

# GUIDELINES FOR THE PROVISION OF HEALTH ASSESSMENT AND ADVICE FOR EDUCATION, HEALTH AND CARE PLAN'S (EHCP)

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## Introduction

Children's and Families Act 2014 requires the Local Authority (Education, Health, Social Care) to commission services jointly for disabled children and young people and those with special educational needs (SEN) and they must have regard to:

1. Views, wishes and feelings of the child and young person and the parents/carers.
2. Importance of the child or young person and the child's parents/carers participate in the decision.
3. The need to support the child and young person and the child's parents/carers, in order to facilitate the development of child and young person to help to achieve the best possible educational and other outcomes preparing this effectively to adult needs.

The health care provision specified in the EHC plan must be agreed by the CCG and any health care provision should be agreed, in time to be included in the draft EHC plan sent to the child's parent or to the young person.

From September 2014, the Children And Families Act 2014 provides for:

- A clear, transparent 'local offer' of services across education, health and social care with children, young people and parents involved in preparing and reviewing it
- Jointly commissioning services across Health, Education and Social Care
- Education, Health and Care (EHC) plans to replace statements and Learning Difficulty Assessments (LDAs) with the option of a Personal Budget for families and young people who want one
- new statutory rights for young people in further education, including the right to request a particular institution is named in their EHC plan and the right to appeal to the First-tier Tribunal (Special Educational Needs and Disability), and
- A stronger focus on preparing for adulthood, including better planning for transition into paid employment and independent living and between children's and adult's services

## Health (EHC) Pathway for Child Health

NHS Halton CCG works with Halton Borough Council (HBC) to develop an EHC plan for each eligible child with SEND. Applications are made to the SEND Assessment and provision team, and are considered by a multidisciplinary panel. Once an assessment has been agreed a SEN Co-ordinator, from the SEND Assessment and Provision Team will co-ordinate the assessment, and will contact health services for their input. This input might range from providing a written report based on the child or young person's current health status, to a professional such as a paediatrician or a therapist participating in a multi-disciplinary assessment.

HBC has a statutory responsibility for leading the EHC plan process supported by joint arrangements between HBC and HCCG. HBC must gather advice from relevant professionals about the child or young person's education, health and care needs, desired outcomes and any special educational, health and care needs, in order to meet them effectively.

Depending on the needs of the child or young person and the care they require, a number of different professionals may need to be involved: paediatricians, community children's nurses, allied health professionals, mental health professionals, psychologists, general practitioners, school nurses and health visitors.

The NHS Standard Contract 2017/19 updated May 2018 states that where the LA requests the cooperation of the Providers in securing an EHC Needs Assessment, the providers must use all reasonable endeavours to comply with that request within 6 weeks of the receipt.

## Early identification

Children with additional or complex health needs often require additional support to ensure a seamless transition into school, and that they feel supported to learn within an education setting.

The 0-19 Service lead the delivery of the Healthy Child Programme (HCP); as such they often have ongoing relationships with children, young people and their families. They can provide early identification of health issues, and support specialist referrals.

CCGs and NHS Trusts must inform HBC if they identify a child under compulsory school age as having, or probably having, SEN or a disability (**Section 23 of the Children and Families Act 2014**).

## Assessment and diagnosis

A health service or a health professional might be asked to contribute because they have a role in the child or young person's care, for example, a paediatrician who is already seeing the child or young person, or a therapist providing sessions of therapy. Alternatively, they might have a potential role, for example, where a child or young person is suspected of having a special educational need and might be expected to be seen by the child development team or similar.

HEALTH PROFESSIONALS MUST RESTRICT THEIR ADVICE TO THEIR AREA OF EXPERTISE, AND MUST NOT MAKE RECOMMENDATIONS ABOUT SPECIFIC

EDUCATIONAL PLACEMENTS. Where the parent of a child with SEN, or a young person with SEN, wants a place in a mainstream setting it must never be denied on the basis that this setting is unsuitable, or that their needs or disabilities are too great or complex. Health professionals need to be prepared to work with all settings, specialist and mainstream, to ensure that children's health needs are met appropriately.

### Requesting advice if the child is known to services

- Services must provide advice, based on the child or young person's history, health assessments, and the professional's experience of that child. The advice should include a description of the child/young person's needs, any provision which will be needed to meet those needs and how these needs might impact on their education.
- Services will be invited to participate in a multi-professional discussion on the child or young person's needs, and the outcomes that would make the most difference to them.

If a service or a professional has not undertaken an assessment of a child, but they are known to them - for example, the service has received a referral - then the service needs to decide whether the assessment can feasibly be undertaken within the timeframe, without compromising the principles of fairness and equality to all children and young people on a list.

### Requesting advice if the child is not known to services

- Paediatricians and health professionals may receive a request for health advice relating to a child with whom they are unfamiliar. There should be arrangements in place to facilitate immediate action to assess this child so that any appropriate referrals can be made.
- Where there are significant waits for an assessment, it may be reasonable to provide some initial advice, with the fuller assessment ideally taking place within 12-14 weeks, so that the EHC plan is completed within the statutory timescale.
- When there is evidence of unmet health needs highlighted within the EHCP assessment process, this should be raised with the 0-19 service via the parents/carers questionnaire or the secure generic email address [bchft.0-19teamleaders@nhs.net](mailto:bchft.0-19teamleaders@nhs.net)

### Health Role in meeting the requirements of advice within 6 weeks

One of the key aims of the statutory framework in the **Children and Families Act 2014** is a more timely response to children's needs. The Act therefore requires those partners of LAs who receive a request for information to support an assessment, to comply within 6 weeks. There is a clear pathway for children and young people in care and for Children, Chatterbug, Bridgewater Community Healthcare NHS Foundation Trust and North West Boroughs Healthcare NHS Foundation Trust, Young people

under the care of CAMHS (Appendix 2, 3, 4, & 5)

Where a person or service decides not to comply with a request, they must give the requesting authority written reasons for the decision.

Note that complying within 6 weeks does not necessarily mean a full assessment has been carried out within 6 weeks, as this may be neither clinically appropriate nor necessary. Health professionals should, however, ensure that within that timescale, all relevant information can be provided. Health professionals can utilise pre-existing health assessments if the child has been known to them as long as the assessment meets the requirements of the health advice content. The assessment of a child or young person's needs should be undertaken in partnership with them and their family, and should be guided by their views, wishes and feelings.

### **Health Advice Content**

The assessment of a child or young person's needs should be undertaken in partnership with them and their family, and should be guided by their views, wishes and feelings.

The minimum statement sections relevant to the health contribution should include

1. Description of Child or young person's Special Educational Needs.
2. Child's health needs related to their special educational needs.
3. Aspirations, views, interests of the child and young person and family
4. Special educational provisions required by the child or young person
5. Any health provision reasonably required
6. Outcome sought for the child or the young person (specific and measurable)

Exemplars are available for Children and Young People with Cerebral Palsy, ADHD, Epilepsy and Down Syndrome which give examples of what may be included in the advice and examples of outcomes by age (Appendix 6, 7, 8 and 9)

### **Confidentiality and Information Sharing.**

1. It is important to seek the consent of the family about sharing sensitive information.
2. The health components will try to indicate specific needs and outcomes. The advice provided should be clear and specific.
3. It is important to avoid using complicated medical terminology or medical abbreviations. Preferred is language and terminology easily understood by the lay person, child or young person and parents/carers.
4. Practitioners must ensure they comply with DATA protections Legislation according to their employers confidentiality and information sharing policy.

## Information, Advice and Support Services

Haltons' Local Offer for Halton is available from [www.halton.gov.uk/localoffer](http://www.halton.gov.uk/localoffer)

Parents/carers with no internet access can access it at :

- At your local library, Children Centres, Schools and Colleges
- By contacting the Halton SEND Partnership Information, Advice and Support Service Telephone: 0151 511 7733

## Mediation and SEND Tribunals

The Department for Education launched a two-year national trial on the 3rd of April 2018 to **extend the powers of the Tribunal** to make non-binding recommendations on the health and social care elements of EHC plans.

The trial will enable the Tribunal to take a more holistic view of children and young people's needs across education, health and social care, in line with EHC plans. A process evaluation will run alongside the trial to assess the impact on children and young people with SEND, and on the education, health and social care sectors, to inform a decision on future roll out.

The trial places responsibility on LA SEND teams to:

- inform parents/carers and young people of their new rights, including through decision letters and the local offer
- contact the relevant health or social care lead about the issues raised, and provide evidence to the Tribunal on their response
- send the health or social care response to the recommendation to the evaluators, once a decision has been made.

It also places responsibility on health and social care commissioners to:

- attend the hearing if required, and respond to any request for information, such as any assessments or information about support provided
- respond to the family and the LA within 5 weeks of the decision, setting out the steps they have decided to take or why they are not going to follow the recommendation.

## Audit and Monitoring

All health advice should be quality assured by senior staff within provider services prior to being submitted. An Audit will be carried out every 2 months to improve the outcome of assessment for children and families by each provider using appendix 10. Each EHCP with health content will be quality assured by the Children's Complex Needs Nurse and signed prior to issuing.

## Appendix

Appendix 1: Halton Parental Health Questionnaire

Appendix 2: EHCP Community Healthcare Process

Appendix 3: CAMHS EHCP Health Process

Appendix 4: Speech and Language Therapy Services EHCP Health Process

Appendix 5: Children in Care EHCP Health Process

Appendix 6: EHCP Exemplar – ADHD Health

Appendix 7: EHCP Exemplar – Cerebral Palsy

Appendix 8: EHCP Exemplar – Downs Syndrome

Appendix 9: EHCP Exemplar – Epilepsy

Appendix 10: Suffolk Norfolk Checklist/quality assurance /Audit Tool

## References

Council for Disabled Children, Requirement to provide Health Advice within six weeks. Retrieved from <https://councilfordisabledchildren.org.uk/help-resources/resources/requirements-provide-health-advice-within-six-weeks> on 02/10/19

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Department of Education, April 2014, Special education needs and disability code of practice code of practice: 0 to 25 years, Retrieved from <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25> on 02/10/19

NHS, July 2018. Guidance for health services for children and young people with Special Educational Needs and Disabilities (SEND). Retrieved from <https://www.england.nhs.uk/publication/guidance->

[for-health-services-for-children-and-young-people-with-special-educational-needs-and-disability-send/](#) on 02/10/19

Norfolk County Council, Health Views, Suffolk Norfolk Quality Checklist Tool. Retrieved from <https://www.norfolk.gov.uk/children-and-families/send-local-offer/support-for-learning/education-health-and-care-ehc-plans/ehc-needs-assessment-and-plans/gathering-information/health-views> on 02/10/19

## Appendix 1

### Halton Parental Health Questionnaire

#### Information to support your child's education, health & care plan

Dear Parent / Carer

We would like you to complete this questionnaire to tell us how you feel your child has been getting on.

This is your opportunity to share any extra health needs that you feel your child may need support with.

We will support you and your child's health and wellbeing but may also refer or signpost you to other services. This can be done by using the information you provide on this questionnaire and liaison with relevant professionals.

In most cases completion of the questionnaire provides us with all of the information we need but we may also contact you to arrange a home visit.

We look forward to hearing from you and would be grateful if you could complete and return this questionnaire by post (postage paid) or email, using the addresses below:

Bridgewater Community Healthcare NHS Foundation Trust

Halton 0-19 Service

The Health Care Resource Centre

Oaks Place

Caldwell Road

Widnes

WA8 7GD

Email address: [bchft.0-19teamleaders@nhs.net](mailto:bchft.0-19teamleaders@nhs.net)

Personal Details	
Name of Child	
Date of Birth	
Male/ Female	
Parent(s)	
Address	
Tel Number(s)	
Email	
G.P	
Health Visitor / School Nurse	
Social Worker (if applicable)	
Nursery Attending	
School attending	
Consultants	
Other Health Professionals	
Does your child have any extra health needs that we need to know about?	
<p>➤ <i>Have there been any change in your child's health needs (including health / care) since the EHCP was issued or last reviewed?</i></p>	

**What are your views:**

- *What has been working well?*
- *What has not been working well and what needs support to change?*

**What are your child's views and opinions?**

**Use this space to tell us anything else you would like us to know and if you have any concerns?**

**Parental Responsibility Declaration (Please tick as appropriate):**

- We/I **do** give permission for the Halton 0-19 Service to contact our child's GP/Consultant / other Professionals for further advice/information.

- We/I am concerned that my child may have additional health needs that have not been identified and would like an appointment for my child to see a School Nurse or Health Visitor

Signed.....(Parent/Guardian)

Print Name .....(Parent/Guardian)

Date.....

## EHCP Community Healthcare Process

### Identifying

- Child/ Young Person is Referred for an assessment for an Education Health Care Plan

### Assessment

- If an EHC needs assessment is agreed
- Parental Health Questionnaire will be sent to parents/carers/carers to return to 0-19 service
- The HBC SEND team to send a request for health advice to Woodview for dissemination throughout BW via [alwch.haltonsend@nhs.net](mailto:alwch.haltonsend@nhs.net)

### Advice

- 0-19 Service to contact the parents/carers/carers of CYP with unmet health needs
- Advice that includes a description of the CYP Health needs, proposed outcomes written in coproduction with the CYP and the provision/strategies necessary to meet the outcome to:
- [senat@halton.gov.uk/](mailto:senat@halton.gov.uk)

### Person Centred Meeting

- The Health Professional will be invited to the Person Centred Planning Meeting by the SEND Coordinator. To discuss the CYP aspirations, assessed needs and recommendations for provision. Together the meeting will agree outcomes to support the CYP aspirations.

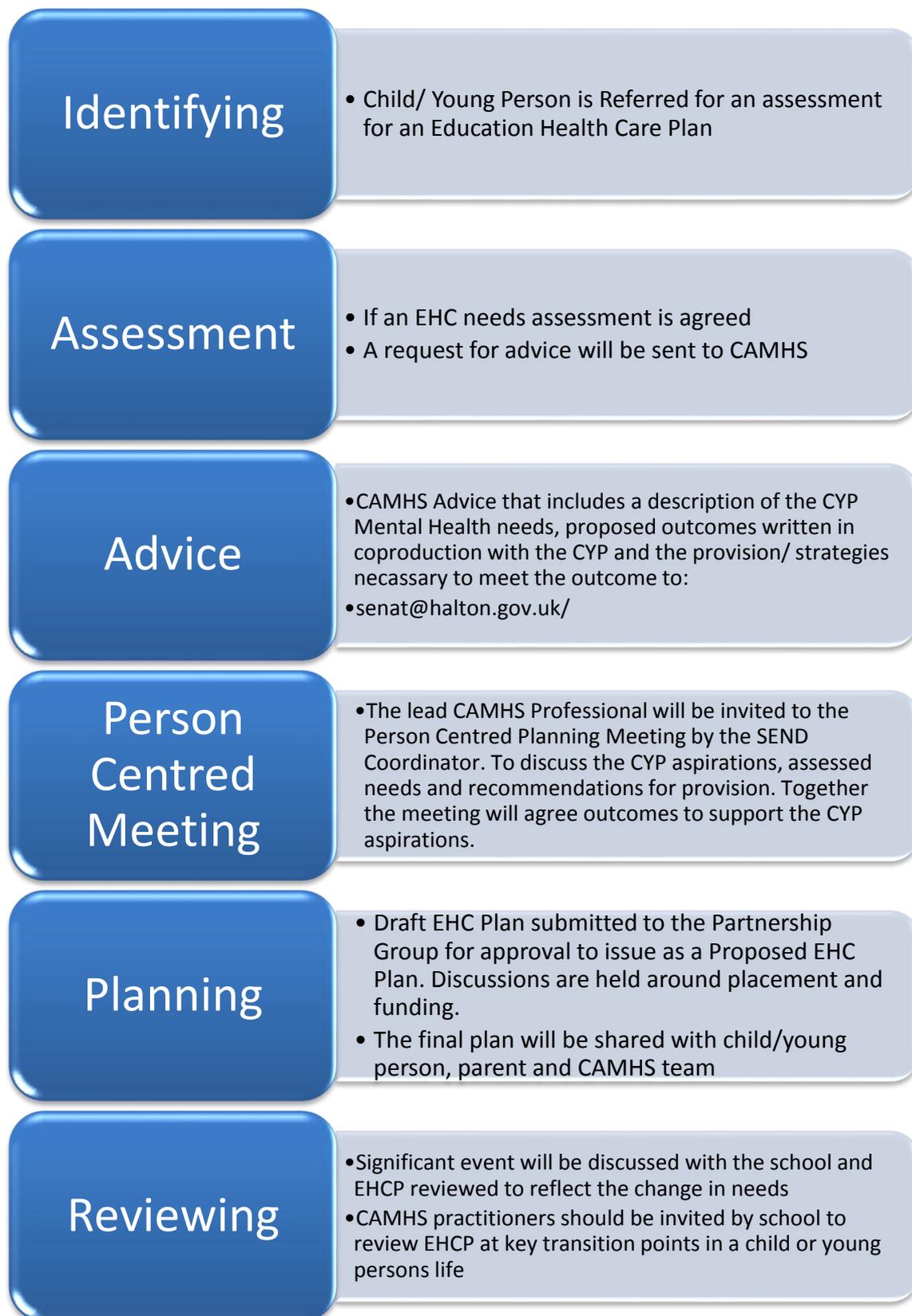
### Planning

- Draft EHC Plan submitted to the Partnership Group for approval to issue as a Proposed EHC Plan. Discussions are held around placement and funding.
- The final plan will be shared with the Child/Young Person, parent and Woodview team

### Reviewing

- Significant event will be discussed with the school and EHCP reviewed to reflect the change in needs
- Health practitioners should be invited by school to review EHCP at key transition points in a child or young persons life

## CAMHS EHCP Health Process



## Speech and Language Therapy Services EHCP Health Process

### Identifying

- Child/ Young Person is Referred for an assessment for an Education Health Care Plan

### Assessment

- If an EHC needs assessment is agreed
- A request for advice will be sent to Chatterbug to [haltonSLT@chatter-bug.com](mailto:haltonSLT@chatter-bug.com)

### Advice

- Chatterbug Advice should include a description of the CYP Health need specifically describing their SAL needs, proposed outcomes written in coproduction with the CYP and the provision/ strategies necessary to meet the outcome to:
- [senat@halton.gov.uk](mailto:senat@halton.gov.uk)

### Person Centred Meeting

- When the CYP has a primary need regarding their Speech, Language and/or Communication, A SALT will be invited to the Person Centred Planning Meeting by the SEND Coordinator. To discuss the CYP aspirations, assessed needs and recommendations for provision. Together the meeting will agree outcomes to support the CYP aspirations.

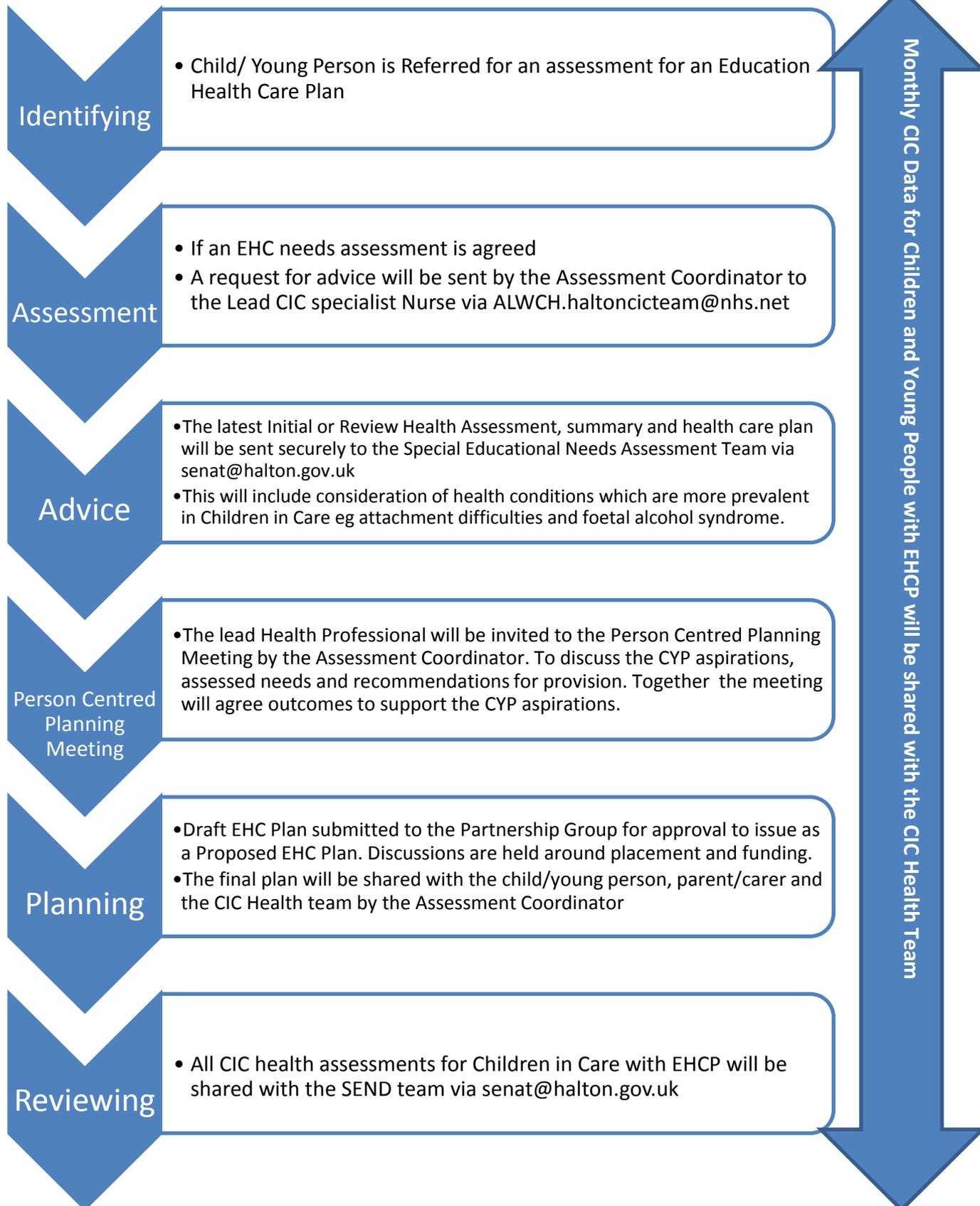
### Planning

- Consideration should be given to quoting the SLT advice first within the Communication and interaction section as this evidence is based on specialist clinical assessment and observations.
- The final plan will be shared with the child/young person, parent and the Chatterbug team

### Reviewing

- When a new Outcome is being considered for a child or young person regarding SAL professionals should consider consulting with SLT
- SALT should be invited by school to review EHCP at key transition points in a child or young persons life

## Children in Care EHCP Health Process



# EHCP Exemplar –ADHD Health

<i>Identified Needs</i>	<i>Examples</i>
Describe how ASD/ ADHD affect the young person Describe any other health needs that are associated with this, depression, poor sleep, anxiety	Bob has significant attention problems he will tend to lose focus after 5-10 mins, appear restless, fidgety, he tends to be overactive and impulsive and can speak before thinking. Bob tends to interrupt when others speak. Bob enjoys keeping busy

<i>Health Provision</i>	
Which health care professionals doe the CYP see and how often currently	Ensure all health care professionals and their contact details are listed Annual paediatrician review.  Community Paediatrics CAMHS Adult Mental health services

### *Suggested Outcomes by age*

Function: Outcomes underpin and inform the detail of the Plan as they bring together what is important to the CYP (from the CYP's perspective) and what is important for them, (from other people's perspectives). Outcomes describe the progress that the CYP should make in addressing their needs and moving towards achieving their aspirations. Outcomes explain why provision is being put in place to meet a specific need.

Content: Outcomes should be something that those involved with the CYP have control and influence over, they should be specific, measurable, achievable, and realistic and time bound (SMART).

Any health needs where the CYP can make progress or can reach a goal, and where provision can be provided in order to achieve the outcomes.

Nursery	For Beth to receive an assessment of her needs and any relevant diagnose that is shared with the family to give the parents/carers an opportunity to ask questions.
Primary School	John is given opportunity to express his feelings during the school day  Patrick demonstrates an understanding of feeling sad, happy, stressed and how to share these feeling
High School	For Tom to manage his school routine of finding his way around the school and managing his self-care independently by the end of year 10.  Anna will be able to regulate and manage her emotions so that she can maintain good mental and emotional health.  Adrian will understand how ADHD affects him and develop strategies to support his symptoms

	<p>For Eric to build a repertoire of activities to help relax</p> <p>For Bob to understand how expresses his feelings in school to a preferred adult</p> <p>For Tom to understand when to seek support for his mood and feelings</p> <p>Elijah will manage his own personal care needs by age 18 using equipment where he needs it.</p> <p>For Ashley to make decisions about his health with the support of his parents/carers and professionals</p> <p>Harry will consider his own personal health needs by attending a LD Health Review at his GP Annually</p>
College	<p>Louisa will attend appointments with her adult consultant without support from her parents/carers by the end of the year.</p> <p>Adrian understand how the diagnosis of ADHD affect him, develop strategies within the work place to support his needs</p> <p>Harry will consider his own personal health needs by attending a LD Health Review at his GP Annually</p> <p>For Adam to transition to adult ADHD services</p>

Written by Alison Sutch, Children Complex Needs Nurse NHS Halton CCG

<https://www.mentalhealth.org.uk/a-to-z/a/attention-deficit-hyperactivity-disorder-adhd>

<https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/>

<https://www.mind.org.uk/information-support/minds-position-on-adhd/>

<https://youngminds.org.uk/find-help/conditions/adhd/>

<https://www.rcpsych.ac.uk/expertadvice/parentsandyouthinfo/parentscarers/adhdhyperkineticdisorder.aspx>

[http://www.nwbh.nhs.uk/healthandwellbeing/Pages/Attention-deficit-hyperactivity-disorder-\(ADHD\).aspx](http://www.nwbh.nhs.uk/healthandwellbeing/Pages/Attention-deficit-hyperactivity-disorder-(ADHD).aspx)

<https://www.autism.org.uk/ADHD>

# EHCP Exemplar – Cerebral Palsy

<i>Identified Needs</i>	<i>Examples</i>
<p>What type of Cerebral Palsy does the child or young person have</p> <p>Describe the physical disability</p> <p><i>Summarise health needs which relate to special education needs for example upper limb function difficulties which will impact upon the ability to manipulate or use objects; visual impairment that will impact upon the ability to read or manage the environment.</i></p>	<p>Sion (15 years old) has a cerebral palsy which affects the right side of his body and as a result he has an unsteady gait. Sion prefers to walk unaided for short distances but over longer distances he needs to use a walking frame. Sion’s right arm has limited movement. He can manage most self-care skills using his left hand supported by the right but he cannot manage buttons or tightly fitting garments.</p> <p>Asma (14 years old) is a wheelchair user who has complex (whole body) cerebral palsy. This has significant impact on her mobility, on her ability to carry out everyday tasks, and also on her articulation and the clarity of her speech. She is unable to stand independently and can normally only be understood by people who have had time to get to know her speech patterns.</p> <p>Bradley struggles with all aspects of his personal care in college. He has significant difficulties with transfers in and out of his wheelchair and his standing frame.</p> <p>Niamh’s fine and gross motor skills are underdeveloped which makes eating and drinking difficult.</p>

	<p>Dennis has complex (whole body) cerebral palsy and uses a wheelchair. This makes it difficult for him to use public transport and community facilities. He needs help with all his personal care tasks at all times.</p>
<p>Describe any additional health needs, breathing, hearing, speech or visual issues</p>	<p>In association with her cerebral palsy Asma also has a visual field difficulty homonymous hemianopia - which means that the left side of her vision is severely reduced. This affects her ability to navigate safely in unfamiliar or busy environments</p> <p>Andrea experiences seizures related to epilepsy at least twice per week which makes it difficult for her to use community facilities without support. Following a seizure she may continue to experience headaches and may appear confused.</p>
<p>Describe what aids the CYP uses to support their needs</p> <p>Describe equipment that the CYP needs to access the curriculum and the support they require</p>	<p>Moving around the classroom: As Milla is unable to propel her own wheelchair, she required assistance from the teaching assistant to move her wheelchair and position her at her desk.</p> <p>Writing and drawing in class: As Milla is unable to open the clip on her clipboard and slide her paper, she needed assistance from the teaching assistant to perform these task actions.</p> <p>Lucas needs a manual attendant controlled wheelchair to move around. He can self-propel for short periods of time and needs to be pushed at other times.</p> <p>Will is a wheelchair user and cannot make transfers unaided, he can assist with transfers and has generally good control of his upper body and upper limbs.</p>

*Health Provision*

Which health care professionals does the CYP see and how often currently

Ensure all health care professionals and their contact details are listed  
 Annual paediatrician review.  
 Annual review with paediatric neurology.  
 Occupational therapy assessment to be carried out at school with consideration to be made for mobility aids.  
 Termly review of Johns physiotherapy programme including support and advice for the staff delivering it in school.

Describe any programmes in place, how often it is advised that they are followed, the training that is required and who can complete this and how often this should be reviewed  
*Details any health provision required by the learning difficulties or disabilities which result in the SEN. This could include ongoing care and monitoring from specialist Paediatric Health Professionals to support health needs and general development; the provision of equipment and services to aid mobility e.g. occupational therapy and physiotherapy, hydrotherapy, specialist seating.*

Dan's occupational therapist will meet his parents/carers and teachers (6 x 1.5 hours in the autumn term) to develop and maintain toileting routines in the school and at home. In addition, once a term, the occupational therapist will meet the school staff and his wheelchair services team to discuss Dan's school mealtime participation and improve his access to table-top activities within the classroom.  
 Jon will be supported by his Learning Support Assistant (LSA) in college for 2 hours per day to be able to assist with his own personal care using the advice from the OT assessment in section G.

*Suggested Outcomes by age*

Function: Outcomes underpin and inform the detail of the Plan as they bring together what is important to the CYP (from the CYP's perspective) and what is important for them, (from other people's perspectives). Outcomes describe the progress that the

CYP should make in addressing their needs and moving towards achieving their aspirations. Outcomes explain why provision is being put in place to meet a specific need.

Content: Outcomes should be something that those involved with the CYP have control and influence over, they should be specific, measurable, achievable, realistic and time bound (SMART).

Any health needs where the CYP can make progress or can reach a goal, and where provision can be provided in order to achieve the outcomes.

Nursery

John to independently access as much of the nursery environment as possible.

Soraya will tolerate her standing frame for one hour to access part of her nursery curriculum in a standing position

Soraya will use a spoon to feed herself with adult support

Seth standing to play at a table whilst using his arms for support within one term

Billy will develop independent play skills, by using his hands purposefully

Katie will have a therapy programme that will develop her gross motor skills, to allow her to stand with support

Andrew will continue develop his gross and fine motor skills so that he do more for himself and make more choices, including being able to stand and move with appropriate aids.

<p>Primary School</p>	<p>Ethan (9 years old) will have a physiotherapy programme developed by his therapist for use in school in advance of the start of Year 5. Within the first week of Ethan starting Year 5, school staff will be trained in the programme by the therapist at a three hour training session. The programme will subsequently be reviewed at the beginning of every half term by the therapist.</p> <p>To independently move around the school by the time I will transition to secondary school</p> <p>John will be able to communicate more effectively with peers within the classroom and at social, less structured times.</p> <p>Billy will attend outward bound weekend with his peers with appropriate support</p> <p>Soraya will tolerate using her postural equipment to allow her to access all areas of the school environment for play, learning and self-care tasks.</p>
<p>High School</p>	<p>For Tom to manage his school routine of finding his way around the school and managing his self-care independently by the end of year 10.</p> <p>Seth being able to drive a power chair in a straight line in an unobstructed environment</p> <p>Elijah will manage his own personal care needs by age 18 using equipment where he needs it.</p> <p>Harry will consider his own personal health needs by</p>

	attending a LD Health Review at his GP Annually
College	<p>By age 18, Jackson will be able to prepare a simple breakfast (cereal or toast) on every college day morning.</p> <p>Kai will reach a healthy weight for his height (within healthy BMI range) by the age of 21 by following the diet plan in Section K. Russell will take his medication himself at college by the end of the year</p> <p>Louisa will attend appointments with her adult consultant without support from her parents/carers by the end of the year.</p> <p>Adrian will train with the local wheelchair basketball team and try out for the team by the end of the year.</p> <p>Harry will consider his own personal health needs by attending a LD Health Review at his GP Annually</p>

Written by Alison Sutch, Children Complex Needs Nurse NHS Halton CCG

Council for disabled children, Education, Health and Care plans- examples of good practice

<https://www.ncb.org.uk/sites/default/files/field/attachment/EHCP%20Exemplar%20Guide%202017.pdf>

Council for disabled children, Education, Health and Care Plans- examples of good practice from year 9 and beyond

<https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/EHC%20Exemplar%20yr%209%20and%20beyond%20-%20Final%20Draft.pdf>

Writing outcomes for Education, Health and Care Plans, Karina Dancza Professional Advisor- Children & Young People

[karina.dancza@cot.co.uk](mailto:karina.dancza@cot.co.uk) College of Occupational Therapists <https://www.pearsonclinical.co.uk/Sitedownloads/ot-learn/2015-presentations/karina-dancza-slides.pdf>

<http://www.rainbowcentre.org/wp-content/uploads/2010/10/EHC-Plan.pdf>

[http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=2ahUKEwj2g9j1qNvcAhVOQMAKHcAIDrwQFjAAegQIAxAC&url=http%3A%2F%2Fwww.csp.org.uk%2Fsites%2Ffiles%2Fcsp%2Fsecure%2Fguidance\\_for\\_paediatric\\_physiotherapists\\_writing\\_advice\\_for\\_education\\_health\\_and\\_care\\_plans.pdf&usg=AOvVaw000CzomIPCU0yiGwqeM5-Q](http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=2ahUKEwj2g9j1qNvcAhVOQMAKHcAIDrwQFjAAegQIAxAC&url=http%3A%2F%2Fwww.csp.org.uk%2Fsites%2Ffiles%2Fcsp%2Fsecure%2Fguidance_for_paediatric_physiotherapists_writing_advice_for_education_health_and_care_plans.pdf&usg=AOvVaw000CzomIPCU0yiGwqeM5-Q)

# EHCP Exemplar – Downs Syndrome

Children and young people with a diagnosis of Downs Syndrome have the same needs as any other person and should be treated as individuals. Changes to health should always be investigated and not simply considered part of their syndrome. However, there is a wealth of information about common characteristics for a child or young person with Downs Syndrome and conditions the present more often to a person with Downs Syndrome than the general population, this exemplar highlights some of these difficulties and gives examples of how they may be supported.

## *Identified Needs*

## *Examples*

What how Downs Syndrome affects Sam's life  
Describe the physical disability  
*Summarise health needs which relate to special education needs*

Describe any additional health needs, heart disorder, hearing, speech or visual issues

Health Issues for Young People with Downs Syndrome - consider the following health conditions and the impact it may have on their educational attainment and how the educational setting may help the young person to achieve better health. Also consider the impact of attending appointments and missing school.

Visual difficulties  
Hearing impairment  
Recurrent ear infection  
Sleep related breathing disorders

	<p>Heart Disorders          Thyroid disorder          Dentition          Constipation          Cervical spine disorders          Skin disorders – eczema, recurrent skin infections          Coeliac          Arthritis in Down syndrome          Diabetes          Epilepsy          Blood disorders          General health – recurrent infections          Autism          Mental health issues          Regression of skills – needs medical attention</p> <p><b>Heart disorder-</b> Describe the heart condition, has the young person had an operation, how often do they need to see a cardiologist          Jessica can / cannot participate in all physical activities due to their cardiac condition</p> <p><b>Bowel abnormalities –</b> Describe any bowel problems, any on-going treatment and how often they receive a review for this          Jessica has a tendency to be constipated. This can cause discomfort and impact on her concentration in class. She should be encouraged to drink at least 1 litre of fluid during the school day and have fruit and veg at snack and meal times. She needs regular medication for her bowels</p> <p><b>Toileting -</b> Jessica needs to be encouraged to gain independence skills to be dry and clean at all times. Children with Down syndrome should attain continence at a similar age to other children of a similar developmental level.</p>
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	<p><b>Hearing Impairment-</b> Describe any hearing difficulties, how this affect them and how often this needs reviewing. For example, Jessica has a moderate hearing impairment. This can have a significant impact on her understanding and communication. She needs to wear her hearing aids at all times. Jessica’s hearing aids need to be tested every 4-6 months.</p> <p><b>Visual Impairments -</b> Describe any visual difficulties, how this affect them and how often this needs reviewing For example, Jessica has a visual impairment. She needs to wear her glasses at all times. Her eyes are wobbly (nystagmus) this can make it a challenge for her to focus. Jessica needs to have regular eye checks every six months.</p> <p><b>Sleep-related breathing disorder –</b> describe the treatment for this and how often this is reviewed For example, Jessica has a poor sleeping pattern and often wakes at night. This can impact on her engagement within the school environment and affects the rest of the family. Jessica has a machine to help her breathe at night to improve her oxygenation. Jessica’s parents/carers are working through a sleep programme.</p> <p><b>Physical abilities-</b> describe any physical difficulties and how this affects the young person and they support they need to access the curriculum</p> <p><b>General health –</b> describe any other general health concerns</p>
<p>Describe what aids the CYP uses to support their needs</p> <p>Describe equipment that the CYP needs to access the curriculum and the support they require</p>	<p>Moving around the classroom: As Milla is unable to propel her own wheelchair, she required assistance from the teaching assistant to move her wheelchair and position her at her desk.</p> <p>Writing and drawing in class: As Milla is unable to open the clip on her clipboard and slide her paper, she needed assistance from the teaching assistant to perform these task actions.</p>

	<p>Lucas needs a manual attendant controlled wheelchair to move around. He can self-propel for short periods of time and needs to be pushed at other times.</p> <p>Will is a wheelchair user and cannot make transfers unaided, he can assist with transfers and has generally good control of his upper body and upper limbs.</p> <p>Jessica's epileptic seizures need to be monitored in seizure diary. Her epilepsy needs to be managed in accordance to her epilepsy care plan.</p>
<p><i>Health Provision</i></p>	
<p>Which health care professionals do the CYP see and how often currently</p>	<p>For example specify by whom, where and duration and goals</p> <ul style="list-style-type: none"> <li>Physio therapy</li> <li>Occupational therapy</li> <li>Speech and Language therapy</li> <li>Community Paediatrician</li> <li>Paediatric Cardiologist</li> <li>Orthoptist</li> <li>Audiology</li> <li>Orthotic services</li> </ul>
<p>Describe any programmes in place, how often it is advised that they are followed, the training that is required and who can complete this and how often this should be reviewed <i>Details any health provision required by the learning difficulties or disabilities which result in the SEN. This could include ongoing care and monitoring from specialist Paediatric Health Professionals to support health needs and general development; the provision of equipment and services to aid</i></p>	<p>For example</p> <p>Luke was referred and assessed by physio therapy for advice and support with his mobility, they have devised a programme to support the development of Lukes gross motor skills, such as climbing stairs, walking between classrooms, Luke requires the support of his carers to work through this programme once a day, for 15-20 minutes.</p>

<p><i>mobility e.g. occupational therapy and physiotherapy, hydrotherapy, specialist seating.</i></p>	<p>Tom has been referred and assessed by Occupational Therapy to support with fine motor skills, such as using utensils for eating and drinking, and holding a pencil. Occupational therapy have given advice and strategies, Tom requires the support of a professional in school to follow this advice everyday</p>
<p><b><i>Suggested Outcomes by age</i></b></p> <p>Function: Outcomes underpin and inform the detail of the Plan as they bring together what is important to the CYP (from the CYP's perspective) and what is important for them, (from other people's perspectives). Outcomes describe the progress that the CYP should make in addressing their needs and moving towards achieving their aspirations. Outcomes explain why provision is being put in place to meet a specific need.</p> <p>Content: Outcomes should be something that those involved with the CYP have control and influence over, they should be specific, measurable, achievable, realistic and time bound (SMART). Any health needs where the CYP can make progress or can reach a goal, and where provision can be provided in order to achieve the outcomes.</p>	
<p>Nursery</p>	<p>Babies and young children with Down's syndrome have the same needs as any child. However, they may have some additional health needs that could affect their growth (e.g. heart problems, thyroid deficiency, difficulty feeding, coeliac disease, and disturbed sleep). This is why they will need some extra health checks (as detailed in the PCHR insert and DSMIG UK medical surveillance good practice guidance).</p> <p>For example, Ben weight will be monitored by attending "baby" clinic once a month, using the specific Downs Syndrome PCHR (Red Book) insert. He will be encouraged to have balanced nutritious diet during the nursery day.</p> <p>Bob health care needs will be monitored in accordance with Downs Syndrome suggested schedule of health check within their Red Book, a formal eye and vision screening, thyroid function should be discussed annually with a paediatrician,</p>

	<p>annual hearing test, annual growth check, and a discussion regarding breathing and blood checks</p> <p>Jessica should have a regular bowel pattern with or without medication</p> <p>Jessica needs to be encouraged to gain independence skills to be dry and clean at all times</p>
Primary School	<p>Bob health care needs will be monitored in accordance with Downs Syndrome suggested schedule of health check within their Red Book, formal eye and vision screening, and hearing checked every 2 years, thyroid function should be discussed annually with a paediatrician, along with an annual growth check, and a discussion regarding breathing and blood checks</p>
High School	<p>Bob health care needs will be monitored in accordance with Downs Syndrome suggested schedule of health check within their Red Book, formal eye and vision screening, and hearing checked every 2 years, thyroid function should be discussed annually with a paediatrician, along with an annual growth check, and a discussion regarding breathing and blood checks</p> <p>Tom will be involved, in his own health care, understand the importance of being physically healthy, eating healthy and express how he feels within a health action plan</p> <p>Tom will attend for a learning disabilities annual health check at his GP from 14+. <a href="https://www.downs-syndrome.org.uk/for-families-and-carers/health-and-well-being/annual-health-checks/">https://www.downs-syndrome.org.uk/for-families-and-carers/health-and-well-being/annual-health-checks/</a></p>

College	Tom will be involved, in his own health care, understand the importance of being physically healthy, eating healthy and express how he feels within a health action plan
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Written by Alison Sutch, Children Complex Needs Nurse NHS Halton CCG, Dr. Shiela C Puri, Consultant Paediatrician in Community Child Health, Leeds Community Healthcare NHS Trust and Stuart Mill, Downs Syndrome Association

<https://www.downs-syndrome.org.uk/for-families-and-carers/education/sen-and-the-law/education-rights-series/>

<https://www.dsmig.org.uk/>

<http://downsyndromedevelopment.org.uk/category/education-health-and-care-plan/>

[https://www.surreycc.gov.uk/\\_data/assets/pdf\\_file/0011/75566/05-EHCP-Plan-Writing-Guidance-v2.0.pdf?bustCache=8077608](https://www.surreycc.gov.uk/_data/assets/pdf_file/0011/75566/05-EHCP-Plan-Writing-Guidance-v2.0.pdf?bustCache=8077608)

# EHCP Exemplar – Epilepsy

<i>Identified Needs</i>	<i>Examples</i>
<p>What type of Epilepsy does the child or young person have Describe the seizures, how long they normally last and how the young person is during recovery Is there a school health plan in place? Does there need to be one to manage their health needs Does the Child Young Person have rescue medication for prolonged seizures ? <i>Summarise health needs which relate to special education needs</i></p>	<p><u>Epileptic seizures</u></p> <p>Focal seizures, Tonic-clonic seizures, Absence seizures, Myoclonic seizures, Tonic seizures and Atonic seizures</p> <p>For example: Ann’s head will go back or she may rest her head on her arms. Her arms and hands tremble, her legs may tremble. She may have clusters of these episodes (i.e will have one then another and another). There is usually no change in her colour.</p> <p>Joe losses consciousness followed by generalized body stiffening (called the "tonic" phase of the seizure) for 30 to 60 seconds, then by violent jerking (the "clonic" phase) for 30 to 60 seconds, after which the Joe goes into a deep sleep (the "postictal" or after-seizure phase).</p>
<p>Describe what support the CYP needs</p> <p>Describe equipment that the CYP needs to access the curriculum and the support they require</p>	<p>Daniel requires staff who support him in school to have a general understanding about epilepsy, a specific knowledge about Daniels seizures and how to support him</p> <p>Staff should be trained, confident and competent to give buccal midazolam</p> <p>Staff should read and understand Sam’s school health plan</p>

<i>Health Provision</i>	
Which health care professionals do the CYP see and how often currently	Robert's epilepsy will be monitored and reviewed by the Consultant Paediatrician and Epilepsy Nurse Alder Hey Hospital
<p><i>Suggested Outcomes by age</i></p> <p>Function: Outcomes underpin and inform the detail of the Plan as they bring together what is important to the CYP (from the CYP's perspective) and what is important for them, (from other people's perspectives). Outcomes describe the progress that the CYP should make in addressing their needs and moving towards achieving their aspirations. Outcomes explain why provision is being put in place to meet a specific need.</p> <p>Content: Outcomes should be something that those involved with the CYP have control and influence over, they should be specific, measurable, achievable, realistic and time bound (SMART). Any health needs where the CYP can make progress or can reach a goal, and where provision can be provided in order to achieve the outcomes.</p>	
Nursery	Claire will be supported to attend full time nursery safely
Primary School	Catherine will understand her epilepsy better, by seeking appropriate help and support in school when necessary  Harry will understand what epilepsy is and how it affect him
High School	For Billie to transition from childrens to adult health services, and start making decisions about their own health with health professionals  Anna will be able to explain what epilepsy is, how this affects her and how she can manage this condition so she can stay healthy and safe.

	For Tom to demonstrate an awareness of possible seizure triggers, the importance of taking medication and understanding how to reduce risks whilst becoming independent
College	For Bobby to understand how their epilepsy might affect their career choices

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#### LINKS

<https://www.epilepsy.org.uk/>

<https://www.nhs.uk/conditions/epilepsy/living-with/>

<https://www.youngpilepsy.org.uk/>

<https://www.youngpilepsy.org.uk/for-parents-and-carers/epilepsy-and-your-child/transition-from-child-to-adult-health-services.html>

<https://www.epilepsysociety.org.uk/what-epilepsy>

### Checklist/quality assurance /Audit Tool

**Ensuring good quality health advice is provided for Education, Health and Care Needs assessment (Plan) (EHCP)**

The EHC needs assessment health advice form or report submitted for all new statutory advice should be quality assured by the clinician and or their manager prior to being sent to the Local Authority for consideration to enable decision making on issuing a statutory EHC Plan.

All health providers submitting information and advice to the Local Authority will undertake a deep dive audit of a 20% sample using this tool twice a year and submit results to the Designated Clinical Officer for SEND.

NHS No. of Child/Young Person .....

Subject and standard statement				Comments
Date health information and advice requested				
Date health information and advice returned				
Please tick	Yes	No	Partly	Comments
Health information and advice returned within 6 weeks of request				
The request for information and advice from the LA included aspirations from child/ or young person.				
The request for information and advice from the LA included aspirations from Parents/carers.				
Health information and advice submitted clearly demonstrates that the views, wishes and feelings of the child or young person has been sought and considered.				
Health information and advice submitted clearly shows that the views, wishes and feelings of the				

Parent and/or carers has been sought and considered.				
Health information and advice submitted clearly shows where other professional views have been sought.				
Diagnosis and medical information is present				
Health <b>needs</b> relating to the child or young person's SEND and what impact this would have in accessing their education is clearly identified.				
Health <b>provision</b> relating to the child or young person's SEND and what is required to support them in meeting their needs to access their education is clearly identified.				
Health <b>Provision</b> required to meet the child or young person's SEND needs states if the service is able to provide this in core commissioned health service or clearly indicates additional resource is needed above the service available and what action has been taken				
The desired or predicted <b>outcomes</b> from the provision being provided is clearly outlined in the report				
The advice includes measures in place to monitor progress and/or change in need and provision				
<b>Name:</b>	<b>Role/position</b>			
<b>Person completing Quality assurance tool please tick</b>	<b>Author of Advice:</b> <input type="checkbox"/> <b>Manager of Advice writer:</b> <input type="checkbox"/> <b>Other Please specify:</b>			
<b>Date:</b>				