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HEALTH 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, latest and any relevant progress with previous episodes of care, a BRIEF description of what your service has provided and whether the CYP is currently open to the service. 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 HEALTH STRENGTHS AND NEEDS** | | |
| **CHILD / YOUNG PERSON’S STRENGTHS** (in relation to their health) | | |
| *Examples may be : good use of strategies to manage anxiety / good physical health and wellbeing / engaged with interventions* | | |
| **CHILD/YOUNG PERSON’S HEALTH CONDITIONS / DIAGNOSES** | | |
| *State the CYPs difficulties / confirmed diagnoses and how they impact the CYP’s functioning in the setting (e.g. ‘X’s diagnosis means that medication can make XX sleepy in the school day’.). Avoid jargon, explain any necessary medical terms. Remain within your professional & clinical remit.* | | |
| **THE HEALTH PROVISION REQUIRED** | | |
| Health Provision required from your service to meet CYP’s needs | How often & responsible service | Health outcome sought |
| *Remain within your service and professional remit, think ‘what does my service/specialty need to provide to meet the specific health needs outlined above’.* ***Never*** *make recommendations about education provision needed.* |  | *Prompt: the change or difference that your service is achieving through your intervention (over a max of next 2 – 3 yrs)* |
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| **DETAILS OF PROFESSIONAL COMPLETING THE ADVICE** | | | | |
| Name |  | | Title |  |
| Service / Health Trust |  | | Countersigned / QA (where applicable) |  |
| Email Address |  | | Telephone number |  |
| Signature |  | Date advice completed | |  |