

PROFESSIONAL INFORMATION/ADVICE TO SUPPORT THE DEVELOPMENT OF AN EDUCATION, HEALTH CARE PLAN FOR A YOUNG PERSON

This information is sought in accordance with the Children and Families Act 2014. The Local Authority is seeking advice as part of an Education, Health and Care assessment.

ADVICE	CLDT	
ADVICE GIVERS DETAILS:		
Name:	Service:	

Job title:

Address of workplace:

Telephone no.

Email address:

PLEASE ENSURE THIS ADVICE IS WORD PROCESSED, NOT HANDWRITTEN.

Handwritten copies will be returned.



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YOUNG PERSON'S DETAILS - if prepopulated, please check details and amend if needed

Forename:	Surname:	
Home address:		
Home borough:	Gender:	
Date of Birth:	Age:	
Ethnicity:	Religion:	
Languages spoken at home:	Is interpretation required?	
Name of Parent/Carer:		
Address:		
Telephone:		
Email address:		
Name of Parent/Carer:		
Address:		
Telephone:		
Email address:		
Name of Educational Setting:		
Setting Address:		
Year Group at time of assessment:	Unique Pupil Number:	
Name of GP Surgery:	NHS Number:	-
Address of GP Surgery:	CCG:	



SOURCES OF INFORMATION

What has your or your service's involvement with the young person been? Please provide dates and details of involvement.

How long known child has been known to the service and location of intervention e.g. home, school, clinic

Received assessment, intervention e.g. blocks of treatment, attendance at Team around Child meetings

It is important to state the information that has been gathered to form the basis of the report and in particular to justify your findings. Please list all of the sources of information used in preparing the report:

Date	Author	Brief Description of the Evidence	
		Case notes, health records, EHC needs assessment request and supporting documents	
		Reports from other professionals	
		Is there any pertinent information that you haven't had access to? Note, where applicable	
		Formal and standardised assessments carried out	

KEY BACKGROUND INFORMATION	
Bullet points recommended. Don't cut and paste your full clinical report.	



SUMMARY OF EDUCATION HEALTH AND CARE NEEDS

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Please complete from the perspective of your own service / area of expertise. Not all sections need to be completed if they are not applicable.

EDUCATION

Cognition and learning / Preparing for employment or higher education (see PfA below)

Strengths and how these are supporting learning

This information is typically provided by Educational Psychologists and Educational Settings. Clinical Psychologist may have additional information e.g. results of cognitive assessment that you've undertake. Attention.

Difficulties and how these are affecting learning

This information is typically provided by Educational Psychologists and Educational Settings. Clinical Psychologist may have additional information e.g. results of cognitive assessment that you've undertaken. Attention.

Communication and interaction / Independence (see PfA below)

Strengths and how these are supporting learning

This section will usually be completed by SaLT/ Educational Setting

Difficulties and how these are affecting learning

This section will usually be completed by SaLT/ Educational Setting

Sensory and/or physical / Health in adult life (See PfA below)

Strengths and how these are supporting learning

This section is usually completed by OT / PT

Difficulties and how these are afecting learning

This section is usually completed by OT/PT

Social, emotional and mental health / Participation in Society (see PfA below)

Strengths and how these are supporting learning

Section usually completed by Clinical Psychologist / Mental Health Services Resilience and other protective factors.

Difficulties and how these are affecting learning

Hounslow and Richmond **NHS**Community Healthcare

Bullet points recommended.

E.g. anxiety, depression, self-harm, relationships with peers and adults, attendance, behaviour that challenges

HEALTH

Health needs and how these are affecting learning.

Formal Diagnosis, explained in layman's terms (include contact a family definition/other plain English explanation), and the impact on learning and in the education environment.

If you have already described impact of condition in needs section, it is not necessary to repeat here but reference the fact you have done so.

E.g. anxiety, attendance, mobility, behaviour that challenges, need for medication and potential side effects, fatigue, sleep, endurance, condition variability and any anticipated deterioration should be included.

Any other health needs

This is likely to be identified by nurse / GP / dietician.



OUTCOMES NHS Trust

An outcome is described as "the benefit or difference made to an individual as a result of an intervention". What outcomes are you / your service intending to bring about, and what resources do you think would help make this desired difference? Outcomes set should link to a child or young person's aspirations and the Preparing for Adulthood Outcomes:

- 1. Progression to further / higher education and/or employment
- 2. Independent Living and Housing
- 3. Friendships, relationships and being part of my community
- 4. Being as healthy as possible in adult life

Outcomes should last for a key stage or phase (2-3 years) and a balance of what is important to and for the young person. They should be person centred and not written from a service perspective. It should be clear whether they have been achieved (Hey, Dad, look at me concept). The 'so what' question....

<u>For provision:</u> Is CLDT provision recommended within the local offer? Yes \square No \square If no, please liaise with the Adult Learning Disability Commissioner /Designated Clinical Officer for SEND.



	Section F: Special Educational Needs Provision		
Section E: Special Educational Needs Outcomes	Provision to meet outcome	Amount and frequency of input	Who will deliver the provision
PfA Outcome 1:		,	
(Progression to further / higher education a	nd/or employment)		
e.g. By September 2017 x will have had 4 mea of different type of job roles	ningful work experiences in a range of community based setti	ngs so that he have	an understandin
	Support to develop good coping strategies for behaviour.	Initially this will be weekly with the aim of reducing to three monthly within six months	Psychologist
	Independent travel training to enable the young person to travel by bus and walking around their local community		
PfA Outcome 2:			
(Independent Living and Housing)			
e.g. X will have a clearer understanding of key thi living) be able transfer this learning to his new hom	ngs he needs to do to be safe at home, online and in the community be	y and (when he knows	s where he will be
	Occupational therapy assessment carried out to inform the young person's housing specification	in following year	Occupational Therapist



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Section E: Special Educational Nee Outcomes	ds Provision to meet outcome	Amount and	Who will
Gutoomoo	Trovision to meet outdome	frequency of input	deliver the provision
PfA Outcome 3:			
(Friendships, relationships and being par	t of my community)		
e.g. By the end of year 12, x will be going ou events or a club.	It with her friends at least twice a week. They will go to the gym, swimming	, walking, going to the	e cinema, music
	Speech therapist develops communication and decision making chart with school which sets out how to support x to communicate with others		Speech Therapist
PfA Outcome 4:	<u>'</u>	1	
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	e.g. take responsibility for own mental health, know when and who to	o ask for support)	
(Being as healthy as possible in adult life	e.g. take responsibility for own mental health, know when and who to opping list and going shopping with support buying healthy options	o ask for support)	
(Being as healthy as possible in adult life		o ask for support)	
(Being as healthy as possible in adult life	Physiotherapist and speech & language therapist to contribute to content of study programme to ensure that dietary and exercise advice	o ask for support)	
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Hounslow and Richmond **WHS**

Section E: Health Outcomes	Dravisian to most sutcome	A a	\A/I !-
	Provision to meet outcome	Amount and frequency of input	Who is responsible for delivering the provision / input
		,	
Name of Person Providing Advice:			
Print job title:			
Signature:			
Date:			
ONCE COMPLETED PLEASE RETURN THIS ADV 3EB or preferably by secure email	CE WITH ANY OTHER RELEVANT INFORMATION TO: SE	EN Team, Hounslow House, 7	Bath Road, TW3
For office use only			
Date Received:	Response due by:		
Case Officer:	Panel Date:		

