

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.*

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| **Child / Young Person’s Details** |
| Name |  | Date of Birth |  |
| Home Address |  |
| Postcode |   | NHS Number |  |
| Current education setting  |  |
| **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 EHCAR (Education Health and Care Assessment Request form) document which details the aspirations, interests and views gathered as part of this assessment.* *Do not leave blank, if you are not able to obtain views, please state ‘See views obtained via request for assessment process and documented in the EHCAR’ If not possible to obtain CYP’s view because of lack of verbal / cognitive capacity, state ‘For the purposes of this assessment, X’s views have been gathered through consultation with key adults in X’s life’*  |

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| **CHILD / YOUNG PERSON’S STRENGTHS AND NEEDS**  |
| **CHILD / YOUNG PERSON’S STRENGTHS**  |
| *Examples may be: good use of strategies / engaged with interventions* |
| **CHILD/YOUNG PERSON’S DIAGNOSES / CONDITIONS / DIFFICULTIES** |
| *State the CYPs difficulties / confirmed diagnoses and how they impact on the CYP’s functioning in the setting (e.g., X’s difficulties mean sitting for long periods is difficult). Avoid jargon and remain within your professional & clinical remit. NB. Do not detail the therapy input needed in this section.* |
| **THE COMMUNITY THERAPY PROVISION REQUIRED to achieve outcome below** |
| **Outcome sought**  | **Therapy Provision required to meet CYP’s needs** | **Delivered by**  | **How often** |
| *Prompt: the change or difference that you are achieving through the therapy intervention (over a max of the next 2 – 3 yrs).*  | *This refers to 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 needs & outcomes sought’.*  | *State which NHS therapy professional (e.g. Physio / SALT assistant etc)*  |  |
| *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. Only state the specifics related to the therapy outcomes – do not detail ordinarily available / quality first education provision.* | *Use the general phrase below:* Education Staff in the setting  |  |
| *Create an additional box if a different therapy outcome requires different provision and repeat the titles as above*  |  |  |  |

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