SEND - Guidance for Cheshire East health professionals

Writing reports for EHC needs assessments

- The majority of children and young people with SEN or disabilities will have their needs met within local mainstream early year’s settings, schools or colleges. Some children and young people may require an EHC needs assessment in order for the local authority to decide whether an Education Health and Care Plan (EHCP) is needed.

- If you are requested to submit advice as part of the needs assessment, as a health professional you should provide a report detailing what you have assessed and observed in relation to their health and what provision you are making to meet the identified needs and outcomes.

- Your advice will be one of several pieces of advice that the Local Authority SEND team will then use to co-produce the EHCP with the child/young person/parents/carers.

- It is important that you only comment on things within your own professional area of expertise.

- Advice for needs assessment needs to be submitted within 6 weeks of the request being made. Advice submitted after this time may not be included in the EHCP. The 6 weeks is a statutory timescale which means legally must be adhered to. Trusts will be monitored via the SEND scorecard on compliance with the timescale.

- Wherever possible, you should try to attend the EHCP co-production meeting to ensure your advice has been fully understood and is in line with the child young person and parent/carers aspirations and has been incorporated in a holistic way, alongside any other professionals’ advice.

- Parents are fully entitled to secure their own health advice privately from health professionals for EHC needs assessments. This evidence must be considered by the local authority in the same way as provision commissioned from NHS providers and needs to be included as an appendix to the EHC plan.

- Once in place, the EHCP will be reviewed every year. Advice from health professionals for annual review should be submitted to the school, nursery or college directly.
Writing a Report for EHC Needs Assessment:

To support a child or young person during EHC needs assessment, you should write a report that

a. Details what **health needs** you have identified (section
b. Details what **outcomes** are identified

c. Details the **provision** your service will offer to meet outcomes.

1. **Health Needs:**
   1.1 This should include a description of the child/young person’s strengths and areas of difficulty, plus any formal diagnosis.
   1.2 “Less is more” - avoid too much historical or complex medical information
   1.3 Describe how any medical conditions, impairments or other health needs impact the child or young person at school, at home and in the community. A diagnostic label does not fully describe need - focus on practical implications of any health conditions or impairments on different areas of the child or young person’s life
   1.4 Advice should be accessible for non-specialists, i.e. not using any jargon and with any medical terminology fully explained.
   1.5 In circumstances where the child or young person’s health needs change frequently, health advice should describe how the fluctuating condition can affect the young person, and how this is safely and proactively managed. Where a child or young person has a health care plan that sets out the how a condition is being managed that is updated on a more regular basis than the EHC plan, then this should be referred to in the advice, with clear information about the review and update process.

**Example:**

Asma (14 years old) is a wheelchair user who has complex (whole body) cerebral palsy. This has significant impact on her mobility, on her ability to carry out everyday tasks, and also on her articulation and the clarity of her speech. She is unable to stand independently and can normally only be understood by people who have had time to get to know her speech patterns.

In association with her cerebral palsy, Asma also has a visual field difficulty - homonymous hemianopia - which means that the left side of her vision is severely reduced. This affects her ability to navigate safely in unfamiliar or busy environments.

This advice will help to inform **Section C** of the EHCP. Some descriptive information you provide may be used in other sections of the EHCP, such as section B.
2. **Outcomes**

2.1 Outcomes should be Specific, Measurable, Achievable, Realistic and Timely (SMART)

2.2 Outcomes are a description of will be achieved by the provision you are putting in place

2.3 Outcomes should be holistic and person centred, not focussed on the outcomes of clinical intervention e.g. ‘Laura will have access to alternative means of communication’ or ‘Susan to make use of appropriate seating’ are not person centred outcomes.

2.4 Outcomes should be linked to the child or young person’s own aspirations e.g. what job they want or what they want to be able to do as a hobby.

2.5 Where appropriate, outcomes should be made jointly across education, health and social care.

2.6 For young people over 17, the education and training outcomes need to be separately identified.

2.7 For more information on developing outcomes from aspirations to provision see the CDC outcomes pyramid [https://councilfordisabledchildren.org.uk/help-resources/resources/ehc-outcomes-pyramid](https://councilfordisabledchildren.org.uk/help-resources/resources/ehc-outcomes-pyramid)

Example:

By the end of KS1, Sheena will be able to express her preference when offered a choice between two activities.

This advice will help to inform **Section E** of the EHCP.

**Provision:**

- Health advice should be as clear as possible about provision, specifying what will be done and quantifying how frequently it will happen. This may look different for different types of support:

  **Therapies** - Where a professional is responsible for delivering a clear programme of support for a specified duration at defined intervals this should be clearly articulated in the health advice.

  **Training and support** - Where health professionals are working in collaboration with other professionals the health advice should be clear about what will be delivered by health professionals and what will be delivered by other professionals. Any necessary oversight mechanisms should be in place e.g. delivering training to school staff to deliver health support in school.
**Specialist equipment** - Advice should include clear information about the function of the equipment, where and when it should be used, how it will be monitored and responsibility for any upkeep or maintenance.

**Ongoing condition management** - Where health professionals have an oversight role, clinical advice should set out how a condition is currently being managed, explain how the care plan will be updated, with clear information about the review and update process.

- Your report does not need to describe what other services or agencies are going to do.
- Where health professionals have discharged a child or young person from their care, having put a programme of support or training in place, the health advice should reflect this provision, not just stating they have been discharged.
- It is important that you are involved in the annual review process each year to update your advice as the child/young person’s needs change. If changes to provision are needed between annual reviews, you will need to speak to the school about arranging an interim review and ensure you have parental agreement.

**Example:**

Alice will work with the CAMHs team to help her manage her emotional health. She will have two blocks of cognitive behavioural therapy with a clinical psychologist. The blocks will be six weeks each, separated by a two-week review period. She will be given a place at the local support group for young people which meets twice a week and CAMHs staff will support and encourage her to attend.

This advice will help to inform **Section G** of the EHCP (or section F if it is deemed to be provision that educates or trains the child or young person)**
Top Tips:

<table>
<thead>
<tr>
<th>Do Say</th>
<th>Don't Say</th>
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<tbody>
<tr>
<td>Parents / School/Sam have expressed concerns about Sam’s education for the following reasons….</td>
<td></td>
</tr>
<tr>
<td>My assessment indicates that Sam would benefit from</td>
<td>I fully support school in applying for an EHCP.</td>
</tr>
<tr>
<td>• Daily opportunities to work with an adult to support him to remain focused on tasks due to his ADHD</td>
<td>Sam needs to attend a ‘XXX’ school.</td>
</tr>
<tr>
<td>• Small group work on a regular basis to reduce Sam’s anxiety</td>
<td>Sam needs access to specialist educational provision.</td>
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<tr>
<td>• Adult support to mediate social interactions to support Sam’s social interaction difficulties etc.</td>
<td>Sam needs an EHCP</td>
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<tr>
<td>You CAN describe the</td>
<td>Sam needs transport to and from school</td>
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<tr>
<td>• the child/young person’s needs and difficulties</td>
<td></td>
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<tr>
<td>But NOT</td>
<td></td>
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<tr>
<td>• what mechanism it will be provided by (EHCP, additional funding, transport by the Local Authority)</td>
<td></td>
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<tr>
<td>• what type of school / how much support is needed</td>
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Further Guidance:


**Council for Disabled Children Resource Hub.** A collection of information, practice guidance and toolkits: [https://councilfordisabledchildren.org.uk/](https://councilfordisabledchildren.org.uk/)

If you have any queries in relation to the above advice or in relation to an individual case, you can contact the SEND Designated Clinical Officer for Cheshire East at [SCCCG.DCOCE@nhs.net](mailto:SCCCG.DCOCE@nhs.net)