

Securing good quality health advice for education, health and care (EHC) plans

Appendices 1 and 2

Request for advice and information relating to health

This form should be completed by the EHC coordinator and sent along with the request for advice. It should be based on:

- Evidence and information provided as part of the EHC needs assessment referral and decision to assess process;
- Additional information gathered through conversations with the child or young person and their family and friends, early years providers, schools, colleges, post-16 providers, universal providers and anyone else the family suggests.

Child and family information summary

Child's Name	Jessica Best
Date of Birth	01/10/2009
Date of decision to proceed with EHC needs assessment	24/05/2017

Aspirations and draft outcomes	
<i>(This section should include all aspirations and outcomes from Section A whether or not they are perceived to relate to health)</i>	
Aspirations	Draft outcomes, if already identified
For Jessica to be able to play and interact with people more, both at home and school.	For Jessica and her family to maintain a positive family environment.
	For Jessica to engage in activities with her friends in the school playground.
	For Jessica to have her meals in the school lunch hall with her peers.
Jessica's parents want her to be included within society and, one day, to be able to live away from home.	Participate in an activity out of the family home.
	Be able to take part in an activity without her parents.
Jessica's parents would like Jessica to be able to communicate more, and more easily.	Jessica to communicate preferences to adults and to other children.
Jessica's parents would like Jessica to have a less disrupted sleep routine as they feel this impacts on her ability to access learning.	Jessica is able to sleep through the night.

What is important to the child or young person?	Jessica is a happy girl and enjoys spending time with her family and familiar people. It is important to her family that Jessica is able to be included in community activities, such as going on family holidays and making friends.
What do they do outside of school? E.g. see friends, attend groups, clubs or activities.	Jessica enjoys spending time with family and familiar people, but lacks opportunities to spend time with other children and engage in positive activities.
What are their hobbies or interests? Where do they go to do these things?	Jessica's parents report that she enjoys going swimming and kicking the water at the local swimming pool. She enjoys listening to music.
Do they face any challenges or barriers accessing these activities?	Jessica has lots of mobility and personal care needs that make it difficult for her family to do things together without lots of planning and support. This affects how much time her parents can spend doing activities with Jessica, and with her other siblings.
What is going well for the child and their family?	Jessica is able to show when she is happy and comfortable, like when she is swimming or laying on the floor playing. She can show when she wants something. She likes being with familiar people and being involved in activities in school.
What support do they receive from family, friends, community members and other professionals?	Jessica uses a wheelchair and uses lots of equipment. She needs a lot of monitoring and support from adults to get around, and she needs regular changes of position to stay comfortable. Jessica is fed through a gastrostomy tube and needs adult support for all her personal care needs.

What do the child and family find difficult, challenging or stressful? What is not working well?	<p>Jessica has a poor sleeping pattern and often wakes at night. This disrupted sleep affects the rest of the family.</p> <p>The level of support her parents provide impacts on their family life.</p>
Any additional information that you consider to be relevant.	

Completed by:	<p>Name:</p> <p>Job title:</p> <p>Contact details:</p>
Date request sent:	
Date advice is due: Within 6 weeks	
Date, time and location of planning meeting:	Relevant health practitioner to attend.

Optional appendices: Consent form for information sharing and Section A

EHC needs assessment: advice relating to health care

Child's Name	Jessica Best		
Date of Birth	01/01/2009		
Who has parental responsibility?	Mrs Kate Best and Mr John Best		
Address: 101, Street Lane, New Town	NHS No: 12345678	Gender: Female	

Locally developed confidentiality and information sharing statement.

Advice giver's details:

Name(s) of professionals who have contributed to this advice:	Service:
Dr Alan Smith	Community Paediatrics
Sarah Jones	Occupational Therapy
Ashana Begum	Physiotherapy
Job title(s):	Clinic address:
Community Paediatrician Occupation Therapist Physiotherapist	Sunshine Child Development Centre 12 Health Avenue A1 2BC

Health needs

Please describe how any medical conditions, impairments or other health needs impact the child or young person at school, at home and in the community. Consideration should also be given to the child's context such as the physical or social environment and how this may be impacting on the child achieving his/her outcomes.

This advice should relate to your area of specialism, and be linked to the child / young person's and family's aspirations and outcomes provided by the local authority with this request for advice. Please provide comment on the aspirations and draft outcomes from the child and/or family provided by the local authority with this request for advice.

Advice should be accessible for non-specialists.

Aspirations/ Draft Outcomes	In your opinion, how does the child's health need (and context) impact on the intended outcomes?
<p>For Jessica to be able to play and interact with people more, both at home and school.</p> <p>Draft outcomes</p> <p>Jessica will eat her meals in the school lunch hall with her peers.</p> <p>For Jessica to engage in activities with her friends in the school playground.</p>	<p>Jessica has cerebral palsy which means she cannot control her movement in all four limbs. Jessica is able to sit only with full support, and requires adult assistance to maintain and shift her position; seated, standing, transferring.</p> <p>She is comfortable in her wheelchair and hoist, but requires assistance from an adult to propel her in the school and in the playground. She is dependent on other people for physical care and for transfers.</p> <p>Jessica struggles holding and handling toys and objects, due to variable tightness in her hand muscles. Jessica can reach for objects if she is laying on her side with support.</p> <p>Jessica needs regular changes of position (at least every two hours) to avoid developing pressure areas. A suggested plan for Jessica's changes of position (24 hour postural management programme) is in place. These changes of position often coincide with school routines (e.g. playtime, mealtimes, toileting, swimming etc.).</p> <p>Jessica experiences pain in her left hip, which changes her mood, causing her to withdraw and be quiet.</p> <p>Jessica has most of her meals through a gastrostomy tube and at present she is not safe to take liquids orally because of the risk of choking. Jessica can have small meals of smooth puree which she is safe to take when positioned well in her Squiggle chair.</p> <p>Currently Jessica is fed by a trained staff member in a room away from the other children missing opportunities for social engagement.</p> <p>Jessica has a written safe eating and drinking plan prepared by her speech and language therapist that must be followed by everyone across settings who is supporting Jessica at mealtimes. This can be found in her communication bag attached to the back of her wheelchair.</p>

<p>Jessica's parents want her to be included within society and, one day, to be able to live away from home.</p> <p>Draft outcomes</p> <p>For Jessica and her family to maintain a positive family environment.</p> <p>Jessica is able to go swimming once a week.</p>	<p>Jessica is restricted in her play opportunities at home as she is unable to access the kitchen and dining area in her wheelchair.</p> <p>In the lounge room Jessica is lifted from her wheelchair onto the floor by her parents as the hoist is not able to be used within the small living space. This means that Jessica spends a considerable amount of time at home in her wheelchair in the lounge watching TV as she has limited access to her toys when positioned unsupported on the floor.</p> <p>Jessica is able to go swimming with her parents, supported by her postural management programme, but there are issues with supporting the family to attend the accessible swimming sessions.</p>
<p>Jessica's parents would like Jessica to be able to communicate more, and more easily.</p> <p>Draft outcomes</p> <p>Jessica to communicate her preferences to adults and to other children</p>	<p>Jessica's sensory and developmental problems means it is difficult for her to initiate communication with adults or other children. Jessica is able to show when she is upset or wants to be picked up by putting her bottom lip out. She will cry if this is not acted on and if she is hungry. Jessica has problems with her vision, she has astigmatism (rugby ball shaped eye balls that cause difficulties with focusing) and cerebral visual impairment (CVI) which means her brain cannot process the information it receives from her eyes.</p> <p>This means she takes additional time to understand and respond to what she sees.</p> <p>Hearing tests have indicated Jessica has severe hearing loss in both ears, which is permanent. This means she may hear loud sounds but not speech at normal volume. She has been provided with hearing aids but is not wearing them all the time at the moment.</p>
<p>Jessica's parents would like Jessica to have a less disrupted sleep routine as they feel this impacts on her ability to access learning.</p> <p>Draft outcomes</p>	<p>Discomfort and pain at night result in Jessica having a poor sleeping pattern and she often wakes at night. This can impact on her engagement within the school environment and affects the rest of the family.</p> <p>Jessica is able to sleep through the night.</p>

Recommended Health Provision

<p>Please describe what provision is recommended to meet the identified health needs and support progress towards outcomes. Be specific about what will be done, who will be involved (and is responsible), the frequency of provision and review, other resources etc.</p>	<p>How will the impact of this provision be measured- include relevant outcomes or steps towards outcomes</p>
<p>The school nursing service will provide a one-hour training session for school staff on supporting during mealtimes. This will focus on reducing Jessica's risk of chest infections through proactive management of her medical needs as they relate to eating, and in line with her safe eating and drinking plan.</p> <p>A specialist paediatrician and a dysphagia-competent specialist speech and language therapist will review Jessica's safe eating and drinking plan to ensure optimal, proactive management of reflux condition every four months. This will be communicated to Jessica's parents and to the school via the school nursing service.</p>	<p>Outcomes By the end of Key stage 2 Jessica will eat her meals in the school lunch hall with her peers.</p> <p>Step towards outcomes</p>
<p>A senior physiotherapist and a technical instructor will jointly deliver 14 two-hour physiotherapy sessions over the year</p> <p>A physiotherapist will deliver a two-hour training session to school staff working with Jessica. This training will detail how staff can make sure Jessica changes positions regularly to promote her comfort and access to activities. Refresher training and updated advice will be provided by a physiotherapist once a term.</p>	<p>Outcomes By the end of Key stage 2 Jessica will engage in activities with her friends in the school playground.</p> <p>Steps Towards Outcomes Asserts some control over the toys she plays with through using switch activation each day in the classroom and playground.</p>

<p>In the first week of term the children's wheelchair service will review Jessica's wheelchair and tray and make any adjustments to enable easy access to the areas within the playground. The wheelchair service will monitor the status at six monthly reviews and respond to any identified issues raised between.</p>	<p>Outcomes For Jessica to engage in activities with her friends in the school playground.</p>
<p>A personal budget will be explored, if required, for changes required to her wheelchair provision.</p>	<p>Step towards outcomes Jessica will be able to go into the playground and access the garden, water-play area and swings by the end of the spring term.</p>
<p>A physiotherapist will work with Jessica and her family/carers to support her transfers, ability to mobilise and suitable positioning as part of her 24 hour postural management programme. The physiotherapist will deliver a one hour training session to Jessica's parents using a written and illustrated programme of suitable activities and positioning to deliver a postural management and exercise regime.</p>	<p>Outcomes For Jessica and her family to maintain a positive family environment.</p> <p>Step towards outcomes In six months Jessica will be able to access the lounge and kitchen / diner of the family home; to be with family or visiting friends, within 12 months.</p>

<p>A paediatric appointment with Jessica and her family to review Jessica's general health and medication and the potential impact these have on her sleeping. Four home visits (two hours each) by the occupational therapist will consider Jessica's sleep routines and collaboratively develop a plan for improving Jessica's sleep.</p> <p>The physiotherapist will contact Jessica's parents by telephone once a month to discuss progress and any concerns.</p>	<p>Outcomes Jessica will sleep through the night. Defined as 6 hours of uninterrupted sleep.</p> <p>Step towards outcomes Within six months Jessica will be able to get to sleep and her waking up reduces to no more than twice a night.</p>
<p>The occupational therapist will liaise with Jessica's teacher for the deaf and teacher for the visually impaired along with Jessica and the school staff to develop a programme of activities which help curriculum targets. This will be done via two telephone liaison meetings between the occupational therapist and teacher for the deaf (1) and teacher for the visually impaired (2).</p> <p>Included within the previously stated three visits during the autumn term 2015, the occupational therapist and physiotherapist will visit the school to review Jessica's seating and positioning needs in the classroom which are relevant for the activities she is trialling.</p>	<p>Outcomes Jessica to communicate preferences to adults and to other children.</p> <p>Step towards outcomes Jessica will experience five new activities which will be incorporated into her school routines by Dec 2018.</p>
<p>Assessment and care plan review based on needs with the paediatrician, orthopaedic surgeon, community children's nurses, physiotherapists and other specialists as required to proactively troubleshoot for known causes of pain so that this can be promptly addressed.</p>	<p>Outcomes This provision supports all outcomes in the EHC plan.</p> <p>Step towards outcomes Jessica's pain levels will be as well controlled as possible.</p>

Please describe any health care plan, medication taken regularly as a result of his / her medical needs or general health advice and who is responsible for monitoring.

Jessica is prescribed a number of medications, which are signposted in her health emergency plan. This plan is always found in Jessica's communication bag on the back of her wheelchair.

It must follow her across settings so that it can be easily available and acted upon in the event of a health emergency arising. The plan will be regularly updated by Jessica's lead clinician, to whom any questions or concerns about its content should be directed. It is important that only the signed copy of the health emergency plan that is with Jessica is used and that copies are not made, to avoid the risk of following an out of date one.

The health care plan will be reviewed at least every six months.

Appendices provided with this advice:

- Appendix 1** - Emergency health care plan
- Appendix 2** - Safe eating and drinking plan
- Appendix 3** - Postural care plan



About the Council for Disabled Children

The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector in England, with links to the other UK nations. CDC works to influence national policy that impacts upon disabled children and children with Special Educational Needs (SEN) and their families. The CDC Council is made up of a variety of professional, voluntary and statutory organisations, including disabled young people and parent representatives. CDC's broad based membership and extensive networks of contacts provide a unique overview of current issues. It also enables us to promote collaborative and partnership working among organisations.

CDC hosts the following networks and projects:

- IASS Network
- Independent Support
- Making Ourselves Heard
- Special Educational Consortium
- Transition Information Network



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