

EDUCATION, HEALTH and CARE NEEDS ASSESSMENT

PROFESSIONAL ADVICE FROM HEALTH SERVICES

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

NAME OF SERVICE PROVIDING ADVICE

ADVICE GIVER'S DETAILS:

Name:		Service:	
Job title:		Telephone no.	
Workplace address:		Email address:	
Qualifications:		Date of Advice:	
Registration/HPC No*:		Signature:	

*where applicable

REASON ADVICE IS BEING PROVIDED:

- EHC Needs Assessment
 Review of EHC Plan
 Re-assessment

Date Advice Due: _____

**PLEASE ENSURE THIS ADVICE IS WORD PROCESSED, NOT HANDWRITTEN.
Handwritten copies will be returned.**

Part 1: CHILD/YOUNG PERSON'S DETAILS – *prepopulated: please check details and amend if needed for your service and / or update your own records with this information*

Forename:		Surname:	
Home address:			
Home borough:		Gender:	
Date of Birth:		Age:	
Ethnicity:		Religion:	
Languages spoken at home:			
Is interpretation required?	Yes / No	Language:	
Looked after child (LAC)	Yes / No	Child in Need (CiN)	Yes / No
Child Protection (CP)	Yes / No	Early Help (EH)	Yes / No
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:	

Part 2: SOURCES OF INFORMATION

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

Date	Author	Brief Description of the Evidence

Details of Your Service's Contact with the Child / Young Person

Date	Name of Practitioner	Setting e.g. Home, School	Type of contact e.g. observation, assessment etc	Date of most recent report

Please give details of your involvement and the impact of your service on the child / young person's development



Part 3: SUMMARY OF HEALTH NEEDS AND CURRENT PROVISION

When completing your advice, please

- complete from the perspective of your own service/area of expertise
- separate the child/young person’s voice from that of the parent/carer
- include your hypotheses and the summary of your professional conclusions

BACKGROUND if not already provided in All About Me and/or as part of the Request for EHCNA

Include information about position in family, languages spoken, diagnoses, services child/young person currently known to, other relevant details that may not appear earlier or in other advice

PARENTAL ASPIRATIONS (if known)

These should be longer term, and consider the Preparation for Adulthood outcomes (employment, independent living, community inclusion, being healthy) when appropriate

VIEWS AND ASPIRATIONS OF THE CHILD / YOUNG PERSON (if known)

These should be longer term, and consider the Preparation for Adulthood outcomes (employment, independent living, community inclusion, being healthy) when appropriate

Health needs and how these are affecting learning and preparation for adulthood

Identified Need	Impact on Learning

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Health Provision currently being provided and intended timescales and outcomes

Part 4: OUTCOMES

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 through your interventions?

Preparation for Adulthood (PfA) outcomes are:

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*

Outcome 1:		Which PfA Outcome does this relate to?
Steps towards the outcome:		
<i>Relevant Health Provision</i>		

Outcome 2:		Which PfA Outcome does this relate to?
Steps towards the outcome:		
<i>Relevant Health Provision</i>		

* Duplicate this table for each outcome as required

Please be aware of your responsibility to

- **Share/discuss the advice provided with the parent / carer / young person**
- **If your advice is going to be late, to inform the young person / parent / carer and the LA of the reason and the revised submission date**

Person reviewing/ quality assuring advice:	
Print job title:	
Signature:	
Date:	

Once completed, please return this advice BY SECURE EMAIL with any other relevant information to sen.team@cognus.org.uk

It can also be returned by post to the SEN Service, 24 Denmark Road, Carshalton, Sutton, SM5 2JG.

For office use only

Date Received:		Response due by:	
Case Officer:		Panel Date:	