

Medical advice should be **based on a comprehensive paediatric assessment**¹ of the child or young person (CYP). Anyone newly referred from education/Local Authority (LA) will require timely paediatric assessment in order to meet statutory timelines (i.e. within 6 weeks). Those already known to paediatric services only need additional direct clinical assessment if clinically indicated, where new information is suspected, where there are gaps in previously documented assessments or where previous assessments are not up to date enough to be reliably accurate.

Comprehensive paediatric assessment should include:

Concerns of CYP, family and other professionals

Detailed medical, developmental, family and functional history, including specific domains of:

Health conditions	Feeding
Mobility and posture	Continence
Hand function and personal care	Social communication and relationships
Communication, speech and language	Behaviour and emotions
Hearing	Sleep
Vision	Pain

Systematic physical examination including ascertainment of height, weight and head circumference percentiles and a full neurological examination

Observational assessment for behavioural phenotypes and red flags for neurodevelopmental disorders

Formulation or differential diagnosis

Investigations and onwards referrals for further specialist opinions and interventions

Referral for ***ophthalmological assessment (or at a minimum, orthoptic assessment with onwards referral to ophthalmologist in case of concerns)*** for all with neurodevelopmental disorders, dysmorphisms, genetic syndromes, chromosomal anomalies, neurological, metabolic, storage or cranio-facial disorders, cerebral palsies, congenital infections, hearing impairment, or where there is a family history of eye disease or squint, where there are any ongoing or new concerns about vision or where vision screening assessment has not been possible or has identified concerns

Referral for ***audiological assessment*** for all with significant speech and language difficulties, history of chronic or repeated middle ear disease or upper airway obstruction, early developmental impairment, established learning disability or disruptive behaviours

NB A comprehensive paediatric assessment should underpin the preparation of the medical advice report, but only succinct information of practical relevance to those providing services and support to the CYP in any setting should be included in the medical advice report

¹For more details of the expected standard of structured paediatric assessment including links to Background Information Sheet templates that can be sent out for the family to complete prior to attending the consultation for paediatric assessment to inform preparation of medical advice as part of the Education, Health and Care needs assessment, see:

Horridge KA. Assessment and investigation of the child with disordered development. *Arch Dis Child Educ Pract.* 2011;**96**:9-20

The **medical advice report** should include:

Information in lay language about any **physical, emotional, behavioural or mental health conditions, neurodevelopmental disorders, diagnoses or allergies** that the child or young person is known to have that may **impact on their functioning in any setting** (home, educational setting, short breaks, leisure, community) including a description of what the impact is likely to be across settings. If there are no health issues, this should be clearly stated

Signposting to any **emergency health care plan** that has been prepared by the lead clinician to facilitate communication in the event of a health emergency in any setting, including who to contact and what action to take if specific scenarios arise. See <http://www.councilfordisabledchildren.org.uk/ehp> for more information and free training

Signposting to information about **medication or other treatments** including information about **any potential adverse effects** that may be seen, what action to take or who to notify in case of concerns

Information about **family or social issues** that may impact on the child or young person's functioning or wellbeing

Functional information covering the domains of:

General health	Feeding
Mobility and posture	Continence
Hand function and personal care	Social communication and relationships
Communication, speech and language	Behaviour and emotions
Hearing	Sleep
Vision	Pain

For each domains state if:

- there are no concerns
- further expert assessment is recommended
- **specific expert advice will be provided by a therapist or other specialist colleague** (signpost)
- any **reasonable adjustments in any setting or circumstance or specialist equipment** are recommended
- there are any health and safety issues that can be predicted in any setting

Specific information about **paediatric health care needs, monitoring and management** including specific **objectives, expected outcomes with timescales** and recommendations for **reasonable adjustments** across settings. This should include the **outcome of any future healthcare** in so far as this can be predicted

Signposting to any other **specialist advice or reports** that should be read alongside the above including indicating any **future information** that may become available as a result of investigations, specialist referrals or assessments, including likely timescales and how new information relevant to the local authority will be communicated

The **medical advice report** should:

- be written in a manner that is easily understandable to the CYP wherever possible, their parent carers as well as other professionals and advocates, explaining any medical terms in lay language
- Be prepared by the lead paediatrician for the CYP wherever possible, to ensure maximum accuracy including objectives of future health interventions and likely timescales
- Use nationally agreed terminologies (explained in lay language). See <http://www.bacdis.org.uk/policy/>
- Have been discussed and agreed with the CYP and parent carers before submission to the LA
- NOT be influenced by consideration of a specific educational setting, although a specific milieu may be recommended if indicated e.g. physically accessible, total communication accessible, BSL accessible, etc.
- Be signed and dated