



Education, Health and Care Plan (EHCP) Occupational Therapy Information Request Guidance

General

- This should be completed with the **involvement of the child or young person and their family**.
- The focus of the report should remain on the **occupational engagement and performance** of the child or young person and their **participation in their life roles**.
- This contribution will form part of the larger EHCP so it is important that the sections can be **easily incorporated into the larger template**. This will be locally determined by the Local Authority.

Section A: Child / young person's details

- General details for the child or young person and parents / carers should be included to identify the document.
- Advice giver's details should be included.

Section A: Outline of occupational therapy involvement including assessments used (incl. observations), dates and settings (education / home / clinic / community)

- Assessments should relate to the **priority occupations determined from the aspirations**.
- Standardised scores, if relevant, can also be included.
- The implications of the assessment results should be included in the relevant section(s) of the summary of presenting occupational needs.
- Assessments may relate to education, home and community contexts.

Examples of educationally relevant assessments include (but are not limited to):

- Detailed observations and activity/occupational performance analysis of the child or young person in the school setting
- Assessment of Motor and Process Skills (AMPS) (Fisher and Bray Jones 2010; Fisher and Bray Jones 2012)
- Detailed Assessment of Speed of Handwriting (DASH) (Barnett et al 2007)
- School Function Assessment (if the child is attending school services) (Coster et al 1998)
- Evaluation of Social Interaction (ESI) (Fisher and Griswold 2014)
- Pediatric Evaluation of Disability Inventory (PEDI) (Haley et al 1992)
- Revised Knox Preschool Play Scale (Knox 1997)
- School Assessment of Motor and Process Skills (if the child is attending school services) (Fisher et al 2007)
- Test of Playfulness (ToP) (Bundy 2005)

Section A: Relevant background information relating to occupational engagement, performance and participation at school, home and in the community

The focus should be on the **occupational history** of the child or young person and the **reason for occupational therapy involvement**. This may include things such as strengths and delays or challenges in developing occupations relating to:

- self-care (e.g. dressing, washing, eating and drinking, sleeping, organising themselves)
- communication and social interaction (expressing needs and wants, making friends, playing with siblings)
- engaging in play and other leisure activities (playing by themselves or with others, hobbies, sports, playground)
- productive occupations (nursery activities, school / college work, work experience)

Section A: Other significant factors, where applicable

Information in this section should only be what is **relevant and impacting** on the child or young person's occupational engagement, performance and participation in life roles. This may include information in relation to:

- **Health conditions or disabilities.**
- **Home circumstances** such as the child or young person's housing situation.
- **Social relationships** such as the family circumstances, living arrangements etc.
- **School attendance** if there has been any unexplained or extended absences.

Section A: Views, interests, aspirations and current priorities

Child / young person:

Parent(s) / carer(s):

Education setting (including teachers, specialist educators, tutors, lecturers etc.):

The views, interests, aspirations and current priorities should already be known from the request for occupational therapy advice. If needed, clarify these areas and record them here. **Only areas which are a priority should be addressed in the remainder of the report.**

These may be gathered in a variety of ways including:


- Interview or conversation
- Questionnaire
- Perceived Efficacy and Goal Setting System (PEGS) (Missiuna and Pollock 2000)
- Canadian Occupational Performance Measure (COPM) (Law et al 2014)
- Child Occupational Self-Assessment (COSA) (Keller et al 2005)
- Children's Assessment of Participation and Enjoyment (CAPE) (King et al 2004)
- Pediatric Evaluation of Disability Inventory (PEDI) (Haley et al 1992)

Sections B (educational need), C (health need), D (social care need)
Summary of presenting occupational needs (add or delete as needed)


- The **categories are suggestions for occupational areas only**. There is no requirement to fill in each section.
- The **occupational priorities in the education setting would be considered an educational need**, unless there is a clear rationale for it being a health or social care need.
- The occupational priorities at home or in the community may be considered either health or social care depending on the nature of the occupational need.
- Needs should be specific to the occupation and consideration given to how these are phrased. For example:

 “Milla is unable to walk and she has extremely poor fine motor skills which impacts on all areas of her schooling.”

This is too general and insensitively written.

 “Moving around the classroom: As Milla is unable to propel her own wheelchair, she required support from the teaching assistant to move her wheelchair and position her at her desk.”

This is specific to the performance of Milla within her classroom and gives a picture of her practical needs.

 “Writing and drawing in class: As Milla is unable to open the clip on her clipboard and slide her paper, she needed support from the teaching assistant to perform these actions.”

This is specific to the impact of Milla’s fine motor skills on her writing and drawing.

Sections B (educational need), C (health need), D (social care need)
Summary of presenting occupational needs (add or delete as needed)

- Some services may require needs to be written under the following headings in order to fit in with a wider template: **communication and interaction; cognition and learning; sensory and / or physical; social, emotional and mental health; behaviour**. If this is the case, the needs should continue to be written from an occupational perspective. The occupational therapists' **judgment of the primary reason for the need** would determine which heading it would sit under. For example:

If Milla's needs were related primarily to sensory and / or physical for this occupation, the report may look like this:

Sensory and / or physical

Moving around the classroom: As Milla is unable to propel her own wheelchair, she required support from the teaching assistant to move her wheelchair and position her at her desk.

Writing and drawing in class: As Milla is unable to open the clip on her clipboard and slide her paper, she needed support from the teaching assistant to perform these task actions.

However, if Milla's needs were primarily related to cognition and learning, the report it may look like this:

Cognition and learning

Writing and drawing in class: Milla looked away from her writing frequently which interrupted her completion of the task. Several times Milla needed help from the teaching assistant to keep focused on the task.

| Education setting | For example |
|--|---|
| In the classroom | <ul style="list-style-type: none"> • Completing written work for various subjects (including using the computer) • Completing craft or maths projects including the use of tools and equipment • Playing sport and participating in physical education • Following directions for an activity • Working in a group to do a school project • Packing up and tidying a desk |
| In the playground | <ul style="list-style-type: none"> • Playing / socialising in the playground at break time • Using playground equipment |
| Arriving & leaving school | <ul style="list-style-type: none"> • Arriving at school and carrying out the morning school routine • Leaving school and getting home |
| Self-care including toileting activities | <ul style="list-style-type: none"> • Going to the toilet • Getting changed for sport |
| Moving around the educational setting | <ul style="list-style-type: none"> • Finding the way around the school • Lining up to go back into the classroom |
| Mealtime or snack time | <ul style="list-style-type: none"> • Participating in breakfast club • Eating lunch / school dinner |
| Other school / college participation: | <ul style="list-style-type: none"> • Participating in assembly / school concerts / clubs • Going on school trips |

| At home | For example |
|-------------------------------------|---|
| Personal activities of daily living | <ul style="list-style-type: none"> • Waking up and getting out of bed / going to bed and sleeping • Accessing and moving around the house and garden • Brushing teeth • Using the toilet (including managing menstruation) • Having a bath or shower • Getting dressed • Sexual awareness and sexual activity as appropriate • Eating breakfast / lunch / dinner / snack • Organising yourself to go out |
| Doing homework | <ul style="list-style-type: none"> • Planning what to do and completing homework tasks |
| Household chores | <ul style="list-style-type: none"> • Washing the dishes • Tidying a bedroom • Setting the table • Watering the plants • Feeding / grooming / walking pets |
| Play & leisure | <ul style="list-style-type: none"> • Playing a game or socialising with a sibling / friend • Playing outside • Reading a book • Listening to music • Riding a bike |

| <i>In the community</i> | <i>For example</i> |
|--------------------------------|--|
| Moving around the community | <ul style="list-style-type: none"> • Using the bus or train • Walking or cycling in the community |
| Play & leisure | <ul style="list-style-type: none"> • Going to the cinema / shopping with friends • Playing sport, going swimming or going to the gym • Going on holiday • Going on a date • Attending local structured groups |
| Work, appointments & errands | <ul style="list-style-type: none"> • Going to appointments or meetings • Going to the supermarket / bank / post office • Doing a part time job / volunteering |

Current occupational therapy provision

Specify the current occupational therapy service provision for the child or young person. If this is a child or young person new to occupational therapy then please specify this. If this is part of an EHCP review then this section could be taken from the previous EHC report.

| Intended outcome: what this means for the child / young person | Level of achievement (achieved, partially, not achieved) | Actions | Current resources (specify education, health or social care) | Start date | Frequency of review | Part of the local offer? (Yes/No) |
|--|--|---------|--|------------|---------------------|-----------------------------------|
|--|--|---------|--|------------|---------------------|-----------------------------------|

- The **intended outcome** should be focused on what the child or young person will be able to do following the provision.
- **Level of achievement** should specify if this has been achieved, partially, not achieved.
- **Actions** should describe what happened and how this provision was typically delivered, such as through whole school provision (universal), targeted / group provision or individually.
- **Current resources** should state the resources used such as equipment, communication aids, personnel etc. and state if they were provided through education, health or social care. This should also include **how often** the provision occurs and **who** typically delivers the provision. It should also be clear if the provision is part of education, health or social care teams (unless the teams are integrated). For example occupational therapist, therapy assistant, teacher, teaching assistant.
- **Start date** should specify when the provision started.
- **Frequency of review** specifies how often the provision and outcome is reviewed.
- **Part of the local offer** should specify if this is included as part of the local offer or if extra provision has been secured.

| Sections E (outcomes), F (educational provision required), G (health provision required), H (social care provision required) | | | |
|--|------------------------|---|---------------------------------|
| Outcomes: what this means for the child / young person | Steps towards outcomes | Indicative actions: What will be done and who will do it? | Resources (including frequency) |
| <ul style="list-style-type: none"> • Outcomes are the benefit or difference made to an individual as a result of an intervention. It should be personal and not expressed from a service perspective. The timeframe would be to the end of a key stage or 2 – 3 years. They should link with the child and young person’s overall aspirations and needs and developed in collaboration with the child / young person, family and relevant services. The number of outcomes should be manageable for the child or young person, family and relevant others. • Steps towards outcomes breaks down the longer term outcomes into focus areas until the next annual review. Each step will have its own individual timeframe of up to 12 months and should be written in a SMART format (Doran 1981): S = Specific, M = Measurable, A = Attainable, R = Realistic, T = Timely • ‘Indicative actions’ details what will be done to facilitate the achievements of the outcomes. <ul style="list-style-type: none"> ○ Education: This should include how the provision is to be delivered such as through universal provision within the school (e.g. whole school training, adapting the lunchtime routine, reviewing the school’s approach to recording work etc.), targeted or group provision (e.g. working with a group of children on strategies for organising themselves, working with the sports teacher to provide inclusive sport opportunities etc.) or individual provision (e.g. working with one child to develop skills, providing equipment or changing the activity to enable participation etc.). ○ Health and social care: This should include how the provision is to be delivered such as through universal provision (e.g. working with the local community health club to facilitate access to the swimming pool, educating the school bus services about the needs of people with disabilities), targeted or group provision (e.g. working with a group of children on dressing skills, participating in holiday groups with a specific occupational performance focus etc.) or individual provision (e.g. working with one young person to develop skills using public transport, working with the family on developing self-care routines, providing equipment etc.). • Resources (including frequency) would include any occupational therapy involvement (e.g. number of sessions over a time period), equipment needs, communication aids, additional staff needs etc. If other professions and team members are involved, then listing the time or resources they will provide needs to be negotiated prior to its inclusion in the table. | | | |

Example of writing educational outcomes

| Educational outcomes (link with education setting needs) | | | |
|--|--|--|---|
| Outcomes: what this means for the child / young person | Steps towards outcomes | Indicative actions: What will be done and who will do it? | Resources (including frequency) |
| For Joshua to organise himself at school, so that he needs minimal additional support from the school staff to participate in school activities. | Arriving at school: Joshua will find his peg and hang his coat and bag up, by October 2016. | <ul style="list-style-type: none"> The class teacher will move Joshua's coat peg to the end of the row, and work with all the children to develop ways of identifying individual coat pegs (universal). The occupational therapist will work with Joshua and the learning support assistant to develop skills for taking off and putting on his coat (individual). | <p>During the Autumn term 2016, the occupational therapist will visit the school three times and work in collaboration with the teacher to establish, monitor and review strategies. Equipment such as adapted cutlery is likely to be required.</p> <p>The occupational therapist will provide an education session for the breakfast club staff.</p> <p>Daily support from the school staff.</p> <p>Daily support from Joshua's family.</p> |
| | Participating in breakfast club: Joshua will get his choice of breakfast and find a place to sit at breakfast club, by November 2016. | <ul style="list-style-type: none"> The occupational therapist will work with the breakfast club staff to arrange a consistent place for Joshua to sit each day and consider alternative cutlery for Joshua (individual). The occupational therapist will work with Joshua and his family to plan what breakfast Joshua will choose each day (individual). Training will be provided for the breakfast club staff on the different needs of the children and how to help participation during breakfast (universal). | |

Example of writing health and social care outcomes

| Health and social care outcomes (link with home and community needs) | | | |
|---|---|---|--|
| Outcomes: what this means for the child / young person | Steps towards outcomes | Indicative actions: What will be done and who will do it? | Resources (including frequency) |
| For Joshua to make friends and participate socially in activities at home and in the community. | Riding a bike at home: Joshua will be able to get on his bike, pedal and stop, by April 2016. | <ul style="list-style-type: none"> • Joshua will attend the occupational therapy bike riding group to develop his cycling skills (group). • Joshua and his parents will practise cycling with the support of the occupational therapist (individual). | <ul style="list-style-type: none"> • During the Autumn half term week Joshua will attend the bike riding group. Weekly support from the family and up to two visits from the occupational therapist. Adapted bike (social care provision) |
| | Attending community group: Joshua will be able to attend and participate in a local club, by October 2015. | The occupational therapist will liaise with the local club leader and negotiate strategies to assist Joshua to participate in the activities (group). | The occupational therapist will visit the local group and provide three additional telephone consultations to support the club leader to grade and adapt the activities. |

Circulation list for the report

Include the people who will be receiving a copy of the occupational therapy report, including the young person if appropriate. In some circumstances it may also be suitable for the occupational therapist to meet with the child, young person and family to go through the report prior to its formal submission.