other people had said. Much of Finley's communication appeared to be echolaic and repeating what others were saying.
- Finley seemed to experience difficulty engaging effectively in a conversation with his 1-1 support about what was happening around him while other children were tidying up, and became quite argumentative and contradictory in his communication. Finley uses his behaviour rather than language to express his anxiety and frustration.

SENSORY DEVELOPMENT:

- Finley uses a wobble cushion, weighted lap dog and chew toy to help manage his sensory needs when sitting on the carpet. (Finley was not observed to use his chew toy during this assessment).
- Finley was observed to bang his hands on his ears when the noise level in the hall rose very slightly, suggesting some sensitivity to sound.
- He often licked his lips.
- Mrs Tudor has requested that Finley wears sunglasses when outside as the sun irritates his eyes.

PHYSICAL DEVELOPMENT:

- School report that Finley's physical development is delayed.

- He struggles with activities which involve crossing the mid-line and has only recently started to manipulate using a scooter.
- His fine motor skills are also delayed. He still uses a palmer grasp when using a pencil and struggles with handwriting and cutting activities.
- When running, Finley presented as being very physically active although a little heavy footed. His gross motor coordination appear a little immature.
- He was able to manipulate his way around other children and coordinate his gross motor movements to run up and down and around the playground.
- He was able to participate in a well-structured PE lesson, taking turns in running, relay and balancing activities with his peers.

SOCIAL, EMOTIONAL & MENTAL HEALTH:

- Finley has a diagnosis of Autism Spectrum and is under investigation for possible Tourette's.
- Finley experiences high levels of anxiety which are currently impacting on his ability to access full time education and make progress in his learning.
- Throughout this observation, Finley constantly looked to his 1-1 support for reassurance. He needs a high level of support in order to access learning opportunities
- Finley was heard to say 'I can't do it', 'I'm not a winner' and 'I'm a naughty boy' during a phonics activity. He seemed to be aware of the fact that he was finding the learning task difficult and refused to focus and engage at times. He constantly looked to his 1-1 support for reassurance
- Towards the end of the morning, Finley appeared to become tired, found it difficult to attend to his teacher, became a little agitated and lay down on the floor.
- Finley presented as very immature in his general development.
- He has limited emotional understanding and can become easily upset and dis-regulated.

Self-help and independence:

- Finley currently requires help to change for PE.
- He is able to go to the toilet and wash his hands independently when prompted.

PROFESSIONAL CONTRIBUTION:

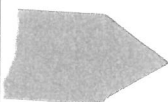
Key points from discussion with Miss Turner-Jones, Finley's class teacher and Miss Emma Waldron, Finley's 1-1 support:

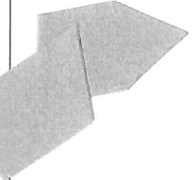
- Finley has a diagnosis of ASD and is being assessed for possible Tourette's.
- He currently comes into school through the main reception as he finds it difficult to separate from Mum and will not come in through the class door with other children. He is on a part-time timetable and currently leaves school at 11.50am. On occasions, Finley also experiences difficulties with leaving school, in particular with crossing a 'line' (carpet separation between two doors) and will swear at and hit Mum on seeing her.
- Finley has plateaued with his learning journey and has made limited progress since starting school. School currently feel as though they are 'containing him'.
- Finley is unable to cope or operate outside of familiar routines and will have a violent outburst if routines change. He struggles to cope when routine activities change even slightly and he can get very agitated.
- When anxious, he can be very aggressive towards his 1-1 support; pulling her hair, spitting and hitting out. Staff tend to pander to his needs to avoid disruptive behaviour and aggravating situations, as Finley can be aggressive towards other children as well as staff when agitated. When upset, he can be physically aggressive as well as swearing.
- Finley will rarely interact with peers unless supported by an adult. He does not engage in shared play activities unless an adult encourages and supports, although he seems comfortable with children touching him and will put his arms round children if he wants to.
- He is very physical and needs to be able to run around between activities. If it is wet play, and he is unable to go outside, he can become hyperactive, anxious and tense and struggles to engage in learning.

- Finley's communication skills are delayed and he struggles to use language to express his ideas, thoughts or feelings.
- He loves very concrete learning activities and works well with concrete number concepts, but his understanding of number relations, mathematical language and use of number is poor.
- Finley will sit and look at a book with an adult and his basic letter and sound recognition is developing. Staff have tried to use books and talking about what's happening in stories to develop his language skills but Finley has a poor understanding and struggles to talk about things in books which are not concrete. Finley needs high level of adult support to engage in learning activities.
- Although he uses and enjoys computers, Finley has a poor understanding of the use of technology and will simply play games rather than using iPads to take photos etc. He can become very fixated on ICT based activities. On first starting school, he used to watch electrical storms on You Tube constantly. The programme has had to be taken off the smart board.
- Finley has a very poor attention span and is very rigid in his thinking. You cannot negotiate with him. If a set task does not interest him he will not engage.
- Finley has found it difficult to cope with changes to staff due to illness this year, and it has subsequently been increasingly difficult to manage his behaviour. School feel that he will find the transition into Year 1 and the more formal curriculum difficult to manage.
- Mum reports that Finley will only eat certain foods, such as Iceland's donner kebabs. Mum sends a biscuit in for snack time, as he will only eat certain types of biscuit, and she has requested that school do not try to encourage him to try different foods such as fruit, as if he refuses something once, it is impossible to get him to eat that same food again.
- Finley seems to distrust food and will spend time looking at, mouthing and engaging in sensory behaviours with food.
- Finley has ear defenders available to him to support his sensitivity to sound. He will use them but it has to be under his control, not when an adult suggests that he might benefit from them.
- He uses his chewy toy when he begins to get anxious.
- Finley accesses whole school assembly but sits on the end of the line, with adult support, and staff will take him out if they recognise that he is getting anxious.

DESIRED LEARNING OUTCOMES FOR FINLEY

Outcome to be achieved by the end of Key Stage 1:	Support	Frequency
1. For Finley to access full time education by January 2019.	<ul style="list-style-type: none"> • Access to a higher staff: pupil ratio than typically found in a mainstream setting 	Embedded and integral to the school day.
For Finley to be able to eat lunch (a packed lunch prepared by Mrs Tudor) at school by January 2019.	<ul style="list-style-type: none"> • Access to staff trained and experienced in meeting the needs of pupils on the autism spectrum 	Embedded and integral to the school day.
For Finley to make sufficient progress in his learning that he is working within Age Related Expectations.	<ul style="list-style-type: none"> • Access to a highly structured and predictable, low sensory teaching environment, alongside mainstream social and teaching opportunities. 	Embedded and integral to the school day.

	<ul style="list-style-type: none"> Consistent and integral use of visual teaching strategies and teaching activities to support Finley's understanding of whole class and personalised teaching activities and curriculum tasks. 	Embedded and integral to the school day.
	<ul style="list-style-type: none"> Consistent access to an appropriately differentiated learning curriculum, with tasks broken down into smaller, structured chunks and presented in a visual format. 	Embedded and integral to the school day.
	<ul style="list-style-type: none"> Consistent access to a differentiated, personalised, specialist autism curriculum and highly structured and visual teaching activities. 	Embedded and integral to the school day.
	<ul style="list-style-type: none"> Consistent access to a highly structured and predictable teaching environment, with additional adult support to allow Finley to access whole class teaching and learning activities alongside small group and 1-1 interventions. 	Embedded and integral to the school day.
	<ul style="list-style-type: none"> Consistent access to a quiet distraction-free work space within all teaching areas to help Finley to focus more independently on structured independent tasks and 1-1 teaching interventions. 	Embedded and integral to the school day.
	<ul style="list-style-type: none"> Consistent use of visual task management aids such as a visual timetable, 'Now / Next' or 'First this, Then that' task boards so that Finley knows what each of the steps are in a task and can eventually follow them through independently. 	Embedded and integral to the school day.
	<ul style="list-style-type: none"> Consistent use of chunked teaching activities, visual aids and sand timers to support Finley's understanding of 	Embedded and integral to the school day.

	<p>expectations, alongside rewards relevant to him to motivate.</p>	
	<ul style="list-style-type: none"> • Access to a low arousal, quiet setting in which to eat lunch. 	<p>Embedded and integral to the school day.</p>
	<ul style="list-style-type: none"> • Access to a higher than usual level of staffing during lunchtime, both when eating and on the playground during break and lunch. 	<p>Embedded and integral to the school day.</p>
	<ul style="list-style-type: none"> • Implementation and consistent use of a Home-School diary (paper or electronic) to ensure consistency of communication and strategies used to support Finley across both settings. 	<p>Embedded and integral to the school day.</p>

Outcome to be achieved by the end of Key Stage 2:

2.	Support	Frequency
<p>To develop Finlay's expressive, receptive and functional language skills in order that he is able to:</p> <ul style="list-style-type: none"> • Follow simple instructions on a 1-1 and whole group basis • Respond to everyday adult requests • Communicate his needs more effectively. <p>To develop his social communication skills and ability to more effectively engage in a two way conversation – initially with adults and longer term, with peers.</p>	<ul style="list-style-type: none"> • Access to a higher staff: pupil ratio than would typically found in a mainstream setting. 	<p>Embedded and integral to the school day.</p>
	<ul style="list-style-type: none"> • Specific structured 1-1 teaching activities following recommendations from the Speech and Language Therapist. 	<p>Daily</p>
	<ul style="list-style-type: none"> • Information and instructions consistently given in small chunks and in sequential order. 	<p>Embedded and integral to the school day.</p>
	<ul style="list-style-type: none"> • Consistent allowing for additional processing time before expecting a response from Finley. 	<p>Embedded and integral to the school day.</p>
	<ul style="list-style-type: none"> • Consistent use of visual strategies to support Finley's understanding; for example; clear visual cues, pointing, expressive body language, facial expression and tone of voice. 	<p>Embedded and integral to the school day.</p>

	<ul style="list-style-type: none"> Consistent use of a 'Now / then' or 'First this, then that' task management approach to motivate Finley to follow instructions and engage in activities not necessarily of his choosing. 	Embedded and integral to the school day.
	<ul style="list-style-type: none"> Access to a structured programme of work focusing on how to initiate and effectively maintain conversation. Activities to include programmes such as 'Socially Speaking' by Alison Schroeder and 'Talkabout ...' by Alex Kelly. 	Weekly
	<ul style="list-style-type: none"> Access to a structured programme of work to develop Finley's social understanding and ability to engage in conversation about social situations. Programmes to include 'Talkabout ... friends, school, home' etc by Black Sheep Press Publishers. 	Weekly
	<ul style="list-style-type: none"> Access to a small group and structured intervention such as 'Lego Brick' Club to develop Finley's social interaction and communication skills. 	Weekly
	<ul style="list-style-type: none"> Opportunities to engage in structured 'barrier games' with an adult to develop listening and social communication skills. 	Weekly

Outcome to be achieved by the end of Key Stage 2:		
3. To develop Finley's social understanding and ability to interact and play with peers more effectively. To develop and extend his imaginary play skills and ability	Support	Frequency
	<ul style="list-style-type: none"> Access to structured play activities, with additional adult support to teach, model and encourage social play. 	Daily
	<ul style="list-style-type: none"> Access for opportunities to engage in structured pre-teaching of concrete board games followed by 	Twice weekly in the first instance

<p>to engage in shared play activities with his peers.</p> <p>To develop his ability to initiate positive interaction with peers more independently.</p> <p>To develop the skills of turn taking, engaging in a shared focus of attention and sharing with others in a range of structured and less formal social and learning situations.</p>	<p>opportunities for Finley to play in small groups with selected peers so that he is able to engage in structured play with other children.</p>	
	<ul style="list-style-type: none"> • Access to supported opportunities to engage in role playing simple situations such as sharing, taking turns and engaging in imaginary play activities with peers. 	Daily in the first instance
	<ul style="list-style-type: none"> • Consistent access to structured physical activities and pre-taught playground games, alongside additional lunch time support, to encourage participation in structured games on the playground, to develop Finley's turn taking, joint focus of attention, sharing and co-operation skills and extend the range of ways he is able to interact with peers during unstructured times. 	Daily in the first instance
	<ul style="list-style-type: none"> • Opportunities for structured adult-guided play in which the adult encourages and models cooperative play and interaction. To include the use of turn-taking and cooperative activities using, for example, a marble run, constructions toys, etc. 	Daily in the first instance

Outcome to be achieved by the end of Key Stage 2:		
4.	Support	Frequency
<p>To develop Finley's ability to understand his own emotions and ability to begin to communicate his feelings more appropriately and effectively when anxious.</p> <p>To develop Finley's ability to engage in activities not</p>	<ul style="list-style-type: none"> • Consistent use of visual cues such as simple comic strip conversations and social stories to support communication and clear expectations of behaviour. 	Embedded and integral to the school day.
	<ul style="list-style-type: none"> • Explicit visual teaching of social 'rules' and expectations of behaviour. 	Embedded and integral to the school day.
	<ul style="list-style-type: none"> • Consistent pre-warning of transitions and changes to 	Embedded and integral to the school day.

<p>necessarily of his choosing.</p> <p>To develop his ability to accept and manage changes to routine more effectively.</p> <p>To develop Finley's self-esteem and confidence when working more independently.</p>	<p>routine, using visual cues to support his understanding of changes to routine.</p>	
	<ul style="list-style-type: none"> • Use of 'limited choices' to encourage Finley to engage in activities not necessarily of his choosing. 	<p>Embedded and integral to the school day.</p>
	<ul style="list-style-type: none"> • Consistent rewarding of successes, positive attempts to interact and engage in joint activities and positive behaviours through rewards which are meaningful to Finley. 	<p>Embedded and integral to the school day.</p>
	<ul style="list-style-type: none"> • Consistent implementation of visual cues such as a personalised visual timetable and simple task management prompts to communicate routines and expectations in a structured, predictable environment. 	<p>Embedded and integral to the school day.</p>
	<ul style="list-style-type: none"> • Access to a structured, age related emotional literacy programme. For example, products developed by Black Sheep Press Publishers. 	<p>Weekly</p>
	<ul style="list-style-type: none"> • Consistent access to a calming low arousal area to use as required and as the need arises, alongside planned and timetabled opportunities for solitary time for Finley to relax and help manage his anxiety and emotional state. 	<p>Embedded and integral to the school day.</p>
	<ul style="list-style-type: none"> • Consistent access to a box of favourite 'calming' activities easily at hand. These can be used to fill any spare moments and at times when Finley is anxious, e.g. Lego, jigsaws, weather books etc. 	<p>Embedded and integral to the school day.</p>
	<ul style="list-style-type: none"> • Consistent access to a range of sensory strategies and equipment such as a weighted lap cushion, wobble cushion, chew toy, 	<p>Embedded and integral to the school day.</p>

	ear defenders to support Finley in coping with his sensory differences.		
SPECIALIST TEACHER AUTISM/CCN TEAM:	<i>E A Croft</i>		
DATE:	14.06.18		
<p>If you would like to discuss this report, please contact Ann Croft on 01905 678190, leaving a message, and I will get back to you. Or email ann.croft@babcockinternational.com</p> <p>Alternatively, contact Karen Broderick on 01905 678172 or write to Babcock Prime, Prime House, Woodbury Lane, Worcester WR5 2PT or email Karen.Broderick@babcockinternational.com</p>			
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			File <input checked="" type="checkbox"/>

CCN TEAM

FOLLOW UP REPORT

NAME:	Finley Tudor	SCHOOL:	Roman Way first school
DATE OF BIRTH:	9/4/13	TEACHING ASSISTANT	Miss Bassi
YEAR GROUP:	Reception	CLASS TEACHER:	Mrs Turner-Jones

PURPOSE OF ASSESSMENT:

To monitor Finley's transition from nursery in to school

SUMMARY OF OBSERVATION:

Finley was observed during:

- Circle time
- Outdoor play
- Choosing time

Finley demonstrated that he was able to:

- Finley was happy to sit at snack time as long as he had his own drink and a biscuit, he refuses to eat fruit
- Not react when another child took the playdough he was playing with
- Interact with his 1-1 a trusting bond has been formed
- Engage in role play; Finley pretended to play eat playdough cake with his 1-1 adult
- Follow whole class instructions; Finley got his coat from his hook when asked
- Has a good understanding of his own needs Finley will use his 'chew buddy' when needed
- Transition back in to class from outside when asked
- Sit cross legged on his carpet square and watch songs on the interactive board
- Collect a sticker from the teacher and stand in line to show his great work to the class

Second and third visit 27/9/17 and 16/10/17

- Finley was more settled in the classroom
- Respond to whole class cues for stopping and listening, for example, Finley stopped what he was doing when the teacher told the class it was snack time
- Participate in whole class activities, Finley was happy to sit during circle with his peers
- Share achievements; for example, Finley moved himself up the rocket

Finley demonstrated the following difficulties:

- Understanding of his own feelings and how to regulate his emotions
- Finley does not stay for lunch at the moment as he only eats fast food
- Showed a limited understanding of his action towards his peers, for example, Finley swore when playing with his friends
- Finley does not use the toilet at school
- Some sensory seeking behaviours; Finley made high pitched noises when he was anxious in the classroom
- When Finley got stressed his 1-1 removed him from the classroom to a quiet area to calm down, Finley tried to pinch his 1-1 and growling to show his frustration
- Some exaggerated responses were used; Finley repeatedly swore at his mum when she came to pick him up at 12pm

PROFESSIONAL CONTRIBUTION:

Miss Bassey (Teaching Assistant) reported:

- That Finley's speech has improved since nursery
- Can interact with his peers, yet this often becomes silly or he hurts others
- Finley likes to be independent
- Finley wants friends but struggles to play appropriately
- Often if Finley has a good day at school he has 'explosions' at home and hits, swears at mum
- Finley will often go in to a 'trance' state and is hard to bring him back to task
- Finley often has toileting accidents at home

Second and third visit 27/9/17 and 16/10/17

- Finley has responded well to the use of the rocket reward chart
- Finley takes part in PE, however, does not get changed
- He has use of a weighted cushion and has been a lot calmer since this was put in place
- He has a bobbly cushion to sit on at circle time

- Is able to carry out instructions from Miss Bassi
- Finley has asked to stay for lunch, this will be discussed with both his parents and the head teacher
- A Home-school diary has been introduced and is proving successful Finley no longer swears at his mum at home time

RECOMMENDATIONS:

In addition to the support strategies in place, Finley would benefit from:

- Be aware that Finley may find the demands of the timetable exhausting. Build in some time for him to be solitary. Ensure that Finley is provided with a 'safe haven' (quiet area) to go to at times of the day when 'Time Out' is required.
- Have a box of calming activities quickly at hand. These can be used to fill any spare moments and at times when Finley is anxious, e.g. Lego, jigsaws, weather books etc.
- Raise Finley's self-esteem by rewarding every success. Ensure that rewards are made meaningful to him, as discussed 1-1 is making a rocket chart for Finley and stickers to give instant praise
- The use of a weighted cushion to give Finley that sensory input that needs
- Consistent implementation of visual cues to communicate routines and expectations in a structured, predictable environment
- Pre-warning of transitions and changes to routine.
- Chunked instructions, with additional processing time before expecting a response
- Build in physical activities to develop Finley's turn taking, joint focus of attention, sharing and co-operation skills
- Introduce a Home-School diary to enable both school and parents to communicate about Finley's day

SPECIALIST PRACTITIONER

Natasha Deary

CCN TEAM:

DATE:

16/10/17

If you would like to discuss this report, please contact Karen Broderick on 01905 678172 or write to CCN Team, Babcock Prime, Prime House, Woodbury Lane, Worcester, WR5 2PT or email Karen.Broderick@babcockinternational.com

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**Children, Young People and Families Service Delivery Unit
Paediatric Occupational Therapy**

Worcestershire Health and Care NHS Trust
Princess of Wales Community Hospital
Stourbridge Road
Bromsgrove
Worcestershire B61 0BB
Tel: 01527 488041
WHCNHS.paediatricot@nhs.net

Date: 22/08/2018

PAEDIATRIC OCCUPATIONAL THERAPY REPORT

Name:	Finley Tudor
NHS No:	653 347 1309
Date of Birth:	09/04/2013
Address:	85 Batchley Rd, Redditch, Worcestershire, B97 6HZ
School:	Roman Way First School
G.P:	Dr Davenport
Referrer:	Dr Amanatidou
Date of Referral:	15/03/2017
Occupational Therapist:	Bryony Fielding

Background Information

Finley was referred to the Paediatric Occupational Therapy service on the 15th March 2017 following discussion in the child development team meeting held on the 16th February 2017. The reason for the referral was for assessment and input around sensory sensitivities, behaviour issues, and possible motor and coordination difficulties.

Parent Information

During the initial appointment Mum reported that her biggest concern was regarding Finley's behaviour, specifically verbal and physical aggression which occurs during frequent and regular meltdowns. These outbursts did not appear related to specific triggers, however Mum reported that Finley was demonstrating and voicing significant anxieties around nursery and the transition to school. Mum reported that Finley's violence and aggression was increasing, and she was worried about the safety of Finley's younger sister (Sienna who is 1) who Finley appeared to lack any awareness of or interaction with. More recently, Finley has demonstrated physical tics, which appear to increase when he is anxious, specifically related to school (where he is now in reception class), which he also expresses anxiety about verbally as well as physically and behaviourally. Mum reports that during school holidays, Finley is like a different child, appearing relaxed, expressive, with improved verbal communication and affection towards Mum.

Communication

Mum reports that Finley's verbal communication is limited in general and tends to consist of one or two words per sentence. He often uses inappropriate and

aggressive language alongside violent outbursts, which occur whenever he has a meltdown (can be several times a day), and is often aimed at Mum or other people. Finley also uses inappropriate language (in a less aggressive manner) when he is playing happily, and randomly throughout the day, and Mum feels these could be verbal tics as it does not appear to be in response to anything. Mum reports that Finley also swears in anger/frustration, however she can recognise the difference between this and verbal tics where his whole body seems to tense up first and then he shouts out randomly. Finley also displays a range of physical tics which at the moment present with curling of the top lip, and a repetitive grunt which sounds like clearing of his throat. In the past he has displayed excessive repetitive blinking and eye rolling. Mum feels that Finley has picked up a lot of the inappropriate language from the school bus, as he tends to repeat things he hears, and Mum does not use this sort of language at home.

Finley prefers to be at home where it is safe, familiar and he is in control. His behaviour is 90% better at home. As soon as he goes outdoors his behaviour deteriorates. Finley needs routines, boundaries, and structure. He puts some routines in himself, liking to eat certain things every day and having the same routine in the same place i.e. will always post cards into a specific drain etc. Mum was concerned how Finley would cope with the transition into reception class in September, reporting that Finley displayed anxiety before going to nursery each day saying that he didn't want to go. He was also showing anxiety about anything to do with the transition to school. Mum report that during school holidays and over weekends, Finley appears less anxious and seems to open up, communicating with her more. Finley becomes very anxious and will have a meltdown if his Mum has to leave him (i.e. in a public setting such as nursery/school or the assessment group at the child development centre) and still sleeps in Mums bed at night.

Sensory Motor

Mum reports various sensory preferences that Finley has that impact upon his daily occupations. Finley becomes distressed by various noises and since being very little has covered his ears in the presence of loud noises. He also tends to bang his ears and gets agitated when his baby sister cries. Finley becomes easily overwhelmed with sensory input when outdoors. Mum has noticed that in loud and busy environments, Finley will tend to sit and rock, or will run around without purpose. He wears sunglasses to reduce the light, and struggles to deal with outdoor noises generally, becoming dysregulated, and his tics and violent behaviour tend to increase.

Finley has an extremely limited diet and has been admitted to hospital before due to the impact of poor nutrition on his health. Finley does not respond well to pressure around food and this can dramatically reduce the range and amount of food he will accept. He demonstrates some tactile preferences, greatly disliking having his hair washed and will not have his teeth brushed. Finley shows no reaction to pain, even when he has really hurt himself. He overheats very easily and appears to be dysregulated easily by a range of sensory motor information.

Mum reports that Finley has toe walked from a young age. He is generally clumsy and lacks spatial awareness, she feels this is getting worse rather than improving. Finley finds it difficult to sit still and has access to a move and sit cushion and a weighted lap cushion at school.

Finley has various sensory resources at home, such as therapy balls, lights, and a black out tent/space under his bed. Mum has found some strategies which help Finley to calm down, such as stroking the back of his neck. Having his fleece blanket and dummy will also help him to calm down if he has access to this before a meltdown escalates too far. He now has a chew buddy attached to his collar which he can use when he feels he needs it. Finley seeks squeezing and tight hugs from Mum. He also tends to rock backwards and forwards when he is in situations which make him anxious. At the park, Finley loves going on swings and will spend a long time on them, if he is not on a swing, he will just run around without particular purpose. This suggests that the linear movement of rocking and swings is calming and organising for Finley.

Self-Care:

Mum reports that Finley shows no interest in self-care and she still has to provide full assistance to get him dressed. He wears nappies at night and although had become more independent with going to the toilet during the day, has more recently been wetting himself throughout the day, seeming unaware of the need to go. Mum has questioned whether this has some relation to his social emotional state as it appears to be related to anxiety at times.

Play

Finley likes to play with cars, and apart from one game on the computer (the Simpsons) shows no other interests. He likes to have Mum near him when he plays but does not interact with her. Nursery and school report that Finley tends to copy others but lacks awareness of social rules and space.

Mum reports that Finley has become addicted to the tablet and will hyper focus for 15 minutes, then get up and have an explosion of dysregulated activity then return to the tablet. We talked about minimising tablet time and putting time limits and boundaries around its use so that Finley is still allowed some access but at specific times i.e. not in the few hours before bed.

School:

Mum reports that Finley dislikes talking about school when at home, however will randomly come out with things that have happened during the school day when he is playing or asleep. This is the only way Mum gets to hear from Finley about his school day.

Finley has struggled on the bus to school in the morning, showing an escalation in his verbal tics and anxiety, and struggling to cope with the noise and business. Mum reports that the tablet is the only thing that stops Finley ticking etc. on the bus and she will give it to him if his tics and behaviour gets really bad. Mum has tried lots of other strategies on the bus however nothing works. We discussed letting Finley have the tablet as soon as he gets on the bus as it appears to help him block out all additional unwanted stimuli. That way it is not reinforcing the behaviour when it gets out of hand, but being used as a distraction in the first place. Mum reports that recently she has trialled taking Finley into school on the bus later once other children are in school. She has noticed a significant improvement in his anxiety and behaviour on these occasions. We also talked about other possible strategies such as earphones (either plugged in to the phone, or just to block out noise), and encouraging Finley to try sensory strategies such as his chew buddy.

Finley only attends school until lunch time and Mum picks him up at 12pm. Mum reports that Finley continues to appear to function reasonably well within the structure and routine of the school environment, however the transition into and from school is still very difficult. Mum is now using a social story in the morning however Finley still 'plays up' on the route from reception into class, hiding under chairs etc. Mum has tried leaving him at the reception doors with the teaching assistant, however Finley won't move and then becomes aggressive with the teaching assistant hitting and kicking.

School Information:

School have reported that Finley can reportedly focus for 20/25 minutes on playdough play now which is an improvement. Finley has a good rapport with the teaching assistant who spends quite a bit of time with him and he is able to access learning opportunities with her help. Finley responds well to firm boundaries and consistency during the school day.

He had started to try to be more independent with changing for PE, but then seemed to regress with this. Finley will join in with some PE activities, mainly dancing.

School report that Finley appears to struggle to develop age appropriate peer relationships, lacking awareness about boundaries and personal space, and showing a lack of spontaneous seeking to share enjoyment, interests or achievements. Finley will run around with others at playtime but does not show much interaction otherwise. School also mentioned that Finley has had some issues with another child and they can be difficult with each other.

School report that Finley demonstrates the need for routine, and rigidity (about the way he walks into school), repetitive motor mannerisms (facial tics and throat clearing). He lacks understanding of ambiguous language and situations, and demonstrates various sensory preferences, specifically around noise, movement (rocking), and chewing excessively on his chew buddy.

PRESENTATION IN CLINIC:

During the initial appointment, Finley made very brief eye contact initially when the OT greeted him, however did not communicate verbally. He appeared cautious about entering the clinic room, however when the OT asked what he liked playing with and indicated some cars that were available to play with on the mat he seemed to relax slightly, taking the cars and lying down on the mat to play, with his back towards the OT and his Mum. Finley's baby sister Sienna was in her buggy, next to Finley, however he made no attempt to interact with her and showed no recognition of her presence even when she reached out toward him when he was sat on the handlebar of the buggy facing her (at the end of the session).

Finley did not demonstrate any awareness or attempt to engage in the conversation between the OT and his Mum, instead playing with the cars quietly, seemingly in his own world for approximately 30 minutes. After this time he got up and indicated with minimal words that he wanted to go. When Mum replied that we were not quite finished, Finley's behaviour started to change. The OT asked if he would like to play with something else, however Finley responded by swearing at the OT and Mum.

This escalated quickly and he also began to demonstrate physical aggression hitting out at Mum and throwing things across the room. Mum offered Finley his fleecy blanket and dummy, which he took and immediately calmed, sinking to the ground, stroking his blanket while Mum stroked the back of his neck. Finley appeared to zone out for approximately 10 minutes after which time Mum asked if he was ok and ready to leave. Finley indicated he was with a small nod of his head and allowed Mum to lift him onto the handlebars of his sister's buggy where he sat quietly still using his blanket and dummy to self soothe.

In the second session, Finley appeared comfortable to enter the therapy room, and started to explore the environment going briefly into the blackout tent but showing no interest in it afterwards. He communicated with his Mum with short simple sentences, asking 'can I jump' or 'can I roll' about various bits of equipment. He showed an awareness of the therapist although didn't answer questions or offer any direct interaction or communication. He offered brief eye contact at times and if the therapist did something new such as getting a new item out of the cupboard, would ask 'what she doing?'

Finley demonstrated a great deal of movement seeking behaviour, particular enjoying the suspended swinging hammock. He was keen to swing high on this throwing himself onto it on his front, however with prompting and suggestion was able to lie backward on it and appeared to enjoy being rocked by the therapist who described him as a cloud. Finley seemed to like this, calling himself a cloud and then saying the cloud had fallen when he slid out onto the mat.

Finley demonstrated a limited attention span, moving from one activity to another quickly although kept returning to the hammock swing. He would briefly look at or try another activity when introduced by the OT but if this did not interest him, would say 'no don't want to' and move back to the hammock swing. The session was very much on Finley's terms.

Throughout the session, Finley would randomly come out with inappropriate language and mentioned 'poo' a lot. At times this appeared to be in some way to get a response particularly when he mentioned poo, but at others it seemed more impulsive and 'tic' like in nature.

Finley enjoyed being made into a hotdog, which involved rolling him (the sausage) up in a gym mat and then adding sauces (pushing down on him with a therapy ball). He requested this again. Finley also seemed to like the vibrating massage cushion and was able to follow suggestions from the OT to try squeezing it to his chest or sitting with it against his back on a chair. He then took it to sit on the trampet while he watched mums tablet.

At the end of the session, Finley was not keen to go and would not have his shoes put on, until the therapist put hers on when he commented 'she put shoes on?' and then cooperated to have his put on.

Finley said goodbye to the therapist when asked on two occasions although did not offer eye contact.

It was not possible to carry out any specific assessment as Finley would only engage on his own terms and showed limited to no interest in many things, preferring to move about the room and returned often to a specific activity.

SUMMARY:

Finley presents with delays in all areas of his development and demonstrates sensory motor differences which appear to impact upon his ability to carry out some everyday activities as he can become easily dysregulated and anxious with a range of sensory motor information. This is likely to feed into but not entirely be responsible for some of his behavioural needs. It is important that Finley's physical and social environment supports his needs. With support, Finley should have the opportunity to access strategies throughout his day to help him self-regulate.

RECOMMENDATIONS:

Home

- Use social stories for transitions – try to make these specific and direct to help Finley understand what is expected of him. i.e. when Finley gets into reception, he walks with Mummy to the class. If he does this nicely, he is allowed to go on the tablet for 10 minutes
- Use pre warning and a social story before Finley is expected to go out anywhere so he knows what to expect.
- Diet – The emphasis should be on a no pressure, graded, child led approach. Encourage lots of messy play, and the option to prepare foods (such as a fruit salad) but not to eat. This should be a specialist and sensitive approach in which Finley is not made to feel under pressure in relation to food
- Finley has attended a sensory based session in which we explored and discussed strategies to help him become more aware of how to self- regulate. Mum has been invited to the Self-Regulation workshop, which currently runs in Bromsgrove.
- Mum and school could try visual cues to help support transitions etc.
- Finley benefits from routine, structure and firm boundaries. Having these in place throughout his day will help him feel more in control and less anxious.
- Finley could try wearing a lycra (swimming/surf) suit on journey to and from, and at school.
- Strategies such as wearing sunglasses and ear muffs for outdoors will also help to minimise unwanted sensory input and help Finley to feel calmer and more in control.

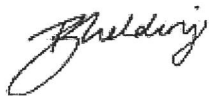
School

- Finley needs a structured approach to managing his sensory motor and behavioural needs, and requires consistent one to one support to ensure routines and an environment (physical, social, emotional,) that helps him to feel grounded and calm, which will in turn help him to engage and access learning and social opportunities more effectively.
- It is important to recognise that Finley will need to meet his sensory motor needs throughout his school day in order to engage in any learning opportunities. His day needs to be structured to enable this throughout the day, alongside various other sensory motor strategies. He will need ongoing support with this. *Some ideas are listed below:*
 - Consider social stories for transitions such as arriving or leaving school, changes to routine etc.
 - Provide a safe space for Finley where he knows he can go if he needs some

time out. Finley would also benefit from regular scheduled time in a quieter 'time out' area.

- *Consider the use of ear defenders or ear phones/plugs if this is helpful to Finley for noisier times of the day.*
- *Minimise unnecessary auditory and visual stimuli in the environment to promote a calmer environment and limit distractions.*
- *Schedule in regular movement breaks. These could be a short walk to another part of the school, opportunity to engage in heavy work/proprioceptive activities will help Finley to feel calmer and more regulated (ideas include wall and chair press-ups, carrying a/some books or files, helping to stack chairs, helping to move gym mats etc.)*

If you have any questions or would like to discuss this report, please feel free to contact me. Finley does not require further input through Occupational Therapy and will now be discharged from the OT service.



Bryony Fielding
Senior Paediatric Occupational Therapist

c.c. Parent
Roman Way First School
GP, Dr Davenport, The Dow Surgery, Redditch

Email to:

- EHCP/Terry Ryan - Special Educational Needs & Looked After Child Administrator.
- Umbrella Coordinator
- Community Paediatrician – Dr Arya
- Care notes



2nd August 2017

PAEDIATRIC OCCUPATIONAL THERAPY
ACCESS CLINIC SUMMARY

Name: Finley Tudor
NHS No: 6533471309
Date of Birth: 09/04/2013
Address: 85 Batchley Road, Redditch
School: Due to be attending Roman Way 1st School in September
G.P: Dr Davenport, The Dow Surgery
Referrer: Dr Amanatidou
Date of Referral: 15/03/2017
Occupational Therapist: Bryony Fielding

Dear Dr Amanatidou,

Thank you for referring Finley to the Paediatric Occupational Therapy Service. He attended an initial appointment at the Scott Atkinson Children's Centre on 28th July 2017. Finley's Mum was also present.

The following was discussed:

- Mum reports that her biggest concern is regarding Finley's behaviour, specifically verbal and physical aggression which occurs during frequent and regular meltdowns. Mum does not feel there is a specific trigger to his violent outbursts, however does report that Finley demonstrates significant anxieties around nursery and the transition to school. Mum reports that Finley's violence and aggression is increasing, and she worries about the safety of Finley's younger sister who is 1. Finley appears unaware of Cienna and does not interact with her in anyway.
- Mum reports that Finley's verbal communication is very limited in general, but that he is increasingly using inappropriate and aggressive language alongside violent outbursts, which occur whenever he has a meltdown which can be several times a day, and is often aimed at Mum or other people. Finley also uses inappropriate language (in a less aggressive manner) when he is playing happily, and randomly throughout the day, and Mum feels these could be verbal tics as it does not appear to be in response to anything. Finley also displays a range of physical tics which at the moment present with curling of the top lip, and a repetitive grunt which sounds like clearing of his throat. In the past he has displayed excessive repetitive blinking and eye rolling.

- Mum expressed concern over how Finley will cope with the transition into reception class in September. She reports that Finley displays anxiety before going to nursery each day and says that he doesn't want to go. He is also showing anxiety about anything to do with the transition to school. Mum feels that since the summer holidays and over weekends (especially Sunday), Finley appears less anxious and seems to open up, communicating with her more. Finley becomes very anxious and will have a meltdown if his Mum has to leave him (i.e. in a public setting such as nursery/school or the assessment group at the child development centre) and still sleeps in Mums bed at night.
- Mum also mentioned various sensory preferences that Finley has that impact upon his daily occupations. Finley becomes distressed by various noises and since being very little has covered his ears in the presence of loud noises. He also tends to bang his ears and gets agitated when his baby sister cries. Finley has an extremely limited diet and has been admitted to hospital before due to the impact of poor nutrition on his health. He demonstrates some tactile preferences, greatly disliking having his hair washed and will not have his teeth brushed. Finley shows no reaction to pain, even when he has really hurt himself. He overheats very easily and appears to be dysregulated easily by a range of sensory motor information. Mum has found some strategies which help Finley to calm down, such as stroking the back of his neck. Having his fleece blanket and dummy will also help him to calm down if he has access to this before a meltdown escalates too far. Mum has noticed that in loud and busy environments, Finley will tend to sit and rock, or will run around without purpose. At the park, Finley loves going on swings and will spend a long time on them, if he is not on a swing, he will just run around, again without particular purpose.

Mum reports that Finley has toe walked from a young age. He is generally clumsy and lacks spatial awareness, she feels this is getting worse rather than improving. Finley finds it difficult to sit still at Nursery and apparently school have suggested a move and sit cushion and a weighted blanket for next term. We discussed the safety implications and recommendations for use for a weighted blanket. In addition, it is important to recognise that Finley will need to move in order to engage in any learning opportunities, and his day needs to be structured to enable this throughout the day, alongside various other sensory motor strategies.

- Mum reports that Finley shows no interest in self-care and she still has to provide full assistance to get him dressed. He wears nappies at night and is still wetting several times during the day.
- Finley likes to play with cars, and apart from one game on the computer (the Simpsons) shows no other interests. He likes to have Mum near him when he plays but does not interact with her. At Nursery, Finley apparently tends to copy others but lacks awareness of social rules and space.

Observations

Finley made very brief eye contact initially when the OT greeted him, however did not communicate verbally. He appeared cautious about entering the clinic room, however when the OT asked what he liked playing with and indicated some cars that were available to play with on the mat he seemed to relax slightly, taking the cars and lying down on the mat to play with his back towards the OT and his Mum. Finley's baby sister Cienna was in her buggy, next to Finley, however he made no attempt to interact with her and no recognition of her presence even when she reached out toward him when he was sat on the handlebar of the buggy facing her (at the end of the session).

Finley did not demonstrate any awareness or attempt to engage in the conversation between the OT and his Mum, instead playing with the cars quietly seemingly in his own world for approximately 30 minutes. After this time he got up and indicated with minimal words that he wanted to go. When Mum replied that we were not quite finished, Finley's behaviour started to change. The OT asked if he would like to play with something else, however Finley replied with inappropriate language towards the OT and Mum. This escalated quickly and he also began to demonstrate physical aggression hitting out at Mum and throwing things across the room. Mum and OT initially ignored this behaviour, however this did not seem to help to de-escalate it. Mum offered Finley his fleecy blanket and dummy, which he took and immediately calmed, sinking to the ground, stroking his blanket while Mum stroked the back of his neck. Finley appeared to zone out for approximately 10 minutes after which time Mum asked if he was ok and ready to leave. Finley indicated he was and allowed Mum to lift him onto the handlebars of his sister's buggy where he sat quietly still using his blanket and dummy to self soothe. We agreed to continue the assessment another time.

Goals

- **Support for Mum around sensory regulation and sensory diet**
- **Information for Umbrella**
- **Refer and Signpost to other services as appropriate (Family Front door, SEND)**

Plan

- Further 1- 1 session with Mum – sensory motor advice and strategies for calming (sensory diet)
- Referral to Family Front door for support
- Liaise Community Paediatrician to feedback
- Mum given number and information for SEND for support regarding school.
- Liaise with school in September and observe as able.

Please do not hesitate to contact the department should more information be required.



Bryony Fielding
Paediatric Occupational Therapist

cc. Parent
GP – Dr. Davenport
Roman Way First School
Carenotes



VISIT RECORD

SCHOOL	Roman Way First School
CONTRACT PERIOD	Spring term 2018 (4 x half day sessions)
DATE OF VISIT	10.1.18
VISIT NUMBER	1
FOCUS	Finley Tudor (Reception) Meeting between Dr Jane Yeomans (Educational Psychologist), Ms. Tudor (mother) and Ms. Adams (SENCo)

Summary

Brief background:

- Oldest of two children (sibling aged 17 months);
- Late to sit up and walk. Didn't crawl;
- Still using single words at age 2;
- Attended nursery at Roman Way, displayed a high level of violent behaviour, which is now much less evident in Reception;
- Under investigation for ASC and Tourette's. Umbrella Pathway has been initiated;
- He is known to SALT, paediatrician and complex communication team. He has been assessed at the Child Development Centre; and
- Prescribed Melatonin but currently not taking it as he won't take it in tablet form.

Current situation:

Ms. Tudor reported that she decided to move to Batchley because she thought that Finley would attend a special school there. However when she realised that this was not possible or appropriate, she continued to bring him to Roman Way, which involves travelling on two buses. She reports this to be very stressful, especially as the journey often serves to heighten Finley's anxieties about school, so by the time they arrive at school he is often already anxious and distressed.

Due to very high levels of separation anxiety and the overall level of need with which Finley presents, he has been attending school part time (mornings). School have allocated individual Teaching Assistant support to him. However he has not returned to school after the Christmas holiday. Ms. Tudor reported that he is displaying high anxiety about school due to an incident with another child before Christmas (which was dealt with by school and action taken in relation to the other child involved, ensuring that he is placed in groups apart from Finley.) Prior to Christmas, a strategy for separating him from his mother and settling him into class had been used and was successful. School report that Finley has not displayed any distress in class after his mother has left.

Both school and Ms. Tudor requested Educational Psychology input. School would like assistance with identifying any additional strategies and approaches that could be put into place in order to support him in school. Ms. Tudor would like assistance with managing Finley's anxiety. She reported that recently he has started saying what she describes as 'peculiar' things, such as asking her to stab his teaching assistant and telling her that he can see a man on the roof of their house. Dr Yeomans reported that these behaviours, combined with Finley's young age (which might indicate the need for a play based approach to therapy and thus require specialist input), suggest that a more specialist approach to assessing and intervening in his mental health is indicated, via referral to the Child and Adolescent Mental Health Service.



Agreed actions:

It was agreed that Finley will return to school tomorrow (Thursday 11th January) and the previously successful strategy for separating him from his mother will be used, with a few additional actions (these are in italics) to strengthen impact. The strategy was agreed as follows:

- *Finley is prepared for coming to school and separating from his mother via use of a social story (school will write this)*
- Finley's Teaching Assistant to meet Finley and his mother in the school entrance at 8.30
- *Finley will bring a small transitional object with him into school. It was agreed to try using a key which can be attached to the belt loop on his trousers with a special 'slinky' key ring*
- Finley and his mother walk down to class with his TA
- Finley looks at a number line activity that is set out for him
- He then puts his coat on his peg and book bag in his drawer
- His mother says 'give me a kiss'
- Finley kisses his mother and she leaves
- *School will phone his mother after half an hour has elapsed to let her know that all is well*
- *School will film Finley taking part happily in some classroom activities. They will email the footage to his mother and she will watch it with him (note that care needs to be taken concerning filming other children, so only Finley should be seen on the footage . Therefore it is probably best to film him doing an activity with his TA)*

Ms. Tudor has an appointment with the paediatrician next Monday 15th January. She will discuss her concerns about Finley's anxiety and overall mental health presentation, and request a CAMHS referral.

Ms. Tudor will investigate whether a school place is available at her local First School in Batchley, which is five minutes walk from her home.

Dr Yeomans will change the date of her next appointment from an afternoon to a morning so that she can observe Finley in class and then discuss any additional strategies with Finley's class teacher and TA. This was planned for the present visit but did not take place because Finley was not in class.

School will begin to collect evidence in order to support a request for an Education and Health Care Assessment. Part of this evidence will be a report from Dr Yeomans detailing actions taken in school to support Finley's learning and development. It was emphasised that attendance at school is needed in order for this evidence to be collected and for school to be able to implement any additional strategies and approaches.

Next visit

Date and time of next visit	24.1.18
Brief summary of tasks agreed	Observe Finley in class. Meet class teacher and TA for consultation about any other strategies or approaches



VISIT RECORD

SCHOOL	Roman Way First School
CONTRACT PERIOD	Spring term 2018 (4 x half day sessions)
DATE OF VISIT	6.2.18
VISIT NUMBER	3
FOCUS	Finley Tudor: discussion with Ms Turner Jones (class teacher) and Mrs Bassi (TA)

Summary

Overall Finley has been very settled and he presents as very happy in school. Behaviour challenges in school are not evident. Recently there have been a few problems with him arriving at school and separating from his mother. In order to address this it was suggested that Mrs Bassi meets Finley and his mother at the entrance, Finley is handed over and he goes down to class just with Mrs Bassi.

As Finley is generally very settled, an increase in attendance was discussed. Dr Yeomans pointed out that unless there are very severe difficulties, he must be in school full time by the time he is 5 (after that, non attendance will have to be brought to the attention of Education Welfare). It was therefore suggested that it would be helpful to introduce a gradual increase in time over the second half of the Spring Term with the goal that he attend all day for the last two weeks of the Spring Term. The first step could be to arrive at 8.30 so he can start the day with all the other children in Reception. Previously arriving at this time was not problematic, and a clear routine had been established that Finley followed quite happily. He is currently missing out on the number activity which he did first thing and which was very successful. It was suggested that staff and Dr Yeomans could meet with Finley's mother after half term to outline and discuss the increased attendance plan.

Intervention strategies were discussed in more detail. Language activities continue to be important. He is receiving some focused support out of the classroom, so it will be important to make sure that there are opportunities in class to follow up. It was suggested that he could be part of a small group working with Mrs Bassi, where activities would be planned to encourage conversation. The activities will be linked to the theme of the week and will include open ended questions so that Finley can be encouraged to speak in sentences and begin to give a narrative. Books about the theme will also be used. Table Top Identi play was discussed in more detail and this will be used with Finley individually

Next visit

Date and time of next visit	27.2.18
Brief summary of tasks agreed	Attend meeting with mother to discuss increased attendance, if school feel that this would be helpful.



CASE SUMMARY

SCHOOL	Roman Way First School
PUPIL NAME	Finley Tudor
DATE OF BIRTH	09.04.2013
DATE OF REFERRAL	January 2018
DATE OF SUMMARY	19.04.2018

Summary

Purpose of summary

The purpose of this summary is to provide information to accompany Roman Way First School's request for an EHC assessment.

Sources of information

- Meeting with Ms. Tudor (mother): 10.1.18
- Classroom observation: 24.1.18
- Consultation with Mrs Bassi (Teaching Assistant): 24.1.18
- Progress monitoring meeting with Ms. Turner Jones (class teacher) and Mrs Bassi (TA): 6.2.18
- Scrutiny of school file information, including reports from Occupational Therapy, GP surgery, Speech and Language Therapy (SALT) and Child Development Centre.

Presenting concerns, casework outcomes and background information

Finley was referred for Educational Psychology input due to concerns about separation difficulties (at the time of referral he was only able to attend school part time) and curriculum access difficulties due to language delay. The casework outcomes agreed were to advise on strategies to support his learning and social/emotional development in school and on how to support language development, especially in relation to applying language skills taught in small group or individual contexts.

Key background information:

- Older of two children (sibling aged 17 months);
- Late to sit up and walk. Didn't crawl;
- Still using single words at age 2;
- Attended nursery at Roman Way, displayed a high level of violent behaviour, which is now much less evident in Reception;
- Under investigation for ASC and Tourette's. Umbrella Pathway has been initiated;
- He is known to SALT, paediatrician and complex communication team. He has been assessed at the Child Development Centre. Referral to the Child and Adolescent Mental Health Service was not accepted;



- Prescribed Melatonin but currently not taking it as he won't take it in tablet form; and
- Finley currently travels to Roman Way school by bus (two buses) from Batchley. Ms. Tudor reported that she decided to move to Batchley because she thought that Finley would attend a special school there. However when she realised that this was not possible or appropriate, she continued to bring him to Roman Way. Ms. Tudor feels that the bus journey heightens Finley's anxieties about school, so by the time they arrive at school he is often already anxious and distressed. There is a First school very close to her home in Batchley but I understand that Ms. Tudor has not yet enquired about the possibility of Finley moving there in order to avoid the stress of the bus journeys (my visit record dated 10.1.18 following discussion with Ms. Tudor notes: *'Ms. Tudor will investigate whether a school place is available at her local First School in Batchley, which is five minutes walk from her home'*).

Case summary

At the time of referral (January 2018), Finley was presenting with some significant separation difficulties. On arrival at school he would become very distressed and reluctant to leave his mother. At the beginning of my involvement in January he had not returned to school after the Christmas break and one appointment made to observe in class failed due to his absence. However, discussion of strategies used by school to manage separation from his mother indicated that the strategies used before the Christmas holiday had been successful in allowing Finley to come into school and then into class. Ms. Tudor agreed to bring Finley into school and the previously successful strategy was used again in order to bring Finley into school and then into the classroom. On my second visit to school (24th January 2018), my visit record notes that there had been no problems in relation to separating from his mother and showed no distress either on arrival at school or subsequently in the classroom. Despite the significant reduction in distress related to school attendance, Finley has continued to attend part time. I understand that this attendance pattern is related to difficulties with the bus journey.

Key points from my observation of Finley and subsequent consultation about how best to support him are as follows:

- Finley was in group activities for an hour. There were three different group activities but in all three he remained seated in the group, followed instructions and joined in with the activity;
- There were some concerns that Finley tended to resort to physical means of communication during free play (often when he finds it too noisy). It was suggested that the amount of choice and noise levels in free play were likely to be a factor in the behaviours observed;
- He did not always give sustained attention to any of the play activities;
- The structure of the group time was helpful in increasing attention;
- He did not demonstrate any independent play skills; and
- He needed to have an alternative means of communication so that he did not use physical means to communicate.

Specific strategies and approaches suggested were as follows:



- Teach alternative communication explicitly. In a one to one context, model the desired language (for example, 'be quiet please') and ask Finley to imitate and rehearse it (maybe start making a noise with some toys so that he has a 'real life' context for using the language). Then take him into free play and prompt him to use the language when staff notice that he is becoming anxious about noise levels;
- Write a social story about asking people to be quiet;
- Model play. Table top identiply might be a helpful strategy (further information and support for implementation was provided for Mrs Bassi)
- Have some specific activities that can be carried out with the various play materials, so that he does not just randomly manipulate or throw them;
- Use a sand timer to extend the time spent on specific activities; and
- Use a visual timetable just for free play so that he chooses a specific activity and finishes before moving on. Combine with 'now', 'next' and 'finished' symbols.

Intervention strategies were discussed in more detail two weeks after the above observation and consultation. Mrs Bassi and Ms. Turner Jones reported that some behaviour challenges on arrival to school had re-emerged. However, the arrival routine had changed and Finley was being accompanied into class by his mother. It was suggested that the previous successful strategy of saying goodbye to his mother at the school entrance should be reinstated. Language activities continued to be important. Finley was receiving some focussed support out of the classroom. The importance of making sure that there are opportunities in class to follow up was discussed. It was suggested that Finley could be part of a small group working with Mrs Bassi, where activities would be planned to encourage conversation. The activities to be linked to the theme of the week and to include open ended questions so that Finley can be encouraged to speak in sentences and begin to give a narrative. It was suggested that use of books about the theme would be helpful. Table Top Identi play was discussed in more detail in order to implement this strategy with Finley individually.

The above strategies and approaches were discussed on 6.2.18. I have not yet reviewed progress with school, due to the timetabling of my visits, and due to Finley still attending school part time during the second half of the Spring Term.

Formulation

The available evidence suggests that Finley is experiencing some difficulties in relation to the communication and interaction and cognition and learning areas of need. Communication and interaction difficulties are likely to affect both academic and social development. For example, language is a foundation for maths and literacy skills, and social use of language is a key element of being able to make and maintain relationships with both peers and adults. In addition, Finley's delayed play skills and development might also be a reflection of communication and interaction difficulties, as he might not yet have the language skills to take a full part in cooperative and imaginative play with peers, where language is important for negotiating and directing play.

Progress is likely to be affected by school attendance, so the current priority is for Finley to attend school full time. Full time attendance is also likely to give a better opportunity to further assess the nature and extent of



Finley's special educational needs; at the moment it is not clear whether difficulties are a consequence of only receiving part time education. Evidence currently available indicates that the separation anxieties that were observed during the Autumn term and at the beginning of the Spring term are no longer a significant cause for concern. Overall, Finley is happy and settled in school and is not presenting with any behaviour challenges, or with behaviours that would indicate significant difficulties with social and emotional development. In my opinion, there is therefore no reason for part time attendance on any educational or SEN grounds. Full time attendance will provide an opportunity for school to implement consistently the ordinarily available provision that has been agreed, and then to consider the outcomes in order to decide whether more specialised input is likely to be required.

SIGNED

Dr Jane Yeomans

Cert Ed., Dip.SE, MEd, MEd (Ed Psych), PhD

HCPC Registered Practitioner Psychologist

Entry on the British Psychological Society Register of Qualifications in Test Use (Test User, Educational, Ability and Attainment)

DATE

24.04.2018



**Worcestershire
Health and Care**
NHS Trust

North Worcestershire
CAMHS
The Pear Tree Centre
Smallwood House
Church Green West
Redditch
B97 4BD
Tel: 01527 488650
Fax: 01527 488603

Email: WHCNHS.PearTreeCentre@nhs.net
Website: www.hacw.nhs.uk/childrenshealth

Clinical Psychology Assessment for Umbrella Pathway

NAME: Finley Tudor **DOB:** 9.4.2013

NHS: 653 347 1309

ADDRESS: 85 Batchley Road, Redditch, B97 6HZ

EDUCATIONAL PLACEMENT: Roman Way First School

DATE OF REPORT: 5.2.2018

Background to assessment

Finley was referred to the Umbrella Pathway by Dr Amanatidou, Community Paediatrician. As part of this process, it was felt that assessment from Clinical Psychology would help contribute to ascertaining whether his presentation could be consistent with a neurodevelopmental condition.

Finley and his mother attended an appointment at The Pear Tree Centre on 5th February 2018 with Dr David Sanders, Clinical Psychologist, and Lucy Palmer, Assistant Psychologist. His mother remained present for the assessment.

Play based assessment

Elements of the Autism Diagnostic Observation Schedule (ADOS) were administered on 5th February 2018. This is a structured play-based assessment designed to assess the child's social communication. The range of activities presented offer opportunities to explore and observe the child's language and communication, reciprocal social interaction, symbolic, imaginative and social play, and stereotyped or unusual behaviours and interests. The module chosen depends upon the child's chronological age and their ability to understand and use language. Finley's difficulties with engagement meant that it was only possible to administer one or two of the tasks from the ADOS. For Finley's assessment Module 3 was used.

Social Interaction and Communication

Social-emotional reciprocity

Finley's engagement in interaction during the assessment took place very much on his terms. He was generally not responsive to questions, although on some occasions he was able to provide some responses which were very brief. Finley's difficulties with receptive and expressive language were clear during the assessment and had some impact on his interaction. However, it was felt that the limited nature of his reciprocal interaction was beyond that which could be explained only by language difficulties. Finley frequently interrupted, either verbally or physically, when the clinician was speaking with his mother.

Finley's ability to engage in the assessment reduced as time progressed. He was able to join in intermittently with building some Lego, for approximately 15 minutes and after that was able to look at the "Goodnight Gorilla" picture book with one of the clinicians for a further five minutes. During this time, he showed some positive social skills, although these were felt to be superficial in nature. For example, he asked lots of questions relating to the Lego. However, these were repetitive and he did not usually appear interested in the clinician's responses. In looking at the picture book Finley exclaimed quite excitedly and pointed out things that interested him in the pictures on a regular basis. However, again he did not seem interested in the clinicians' responses and it was felt that his exclamations had a somewhat learned quality in that he made similar exclamations each time, regardless of what was on each page.

Finley made some predictions when looking at the "Goodnight Gorilla" Book. For example, he correctly commented that the gorilla was going to open the cage and that the zookeeper's wife was going to take the animals back to the zoo.

He seemed to struggle to recognise emotions and said that the zookeeper's wife had a sad face which was not an accurate response. When the clinician asked him to show a happy face and a sad face, he was somewhat able to do so, but struggled to show an angry face. He then became quite fixated on asking his mother to show a sad face, but was then observed not to be looking at her as she did this.

Towards the latter part of the assessment, Finley became extremely physically active and uncooperative. He did not appear angry, or out of control, but was climbing in quite dangerous ways on the furniture. He was also very physical with his mother, both hugging her and pulling her hair at the same time. On a couple of occasions Finley attempted to run out of the room. He also used a lot of high pitched noises and swearing. For the most part, this did not seem to be directed towards anybody, but there were one or two occasions on which he was asked either to do something or to stop doing something and he very directly shouted, "Fuck you!" On one such occasion he combined this with pointing at his mother.

Nonverbal Communication

Finley was able to use some eye contact during the assessment, but this took place only on his terms and was quite fleeting in nature. More frequently, he did not engage in eye contact, either with the clinicians or with his mother while he was interacting with them. It was noted that he appeared oblivious to the presence of one of the clinicians who was taking notes and was not taking an active part in the assessment. Finley did not use any gestures during the assessment, apart from the aforementioned pointing. His speech was often indistinct, but it did not seem that his intonation was unusual in nature. As noted previously, he seemed to have some difficulty in displaying certain facial expressions.

Relationships

Finley did not answer any questions about friendships at school. His mother reported that he has not really developed any positive peer relationships and that other children tend to find him annoying as he copies them and intrudes on their games. Mother reported that Finley often continues to feel that they are his friends even when their behaviour is making it clear that they do not want to play with him. Finley tends to play alongside peers, rather than directly with them.

When asked if he had any brothers and sisters, Finley said that he has a brother, but was unable to give his name. His mother explained that in fact, Finley has a 17 month-old sister, but that he has always referred to her as a brother.

Restricted or Repetitive Activities

Stereotyped or repetitive motor movements and/or speech

Finley engaged in a lot of repetitive behaviour during the assessment session and it was not always clear what the function of this behaviour was. As noted previously, he swore quite frequently as the session progressed. Usually, this did not appear to be connected to anything in particular, although there were several times when he seemed to swear purposefully when he was asked to do things or not do things. On several occasions, Finley pulled his mother's hair and once said that he wanted to eat it. He was also observed to be repetitively thumping the chairs, although he did not appear to be particularly angry or agitated at the time. Finley also made quite a lot of squealing or shrieking noises.

Inflexibility/Insistence on Sameness

Finley's mother reported that he has great difficulty in managing change. She reported that he is very much bound by routines and for example has to have meals at the same time every day. When he has a bath this has to be done in a very inflexible and particular way.

Finley showed some ability to be flexible during the assessment. For example, when playing with the Lego he was able to accept the clinician making changes to his creation and seemed to be able to engage in the activity without being dominant. However, as time progressed his behaviour seemed to become more inflexible and difficult to manage.

He showed what seemed to be an habitually negative response to questions. For example, having said that he wanted to go home, when a couple of minutes later his mother said that it was time to go home, he shouted, "No!" and was quite resistant initially. This seemed to be an example of quite a fixed pattern of behaviour for Finley and his mother reported that this can happen a lot at home. She gave the example of asking Finley if he wanted to go to the park, and he would routinely say "No." He then tends to become upset and angry because he wants to go to the park.

Restricted Interests

On entering the clinic room, Finley was heard to be repetitively asking his mother for the iPad, which she had in her bag. She reported that this is his main interest and that he does not appear to want to play with any toys or other activities.

She was surprised that he was able to engage in playing with some Lego for around fifteen minutes and reported that at home he is either on the iPad or running and jumping around.

Sensory Processing

Even when engaging relatively well in some of the activities, it was noted that Finley was very physically active and seemed to find it difficult to focus his attention. Towards the latter part of the assessment it was not possible to obtain his attention and he was engaging in a lot of what appeared to be sensory-seeking activities. This included climbing quite dangerously on the furniture, climbing on his mother and hugging her, but also pulling her hair and on several occasions trying to lick her face.

His mother reported that at home he is able to focus on the iPad for perhaps ten minutes, but will then leave it briefly to run around and at such times will often hit himself on the head. After this Finley will return to the iPad. It seemed from her descriptions that he perhaps needs a break and is unable to focus his attention for significant periods of time. It was also reported that Finley accepts only an extremely limited variety of foods in his diet.

Summary and plan

Finley presented as a likeable but extremely lively and challenging young boy. His needs as observed in this assessment included the following:

Needs

- Interaction took place on Finley's terms and was not reciprocal in nature
- Frequently interrupted conversations, both verbally and physically
- Not responsive to questions
- Significant difficulties with receptive and expressive language
- Speech was not always clear
- Limited nonverbal communication
- Appeared to show difficulties in understanding others' emotions
- Significant difficulties with peer relationships were reported
- Able to use some social behaviours, but these were noted to be superficial and not reciprocal in nature
- Repetitive behaviours were observed

- Appears to have an unusually intense interest in the iPad and Lego and does not play with any other toys or activities
- Very high levels of physical activity
- No apparent awareness of danger
- Behaviour was very controlling
- Used very inappropriate language quite frequently - sometimes this appeared to be in order to express frustration or to refuse, but at other times it seemed to be without purpose
- Difficulties with change were reported
- Reported to be fixated on routines
- Finley is reported to have an extremely restricted diet
- Numerous sensory seeking behaviours were observed during the session

A diagnostic discussion will take place between the professionals involved in Finley's assessment and following this the conclusion of the Umbrella assessment will be discussed with his mother.



Dr David Sanders
Clinical Psychologist

cc: Parents ✓
Umbrella Pathway Coordinator, via e mail

Please ensure that your GP & contact details (including mobile numbers) are up to date, Thank you

Chairman: Chris Burdon

Chief Executive: Sarah Dugan

**Working together for outstanding
care**



Speech and Language Therapy Service
Children, Young People and Families Service
Catshill Clinic
The Dock
Bromsgrove
B61 0NT

Tel: 01527 488326
Fax: 01527 488323
www.hacw.nhs.uk

Speech and Language Therapy Report for Umbrella Assessment

Name: Finley Tudor	Date of Assessment: 14.3.18
Date of Birth: 09.04.2013	Chronological Age: 4:11
Address: 85 Batchley Rd Redditch B97 6HZ	
Placement: Roman Way First School	
Therapist: Suneeta King and Nabeela Isseljee	
Background Information:	
<p>Finley was referred to the Umbrella Pathway by his Paediatrician team. It was felt that as part of the assessment a further Speech and language assessment was required to inform the Umbrella Diagnostic Team. Finley was seen at home today with his Mum, Louise and sister Sienna. Both Clinicians were present for the duration of the assessment and have contributed to this report.</p> <p>It was not possible to assess Finley as comprehensively as the Clinicians would have liked as his attention and listening skills and difficult behaviour became evident within 20 minutes of the start of the session. Finley was also observed in Class this morning by one of the Clinicians. She also had an opportunity to discuss his needs and strengths with his Teaching Assistant.</p>	
Findings of Observation and Assessment	
<u>Social emotional reciprocity</u>	
<ul style="list-style-type: none"> Synchrony and reciprocity in conversation: There were moments in the session he was able to show reciprocity and synchrony in his communication. For example when a story was being retold about the Loch Ness monster under the lake there were moments when he enacted the story and engaged with the Clinicians for a very short time. He did not realise when the interaction of this story had finished and he wanted to continue it much later in the session. He was able to sustain interaction for only a limited time. He was unable to move on within the communication exchange and repeated information he had heard to keep the exchange going Share interests and enjoyment:- Again this was seen for short periods of time mainly on his interests and when he was motivated to engage. For example when 	

he was shown a novel game involving bees and leaves (honey bee tree), he was able to stay engaged however you the Clinician structured the activity to help him to cope clearly defining whose turn it was next.

- **Emotional responses to others' verbal and non verbal communication:** Finley was shown some picture cards of different social situations. It was difficult to ascertain the true extent of his ability as he was not able to show engagement and concentration on the activity. For one of the cards, with much persuasion he was able to give a somewhat reflective response however he needed many prompts to carry the task out.
- **Social Use of language:-** During the session he was observed to ask his Mum for his iPad.. In school when observed he gave information about his peers to his teaching staff, often inappropriately – telling on them constantly. During the session the Clinicians asked for clarification on a word that he used, however he did not respond. During a turn taking game, although he knew, when prompted whose turn it was next, he could not spontaneously determine whose turn it was (without prompts). Even when the Clinician took more turns than she should have, he did not protest or correct her.
- **Flexibility in language expression:** Mum reports that he does not understand jokes and can get upset very easily. She also reported that when he finds something funny he will escalate it to get a reaction but can take this joke too far. He does not appear to know when to stop escalating it. There was a moment in the assessment when Finley was hiding under a giant cushion. He was encouraged to continue hiding and make a loud growl like a monster. Finley complied and found it funny as he “scared” the Clinicians. When asked to make a quiet sound like a monster he was unable to make a quiet growl sound and stayed unresponsive. He became impatient when the activity finished and he came from under the cushion to make a growling sound again to continue the interaction with the Clinicians.

Non verbal communication

- **Use of eye contact, facial expression, body posture and gesture:** Finley used good eye contact when engaged. He showed smiling. It was difficult to work out from his facial expressions when his emotion changed. Instead he showed a fairly neutral face and threw toys and cushions at the Clinicians. Finley is unable to maintain a still body posture as a result of his attention and listening difficulties. Mum reports little use of gesture too.
- **Use of intonation:-** His use of intonation was considered normal. Finley prefers to use very little language to support his communication so this is not observed much.

Developing maintaining and understanding relationships

- **Peer relationships:** School report that he has not developed any friendships at school. He plays alongside them rather than with them. Mum reports that he finds it difficult to engage with peers his own age but will play alongside peers who are older than him. It is reported that Finley can find "naughty" activities by the older children funny. Mum also reports that he ignores his cousins and can sit under the table with his blanket quietly when they visit. It was observed that he has a very rough quality of interaction with his sister attempting to hit her and stand on her chest on several occasions. Mum reports very little positive interaction between them.
- **Seeking and using other people for comfort and/or offering comfort:** When he is upset he finds it difficult to seek comfort from Mum. Mum will attempt to make him sit on her lap (facing away from her) and stroke his arms and his feet. At other times Mum reports that when overly stimulated he can be very difficult to calm down. She showed the Clinicians an example of a broken door which he has broken when very highly strung. When Mum is upset, Finley is unable to show her any comfort.
- **Make believe and social imitative play** (including creative writing and ability to link ideas imaginatively) The Clinicians introduced Finley to a book on monsters which captured his attention for a short while. He was able to fixate on the monster aspect of the story but was unable to link ideas from the different pages and imagine what the story was about. He was keen to turn the pages of the book quickly and this reduced his ability to process the information further. Mum reports that he does not play with any toys imaginatively and when younger used to play with cars, often lining them up and playing with parts of their wheels in a repetitive way. Now he uses the toys more as a weapon to attack his sister and his Mum.

Flexibility

- **Stereotypical or repetitive motor movements, use of objects or speech:-** Finley was observed to have vocal and facial tics. He was observed to use constant expletives within his conversation and it became apparent during the session that he was not always intending deliberately rude. He constantly moved his tongue to one side of his mouth in a repetitive way. Mum reports use of echoed phrases heard by Finley during the school day. For example he was watching Peppa Pig on TV recently and he randomly shouted "get on with your work", "Shh be quiet". It may be that certain things that he watches on TV triggers memories of activities and phrases he has heard in the school day.
- **Insistence on sameness, inflexible adherence to routines, ritualised patterns of verbal or non-verbal behaviour:-** Mum reports that he finds it difficult to cope with change. She also reports that transitions are difficult for him. He gets very distressed in

the morning and does not want to leave the house even though he appears to cope better in the structured setting of the school. Mum has to forewarn him many times of the changes that will take place to prepare him for change.

- She also reports that he will randomly touch the ground whilst walking outside.
- **Highly restricted, fixated interests that are abnormal in intensity or focus:-** School report that he can get pre-occupied with other children and with they are doing in school and will constantly tale tell on them. At home he is obsessed with the TV and with technology games and will go through extraordinary extents to get what he wants.

Sensory

- **Sensory differences or unusual interest in sensory aspects of the environment:-** He is reported to be a fussy eater and will eat mainly chicken. He will wear soft clothes which he changes into when he comes home. He finds it difficult to have a haircut and hair washed. He will often sit in the bath tub and be in his own world often. He was observed at home using his chew buddy. He uses it in school a lot to help him regulate his senses.

Other

- Mum reports that he has threatened to to jump out of the window if forced to do something he doesn't want to do. Mum also reports that he reports that he sees imaginary people at the dinner table. He has talked to her about an imaginary man jumping off a roof. He stood and laughed about this as he told her. Mum is very concerned about these comments.

Language Skills

- Attention and Listening – Finley showed poor attention and listening at home and at school. He struggles to sit still, look at the person and be quiet as he likes to be in control of the situation.
- Understanding – Finley doesn't show understanding of language all of the time. Discussion with Mum reveals that he has particular difficulties with abstract concepts such as time and pronouns. He finds it difficult to follow group instructions. He best understands instruction if this is given within a set routine.
- Expressive language – He uses very short phrases and this appeared quite toddler like in nature eg “No talk Mummy” – when he would like her to be quiet.

Summary

During the school observation and home assessment, Finley showed the following strengths and needs:-

Strengths

- Copes better in structured environments
- There was some shared enjoyment when he felt safe and the topic was of his choice
- Good eye contact when calm and safe
- Has made progress recently

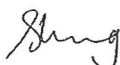
Needs

- Likes to be in control of situations
- Little reciprocal and synchronous conversation
- Difficulties making friends
- Finds it difficult to make links with different ideas and be creative in his thought process
- Has significant attention and listening difficulties
- Language difficulties are very apparent
- Finds change difficult
- Has significant sensory needs
- Has repetitive motor and vocal tics
- Has highly restricted interests

This report will be circulated to Mum School and the Umbrella Team. Finley's needs and strengths will be discussed with a multi-disciplinary team diagnostic meeting in the near future.



Nabeela Isseljee



Suneeta King

Speech and Language Therapists

Copies to: Parents, care notes school file.





Children's Speech and Language Therapy Report

Name Finley Tudor	DOB 09/04/2013 Age 3;06
Address 8 Winforton Close Winyates Redditch B98 0JX	Nursery Winyates Roman Way
	Referred by HV – Tracey Clark, Smallwood House
	Communication Difficulty Delayed speech and language
<u>Details of Talking Walk-In Session</u>	Date: 04/11/2016
	Venue: Woodlands Children's Centre
	Speech and Language Therapist: Amy Green

SUMMARY OF SKILLS:

Finley attended an initial appointment at Woodlands Children's Centre with his Mum. A detailed case history was taken where Mum reported the following;

- Birth – Finley was over his due by date and was born by emergency C-section due to his umbilical cord being around his neck. He did not require any further treatment following birth.
- Feeding – Finley fed well as a baby. He has recently started to smell all of his food before eating it.
- Developmental Milestones – Finley's developmental milestones were delayed.
- Hearing/Vision – He has recently had his hearing tested and this was all OK.
- Parental Concerns – Mum is particularly worried about Finley's development and behaviour.

Attention and Listening	Mum reports that Finley has limited attention and listening skills and this was apparent within the session. He was able to respond to his name and focus on an activity of his own choice.
Play and Interaction	Mum reports that Finley struggles to interact with others and in nursery he has difficulty respecting other children's boundaries. He will often get very close to their faces and this has resulted in some children pushing him away. Finley will only play with cars at home and has a fascination with objects that have wheels. He will also line up his cars. Within the session, Finley enjoyed playing with the train track. He preferred to play on his own and gave limited eye contact to the assistant playing alongside him.
Receptive Language (Understanding)	This was not formally assessed within the session. Mum reports that he is able to understand what is asked of him at home. He took items from the assistant when offered to him and used these appropriately e.g. the train track turntable. When Mum asked him to count the trains in the session he proceeded to do this. This area will continue to be monitored.

Expressive Language (Talking)	At home Finley is beginning to put words together to form short phrases. His use of language within the session was very limited and consisted of mainly single words with some short phrases such as 'oh no' and 'all gone'. At home Mum reports that Finley will echo back language which he has heard.
Speech	This area was not formally assessed however Finley was able to be understood by the therapist as an unfamiliar listener.

Summary: Finley presents with delayed language skills and will benefit from the advice and recommendations within this report. Mum reports that nursery are currently using a 'now and next' board with Finley which works well for him. I advised Mum to speak with nursery to get a copy of this so that she can also use this at home with Finley for consistency.

Finley has recently been referred to the Community Paediatrician by the HV. Following his SLT appointment, a referral has also been made to the Child Development Team and the Preschool Forum.

Recommendations:

- Make sure that you have Finley's attention before asking him something – call his name/tap his arm.
- Follow Finley's lead in play and copy his ideas and actions. This is beneficial in developing his ability to share attention with a familiar adult.
- Wait for eye contact before responding, this will encourage Finley to look at you as he will begin to realise that you will only talk once he has given eye contact. Eye contact is important for a child's speech and language development as when we have a child's eye contact we know they are listening and ready to learn.
- Make sure you are sitting at Finley's level when you are talking.
- Within play try to avoid asking lots of questions e.g. "what's that?". It is more beneficial to comment on his play. Asking questions can often put pressure on him.
- Provide opportunities for Finley to make choices e.g. at snack time "milk" or "juice" and at play time "lego" or "cars". This provides a range of vocabulary to Finley and the more he is hearing this vocabulary the more he will begin to understand and then use these words himself.
- Keep your language simple, try to model single words/short phrases. Keeping your language at this level gives a much better model for Finley to copy. If Finley uses a single word, repeat this back and add another. For example, if he says "apple" you could say "green apple" or "big apple".
- Use a 'now and next' board with Finley to help him identify when an activity is finished and what he is required to do next. Please contact the department if you would like a copy of one of these.

Plan:

- ✓ Review in Jan/Feb at TIWI.
- ✓ Referral made to: CDT and Pre-School Forum

A Green

Amy Green

Speech and Language Therapist

Cc: File, Parents, GP, Nursery, Pre-schol Forum, Carenotes: Health Visitor/CDT

Please consult the Speech and Language Therapist if further details are required at:

Catshill Clinic, The Dock, Catshill, Bromsgrove, B61 0NJ. Telephone Number: 01527 488326 ✂

Scott Atkinson Child Development Centre
Woodrow Drive
Redditch
B98 7UH
Tel: 01527 488520
Fax: 01527 484004

Scott Atkinson Child Development Centre

Summary Report from Modelled Intervention Group (MIG) Sensory Communication

Childs Name: Finley Tudor	DOB: 09/04/2013
NHS No: 653 347 1309	Age: 4:01
Address: 85 Batchley Road, Redditch, B97 6HZ	Staff/child ratio: 2:4
Start Date: 3/5/2017 Finish Date: 24/5/2017	Sessions attended: 4 /4
Reason for Referral: Delayed development in all areas	Other Professionals involved: Dr Amanatidou – Community Paediatrician Jayne Windmill – SALT Deborah Stedman – HV On OT Waiting list
Nursery Nurse: Sandra Garbett, Chris Walker, Lisa Bushell	
MIG Group: Sensory Communication	
<p>Summary Report:</p> <p>Finlay has attended all four sessions with mom and up to 2 other families. Finley is able to make a choice of activity when shown either objects or photos of reference before entering the playroom. Finley will happily come into the playroom and settle to play for a few minutes with activities of his choice. He stayed focussed on the train set for 20 minutes playing alongside his peers. He has shown some pretend play with the space rockets putting the space shuttle into the air to fly and commented that the volcano was “hot” when playing with the dinosaurs.</p> <p>Finley has taken part in our painting activity enjoying making hand prints on paper and painting his mother’s hands as well. He was happy to take off his shoes and socks when asked to stand in the sand and krispies. He was reluctant to try but soon became interested and liked to hear the sound of the krispies crunching under his feet. Finley was uncertain of the water play and didn’t want to put an apron on or take his top off. After a while he became interested in pouring water onto the spinning waterwheel. He soon became very excitable almost plunging his whole top body into the water.</p> <p>Finley has explored and played with jelly liking to smell it before touching it. He has used utensils to prod the jelly and squish it in his hands. In the home corner he has played appropriately with the microwave and made sandwiches tending to smell the different foods first. Finley has found it difficult to share some play equipment taking items off other children. He has been encouraged to give back.</p>	


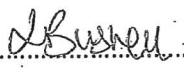

Finley uses lots of words and phrases within his play to comment and request. He finds it difficult when it is tidy up time or has been asked to do something not of his choosing. He will then become angry and start to shout abuse at his mother using several inappropriate swear words and has also been seen to try and hit or bite her. Mom tries hard to ignore this behaviour but can struggle at times. This behaviour has only been observed aimed at mom and not staff or other people in the room. Finley has been distracted by using the "hello" button at circle time and using the vibrating cushion in the sensory room. Mom will also try and stroke his head which she finds will calm him down. Finley has requested and used a dummy in the group where he tended to chew on it. We explained we do not encourage the use of dummies and suggested that if he needed something to chew on to look at providing Finley with a specific chewy toy. Finley has been referred by the Paediatrician to the OT service and we have suggested to mom to speak to them to get specific advice.

Over the weeks Finley has started to cooperate more with "Hello" and is able to select a mirror from choice of 2 and say the colour and shape when asked. He will also select a prop from the nursery rhyme box, Finley has not wanted to participate in snack time and at one session lay under a table. He has been encouraged to sit with mom at or near the table while the other children have their snack.

Finley has enjoyed the sensory room playing with the tactile wall, pressing on and off the lights and putting the balls down the run. When excited he can become heavy handed hitting the lights hard to activate and has been encouraged to be more gentle.

Mother would benefit from further support with Finley's behaviours and they have an appointment with Occupational Therapy in July who may be able to suggest strategies to help when Finley becomes overexcited.

It has been lovely working with Finley and his mother and we wish them well in the future.

Signed by....................

Print Sandra Garbett Lisa Bushell Chris Walker

Title Specialist Nursery Nurse

Date 19th May 2017

Cc

Parents Louise Tudor
GP Dr Davenport – Dow surgery
Care Notes

