**MEDICAL, HEALTH & EMOTIONAL WELLBEING ADVICE FORM**

**Education, Health and Care (EHC) Needs Assessment**

**Guidance for completing advice can be found on the** [**Local Offer**](https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/advice.page?id=XbfxSF63VsA)

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| **SECTION 1: PERSONAL INFORMATION** |

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| **DETAILS OF THE CHILD/YOUNG PERSON** |
| First name |  | Surname |  |
| Date of birth |  | Gender |  |
| Home Address |  |
| NHS number |  |  GP Name |  |
| [ ] ontinuing Care / Continuing Healthcare? |[ ]

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| **SECTION 2: HEALTH HISTORY***Please provide any information about the child/young person’s health history, where this information is available to you* |

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| Medical diagnoses, conditions or working diagnoses | Date diagnosed | Who made diagnosis / where  | NHS or Private |
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| **BACKGROUND INFORMATION**Including:* A brief summary of your involvement, including dates/how long the child/young person has been known to the service, reason for referral, ongoing assessments and/or outcomes of any assessment.
* Information about any known diagnoses made by your organisation.
* Information about previous or current support and the difference this support has made.

*e.g. X has been known to the …. service since…. and to the current practitioner since…**Provision has included…….**X was last seen on…**Indicate here if discharge from service pending.*(Please also attach any reports or letters if not already shared with Family Services) |
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| **Referrals to other services***(Please identify any referrals that you/your service have made to other health/therapy services for this child/young person within last 12 months)* |
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| **Please provide details of any other practitioners from your service who are also involved with this child/young person, if known.** |
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| **SECTION 3: VIEWS OF THE CHILD/YOUNG PERSON****AND THEIR PARENTS/CARERS** |

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| I have had access to copies of the completed family advice form and/or child views / young person advice form.I have had access to the child/young person’s One Page Profile.I have involved the child/young person and their parents/carers and have taken their views and best hopes into account in the production of this report. *Please share any views and hopes below, e.g., about their current and future schooling/education, play, friendships / relationships, health, independence. You can also share your attempts to engage the family.* | Yes / NoYes / NoYes / No |
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| **Preparing for Adulthood**If the young person is in Year 9 (age 13/14) or above, please provide information about what has been implemented to transition them to adult services and prepare them for managing their health in adult life. |
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| **SECTION 4: CHILD / YOUNG PERSON’S HEALTH STRENGTHS AND NEEDS, RECOMMENDED PROVISION & DESIRED HEALTH OUTCOMES** |

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| **DESCRIPTION OF HEALTH NEEDS & STRENGTHS***Practitioners should limit their advice to the areas in which they have expertise* |
| **Health Needs** | **Impact** *on their learning, access to education and other areas of life (home, community, socialisation, etc.)* |
| **Strengths***What are the positives about the child/young person’s health? What can they do, what are they good at?* |

**The following sections about provision and outcomes may not apply to all practitioners. If you/your service is only involved in diagnosis, you are not required to complete these.**

**Information about provision should only relate to your service.**

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| **Health provision** *What health provision and interventions are needed to meet the child/ young person’s needs identified above? Include direct and indirect provision above and beyond what is being delivered as part of the local offer.**If the child/young person has been recently discharged or there are plans to discharge, please include information about any provision that is or will be delivered as part of the local offer following this.* | **Frequency***How often, how many minutes/ hours, for how long will the provision be delivered. How often will the provision be reviewed?* | **Provided by***Who? Does the person delivering provision require any training?* *Who will review the provision?* |
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| **What are the desired outcomes / targets to be achieved?***How will practitioners know that the above provision is meeting the child/young person’s needs?* *Be as specific as possible and give timescales, e.g. by the time they are x years old, by the time they are in Year x* |
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| **Name of person completing this form** |  |
| **Job title/role, team & service/organisation** |  |
| **Email address** |  |
| **Contact number/s** |  |
| **Signature** |  | **Date** |  |
| **Countersignature** (if appropriate) |  | **Date** |  |

**Once completed, please return this document securely to the relevant Family Services Team.**

Lowestoft & Waveney (Lowestoft Office): SENDLW@suffolk.gov.uk

Ipswich, Coastal & South Suffolk (Ipswich Office): SENDSS@suffolk.gov.uk

West & Central Suffolk (Bury St Edmunds Office):  SENDWS@suffolk.gov.uk