**COMMUNITY THERAPY Advice for Education, Health and Care Needs Assessment**

*After completion, please delete prompts and refer to local NHS Trust SOP / processes and local training in providing Health Advice. Advice should be sent to the appropriate return email and parent/carer/young person as per the internal process in NHS Trust.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Child / Young Person’s Details** | | | |
| Name |  | Date of Birth |  |
| Home Address |  | | |
| Postcode |  | NHS Number |  |
| Current education setting name and address |  | | |
| **Background Information about service input** | | | | |
| *Include date of referral to the team, a* ***brief concise*** *description of what your service has provided and relevant progress with previous episodes of care including current status of case (open / closed). State how you gathered the information for this advice e.g., case notes, phone call, f2f assessment etc. Do not put in information here about diagnoses and health needs (this is in later section).* | | | | |
| **The views of the CYP / parent carer** | | | | |
| *Make it clear how you obtained this information. Read the EHCNAR (Education Health and Care Needs Assessment Request form) document which details the aspirations, interests and views gathered as part of this assessment. Please check they are still relevant and add only any new additions if required / appropriate.* | | | | |

|  |
| --- |
| **CHILD / YOUNG PERSON’S STRENGTHS** |
| *Examples may be: good use of strategies / engaged with interventions* |

|  |  |
| --- | --- |
| **COMMUNITY THERAPY**  **Difficulties (Needs), Provision and Outcomes (B/C,E,F/G)** | |
| Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. More information is provided at paragraphs 6.34-6.35 of the SEND Code of Practice. | |
| **Section B/C Child or young person’s difficulties** | |
| ***Please be clear on which section you are contributing to: Section B: SEND (educational) Needs or Section C: Health Needs (medical)***  Section B  Section C  *State the CYPs difficulties / confirmed diagnoses (relevant to your clinical area) and how they generally impact on the CYP’s functioning in the setting (e.g., X has a diagnosis of ………… which makes…………….. difficult). Avoid unexplained jargon and remain within your professional & clinical remit.*  *NB. Detail the specific difficulties, but related therapy input required and goals go in the next sections. Avoid unnecessary repetition between sections.*  *If there are no needs in this category, please enter ‘****Child or young person’ name*** *has no identified special educational needs in this area’.* | |
| **Section E – Outcomes** | |
| *Prompt: an outcome is the change or difference that you are achieving through the therapy intervention (over a max of the next 2 – 3 yrs).*  *Each is a clear goal which is stretching but achievable, which is underpinned by the provision linked to it. It should be personal and not expressed from a service perspective; and it should be specific, measurable, achievable, relevant and time bound (SMART).*  *It is important that outcomes are written in ways that enable:*   * + - *progress to be monitored*     - *outcomes to be evaluated*     - *decisions about future needs and provision to be made.*   *Outcome example: By the end of Key Stage 1, X will be able to …, independently / with support / without prompt, in order to achieve their aspiration to….*  **1:**  **2:**  **3:** | |
| **Outcomes linked to provision** | **Section F/G– PROVISION REQUIRED TO ADDRESS THOSE DIFFICULTIES AND MEET THE OUTCOMES**  ***Section F: SEND (educational) Provision or Section G: Health Provision (medical)*** |
| *Add the number of which outcome the provision contributes to. E.g.,*  *1*  *1 and 2 etc* | Section F  *Detail what is required from the setting staff in order for progress to be made with the therapy package of care e.g. staff willing to be trained / support to move into standing frame etc.*  *It should be clear how the provision will support achievement of the outcomes.*  *Four prompts for advice givers to consider as they complete this section, consider:*   * *Provision required* * *Who will provide it (qualification/required level of expertise)* * *How often – daily, weekly, termly* * *How long for each time – hours should usually be specified.*   To be delivered by *Use the general phrase:* Education Staff in the setting |
| *Add the number of which outcome the provision contributes to. E.g.,*  *1*  *1 and 2 etc* | Section G:  *Provision from any HCPC - registered AHP.*  *Remain within your service and professional remit, think ‘what does my service/specialty need to* ***provide*** *to meet the specific difficulties and outcomes sought’.*  To be delivered by*: State which therapy professional (e.g. Physio / SALT assistant etc), frequency of input.* |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF PROFESSIONAL COMPLETING THE ADVICE** | | | |
| Name |  | Role |  |
| Service / Health Trust |  | Countersigned / QA checked (where applicable) |  |
| Email Address |  | Telephone number |  |
| Signature |  | Date advice completed |  |

Please complete the details on the following page.

Copy to:

**Private & Confidential**

Parent/Carer(s) of

Please input name and address

**Private & Confidential**

School/ Nursery

Please input name and address

File – uploaded to child’s electronic record