

Our Ref:

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**PRIVATE & CONFIDENTIAL**

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**Court, Windsor Street, Salford, M5 4DG**  
**Fax: 0161 206 0292**  
**Email: angela.palmer@srft.nhs.uk**

**Children's Services**  
**Community Paediatric Team**

X

**D.O.B.**  
**Hospital No.**  
**NHS No.**

## Request for Professional information/advice to support the development of an Education, Health and Care Plan for a child/young person

### CONTEXT

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

### Young Persons Details:

<b>Full Name:</b> X	<b>DoB:</b>	<b>Age:</b>
<b>Address:</b>	<b>NHS No:</b>	
<b>Parent/Carer's Name:</b>	<b>Educational Placement Name:</b>	
<b>Address (if different):</b>	<b>2<sup>nd</sup> Parent/Carer Details:</b>	

### Type of Advice:

- Assessment Request  
 Review of EHCP

- EHC Assessment  
 Re-Assessment

**Advice Giver's Details:**

<b>Name:</b> Dr	<b>Service:</b> Community Paediatrics
<b>Job Title</b> Associate Specialist in Paediatrics	<b>Address:</b>
<b>Qualifications:</b> MBBS, MRCP, PG Dip	
<b>Experience:</b> I have been working in Community Paediatrics for the last 15 years and I have been an Associate Specialist for the last 4 years	

**SECTION A: Sources of Information for this report**

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

<b>Date</b>	<b>Author/Who provided the information?</b>	<b>Brief description (could be a report or discussion)</b>
14.07.16	X and Foster Carer	My Story Document
14.07.16	Various	Child Health Records

**Details of Most Recent Contact with your Service (date of appointment,)**

<b>Date</b>	<b>Name of Consultant Team</b>	<b>Setting i.e. home, school, clinic,</b>	<b>Type of contact i.e. clinic appointment/ Telephone conversation</b>	<b>Report / clinic letter available</b>
14.07.16	Dr	Clinic	Clinic appointment	Yes

**The following information was gathered when the child/young person attended clinic**  
**An interpreter was used in the consultation. ~~Yes~~ / No**  
**(please strike out the incorrect statement)**

**SECTION B: Relevant Background**

<b>Has your service been involved with this child/young person previously?</b>	Yes – X was seen for Initial Health Assessment on 6 <sup>th</sup> August 2013
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## Medical Diagnosis

1. Attachment disorder

### Relevant early history of the child/young person and progress to date from a medical perspective:

X was born by normal delivery at full term weighing 3.7kgs. He did not require any resuscitation or time on Special Care and he passed his neo-natal hearing screen. X suffered from mild eczema as a young child but this has since resolved and he does not need any regular treatments. In 2014 X was prescribed an inhaler but he has not needed to use this since.

X has had one hospital admission in May 2011 when he suffered a fractured skull following an accidental fall. Following a period of observation X was discharged with no obvious sequelae.

X is currently in good health and is not taking any regular medication. He is not known to be allergic to anything and he is up to date with his vaccinations.

X's early developmental milestones were normal.

There are no current concerns about X's vision and he has regular eye tests with the local Optician. The most recent of these was approximately 3 months ago and was normal.

There are no concerns about X's hearing and he passed a hearing test in May 2013.

X developed emotional and behavioural difficulties which have responded to the routine and structure of his current Foster Care placement, he became a looked after child in 2013. His emotional and behavioural difficulties have also benefitted from regular CAMHS input – please see further on for details.

## SECTION C: Views

Set out the views of the parents and young person, if known, and how they were gathered.

### **Child/Young Person:** (e.g. *What is important to you about your health? What do you think could make things better?*)

I note from the My Story Document that X enjoys all the subjects at school and told me that he enjoys attending AB PRU as they help him calm down when he gets angry and are able to discuss what has happened with him afterwards.

### **Parent/Carers:** ( *What is important about your child's health?. What do you want to happen next?*)

X's foster carer feels that he is a bright little boy who has difficulties in managing his emotions, in particular his anger. Foster carer reports that X benefits from a calm environment and smaller class size, so that if outbursts occur they can be managed safely by giving him space to calm down followed by appropriate discussion. She

feels that X benefits from attending specialist school provision for children with social, emotional and behavioural difficulties.

**SECTION D: Details of any Formal Assessment Completed**

**Standardised Assessments:** e.g. Developmental assessments (Griffiths, SGS, ADOS)

**Please provide details on the following:**  
 I am aware that Educational Psychology is involved, but unfortunately I do not have a copy of their report.

**SECTION E: Identified Special Educational Needs**

Identify and list all of the child/young person’s special educational needs following observations/assessments. For each need describe the child/young person’s level of functioning (that is what the child can and cannot do), rate of progress (current, practical, ideal) and the barriers to greater progress within the current situation:

	<p align="center"><b>Description of needs</b>  <b>For implication include individual management, any reasonable adjustments and any interventions needed including any aids and adaptations</b></p>
<p><b>Communication and Interaction</b>  <i>Comment on: Speech and language development. How the child communicates, their Social communication skills and attention and concentration levels</i></p>	<p><b>Description and functional impact of health needs</b>                      X has a good attention span and there are no concerns about his understanding or use of spoken language. X has never had input from Speech and Language Therapy and is able to hold a full conversation.</p> <p><b>Implications of health needs on learning</b>                      None to my knowledge.</p>
<p><b>Social, emotional and mental health</b>  <i>Comment on emotional maturity, any difficulties with relationships, challenging or disruptive behaviour and diagnoses such as ADHD, ASD, ODD</i></p>	<p><b>Description and functional impact of health needs</b>                      This is X’s main area of need. X is currently a Looked after Child in a long term foster care placement. He is reported to have “explosions” both at school and in placement. These often do not have a particular trigger and during an episode he can be very destructive by either lashing out physically at people or animals, swearing and using verbally abusive language or trashing property. The episodes can last up to an hour after which X appears drained and exhausted and then becomes tearful. The episodes are getting less frequent and seem to have responded well to consistency and routine in placement. In addition X is currently attending weekly psychology appointments with CAMHS and in</p>

	<p>the past this has included play therapy.</p> <p><b>Implications of health needs on learning</b>  X benefits from a calm environment and smaller class size. He responds well to familiar adults who understand him and can help him understand his emotions. X has a need for consistency and routine but even then outbursts may occur with no obvious trigger. He is likely to calm quicker if he is able to take himself into a quiet space before discussing what has happened with a familiar adult. This then enables him to carry on with his previous activity in class. Further information should be gained from the Educational Psychologist and CAMHS reports.</p>
<p><b>Cognition and learning</b>  <i>Comment on preschool assessments e.g CDF. Use learning difficulties once in primary school. Comment on any specific learning difficulties e.g DCD, dyslexia etc</i></p>	<p><b>Description and functional impact of health needs</b>  To my knowledge there are no concerns about X's learning ability but he has missed out on some of his schooling due to his emotional needs.</p> <p><b>Implications of health needs on learning</b>  X is likely to have missed some learning opportunities due to his emotional needs and this may require repetition and further practice with additional explanation. Further information should be gathered from the Educational Psychologist report.</p>
<p><b>Sensory and /or Physical</b>  <i>Comment on any physical disability including mobility and posture. Visual and hearing results and impairments. Physical health problems such as asthma or epilepsy. Growth, medication, diet and allergies, sleep, dentist, self-care and toileting needs</i></p>	<p><b>Description and functional impact of health needs</b>  X is in good health and is not currently on any regular medication. He is not known to be allergic to anything and is up to date with his vaccinations.</p> <p>There are no concerns about X's vision or hearing.</p> <p>X is independent with regards to his self-care skills and there are no concerns about his ability to manage toileting, dressing or mealtimes. X has a good appetite and is reported to have a varied diet although he is not particularly keen on vegetables. X does enjoy fruit and will try new foods. X currently settles to sleep well at night and sleeps through between 7pm and 7.30am.</p> <p><b>Implications of health needs on learning:</b>  None to my knowledge.</p>

**Using the headings listed in the first column above, please rank them in order of the severity with which they affect the child or young person’s learning from your service’s perspective. List the most severe first.**

1. Social, emotional and mental health
2. Communication and interaction
3. Cognition and learning
4. Sensory and/or physical

**Are there any additional significant factors or other significant issues that have not been covered?(e.g. attendance or social factors) – if the answers is yes please attach copies of relevant information/advice**

Yes – X was placed in foster care in 2013 and has been with the same foster carer for the last 17 months. Unfortunately his foster carer is due to go on holiday for 2 weeks in August and despite her best efforts, the plan is that X will go into respite foster care during this time. This is predicted to cause significant upheaval and it may therefore take X longer to settle back into school after the summer holidays.

X currently has supervised contact with his mother and sister on a weekly basis.

**Current Health Arrangements:** outline the specific support that the child/young person is already receiving from your service and how it is being monitored, the objectives and outcomes sought.

Type of provision, delivered by and frequency:	Objective of provision	Outcome sought with timescale if possible	Success criteria – what should be achieved
CAMHS	To help X understand and manage his emotions, identify triggers for his destructive behaviour and process his early life experiences	X is able to manage his emotions and seek appropriate adult support	X is happy and enjoys good relationships with those around him

**SECTION F: Specific Additional Health Recommendations, outcomes and provision**

You **must** keep these recommendations etc. under review..

Between now and the point at which these recommendations will be reviewed, what additional support do you feel is required to meet the health needs over and above that already provided?

**Do the Current Health Arrangements meet the Health needs of the child and need to continue? Yes / ~~No~~**

**If No, please detail below any changes or additional health recommendations**

Type of provision, Delivered by and frequency	Objective of provision	Outcome sought with timescale if possible	Success criteria what should be achieved	Additional health Resources/ Training required

**Please detail any additional general strategies that will be required: (e.g. a health care plan in school). These may already be in place and need to continue**

None to my knowledge.

**Will you be making any further referrals for this child/young person? If yes, please provide details.**

None at this time.

**Signed:**

**Date of completion:** 14/07/2016

**Name of advice giver:** Dr

**Authorised by:** Dr **Date:** 26/07/2016

**This document has/has not been shared with the young person and their parents before submission to the SEN Team.**

*(please strike out appropriate elements of the text that is underlined)*

**Please return this form, together with any reports to:**

[specialeducationalneeds@salford.gov.uk](mailto:specialeducationalneeds@salford.gov.uk)

**Or by post**

Special Educational Needs Team

1st Floor, Burrows House

10 Priestley Road

Wardley Industrial Estate

Worsley

M28 2LY Tel: 0161 778 0410

<b>Date Received:</b>	<b>Response due by:</b>
<b>Case Officer:</b>	<b>Panel Date:</b>