

## **EHCP Example containing Health input only**

This is not a complete example of an EHCP. It has been created to provide an example of the sort of health input that might be included in an EHCP around needs, outcomes and provision for a child with a particular health profile (there are other examples for children with different health profiles). The provision in this example is illustrative – it does not quantify provision as would normally be the case in a real EHCP. It deliberately excludes all the input that would be required around education / school and the whole of section A to focus on health.

**Jasmine**

**11 years old, has a physical disability  
(Cerebral Palsy)**

## Section B: The child or young person's strengths and special educational needs (SEN)

### Cognition and learning:

#### Strengths:

- Jasmine's cognitive ability is above average
- She is an enthusiastic learner

#### Special educational needs:

- She has issues with distraction and concentration
- Jasmine has difficulties with spatial awareness making some tasks in maths and DT particularly difficult

### Communication and interaction:

#### Strengths:

- Jasmine is friendly, funny and well liked

#### Special educational needs:

- She tends to find unstructured social situations difficult. Tendency to withdraw
- She finds making eye contact difficult

### Social, emotional and mental health:

#### Strengths:

#### Special educational needs:

- Jasmine has issues with frustration and lack of control, tend to manifest as tantrums  
She finds decision making extremely difficult. Can lead to melt down in school and at home

### Sensory and/or physical:

#### Strengths:

- Jasmine has some hand function in right hand – enough to operate a joy-stick and to type with one finger

#### Special educational needs:

- She has significant motor impairment in all four limbs and balance and trunk stability issues
- No independent mobility, uses wheelchair for mobility
- Very limited hand function
- Needs help with all aspects of personal care, including toileting
- Has some oro-motor difficulties with eating, chewing, swallowing and drinking

**Preparing for adulthood (young people aged 14+ only):**

**Strengths:**

**Special educational needs:**

## Jasmine's support plan

Each identified special educational need in Section B requires a provision necessary to achieve the outcome.

<b>Section E. Outcomes (by the end of Key Stage, or other to specify)</b>	<b>Section F. SEN provision</b>
<p><b>Cognition and learning</b></p> <p>From date of starting at the secondary school Jasmine will be able to access necessary classrooms, lunch facilities, labs, libraries etc, so can physically access the educational setting and be fully integrated</p> <p>12 month target: All school adaptations and equipment to be in place for the start of the school year</p> <p>By end of Key Stage 3 Jasmine will be performing academically in course work and tests at appropriate level as assessed by EP</p> <p>12 month target: Will achieve Level 5 or 6 in all core subjects in end of year assessment (from exams and course work</p>	<p>Specialist seating needed in school (not mobile) to provide appropriate postural support to enable effective concentration and learning</p> <p>Occupational therapy and physiotherapy input to be provided to advise on necessary adaptations such as wheelchair access, table heights, hoisting, manual handling, toileting arrangements, eating arrangements and any adaptations needed to classroom facilities (e.g. height adaptable tables) (Physiotherapist / OT from Health)</p> <p>Provision of equipment such as hoists, slings, toilet chairs or other essential equipment required to enable child to be in school (advice from OT from health – school to provide equipment)</p> <p><b>OT input and advice</b> to support the teaching staff with provision of appropriate equipment, adaptations and support to enable Jasmine to appropriately access the curriculum and record her work (OT from health)</p> <p>LSAs will support Jasmine with the use of the equipment and with making appropriate adaptations to the curriculum (in eg, art or DT) and will help with the recording of work (eg, will scribe when necessary or assist with typing) LSA (education)</p>

<p><b>Communication and interaction</b></p>	
<p><b>Social, emotional and mental health</b></p> <p>By end of Key Stage 3 Jasmine will be able to develop strategies to manage frustration and anger such that there is no need to exclude her from the classroom or other activity at any point for a full school term</p> <p>12 month target: Jasmine will work on strategies to manage anger and frustration so that can manage four weeks at a time without a tantrum or outburst</p>	<p>Provision of counselling or other mental health intervention to support the child with developing these strategies</p> <p>Training for support assistants and other relevant staff in supporting the child to implement the strategies Psychologist: health or Counsellor: school</p>
<p><b>Sensory and physical</b></p> <p>By end of Key Stage 3 Jasmine will be able to manage supported standing transfers between eg, wheelchair and toilet</p> <p>(12 month target: Build-up strength to tolerate at least one hour a day in standing frame)</p> <p>By end of Key Stage 3 Jasmine will be able to write name with a pen or pencil</p> <p>(12 month target: Write individual letters from name independently using a pencil )</p> <p>By end of Key Stage 3 Jasmine will be able to eat and drink independently with suitable crockery and cutlery</p>	<p>Physiotherapy input and advice to adapt the school curriculum to meet physical outcomes and targets, including adapting PE lessons and other activities</p> <p>Provision of therapy equipment used in school required for PE (eg, standing frame, therapy bench)</p> <p>Training for LSAs and other school staff on physiotherapy equipment and programme</p> <p>Training for LSAs and other school staff on donning orthotics, second skin needed to help child meet physical goals and outcomes</p> <p>Rehabilitation into school following orthopaedic surgery, including adapted manual handling programme, training for LSAs and other staff on changes</p> <p>(Physiotherapist from Health)</p> <p>Development of occupational therapy programme to work on fine motor skills relating to feeding and writing</p> <p>Training for LSAs and other staff on delivery of therapy programme to work on fine motors skills relating to writing and feeding</p>

	<p>Provision of specialist equipment to be used in school to assist with writing and feeding (pencil grips, specialist cutlery, etc.)</p> <p>(Occupational Therapist from Health)</p> <p>Speech and Language therapy input to advise on drinking, eating, chewing and swallowing and to develop support and programme</p> <p>Training for LSAs or other staff on issues relating to feeding, swallowing, etc.</p> <p>(Speech and Language Therapist from Health)</p>
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Section C. Health needs	Section G. Health provision
Jasmine has no independent mobility and has poor postural control	Provision of wheelchair or other mobility aids that enable the child to be mobile and to get around at school and at home (Health , wheelchair services, physiotherapy, special seating)
Jasmine has issues with frustration and lack of control, tend to manifest as tantrums She finds decision making extremely difficult. Can lead to melt down in school and at home	Provision of counselling or other mental health intervention to support Jasmine with developing these strategies and applying them outside school Training and support to family to help support the child implement the strategies (Psychologist or Counsellor from Health – or possibly liaison from school)
Jasmine has significant motor impairment in all four limbs and has very tight muscles (spasticity) in her limbs and is prone to muscle spasms	Medication will be administered in school to alleviate muscle spasms and tightness (School nurse)  Prescription, review of medication needed to help with muscle tone and support physiotherapy objectives (community paediatrician)
She has significant motor impairment in all four limbs and balance and trunk stability issues	Hydrotherapy or other specialist therapies provided outside school  Physiotherapy provided outside the school environment, including development of programme, delivering blocks of physiotherapy etc.

<p>No independent mobility, uses wheelchair for mobility</p> <p>Very limited hand function</p> <p>Needs help with all aspects of personal care, including toileting</p>	<p>Provision of physiotherapy equipment needed in home environment to maintain standing function (physiotherapy service)</p> <p>Provision of orthotics, second skin to support child in reaching physical outcomes (orthotics / physiotherapist)</p> <p>Occupational therapy programme, equipment and training for families or at home to enable suitably adapted home environment and maximise independence (OT health)</p>
<p>Jasmine has difficulty maintaining a range of movement in her limbs and is at risk of contractures in her legs and of hip dislocation</p>	<p>Orthopaedic surgery or other interventions (e.g. Botox) needed to ameliorate development of potential deformities and to increase function in order to achieve outcomes and goals (Orthopaedic surgeon)</p> <p>Provision of mobility and other equipment post op so that the child is able to return to school as quickly as possible and can be supported at home during the rehab phase (Orthopaedic surgery team) Physiotherapy (Health)</p>

<b>Section D. Care needs</b>	<b>Section H1. Care provision</b>
<p>Jasmine needs an adapted home environment to enable her parent or carer to support her with personal care such as toileting, washing, dressing etc.</p>	<p>Provision of equipment such as hoists, slings, toilet chairs or other essential equipment required to enable child to manage personal care at home (with or without support (OT – social care)</p>
	<b>Section H2. Care provision</b>