

# Parents as Partners and the Role of the Occupational Therapist Supporting the Education, Health and Care Plan (EHCP) Process

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## The Education, Health and Care Plan (EHCP) Process

The EHCP process is a legal framework guiding provision of special educational needs for children and young people within the UK. Increasingly occupational therapists in the NHS, education, social care and private practice are being asked to provide reports and supply guidance regarding dosage and resource provision.

### Ethical considerations of working with parents as partners. This poster will explore the challenges faced and encountered while advocating for the EHCP necessary to achieve successful participation in a school day.

An ethical conundrum arises when local provision is exhausted and parent expectation requires 'the best for my child', with therapists often being positioned as potential gatekeepers, depending on assessment tools chosen and care pathways available to support service provision. For practising therapists this can mean an ethical dilemma when considering short-term resource availability against long-term potentially negative consequences and outcomes, where environmental, social and mental health needs are unmet, resulting in poor engagement in education.

## The EHCP sections

**Section B** - Details of the child's special educational needs (SEN), the equivalent of a medical diagnosis

**Section F** - Special Educational Needs provision, the equivalent of a prescription for all needs diagnosed in section B

**Section I** - Educational Placement, named school must be capable of making provision set out in section F (Nettleton & Friel, 2015).

### Occupational therapy - Is it health or is it education, what does the code of practice say?

"9.73 Health or social care provision which educates or trains a child or young person must be treated as special educational provision and included in Section F of the EHC plan" (Department of Health & Department for Education, 2015, p170)

**Week 1- 6**  
Request for assessment and LEA decision

**Weeks 6- 12**  
LEA collects information, assessment and liaison with family

**Weeks 12 - 16**  
Draft EHC plan is written, or parents are informed as to why a plan is not necessary

**Week 16 - 20**  
Finalise the plan and identify a suitable educational placement



## The Occupational Therapist and Ayres' Sensory Integration in Schools

*Assessment tools to inform Level 02: Sensory Processing Measure or Adult/Adolescent Sensory History & Ayres' Clinical Observations*

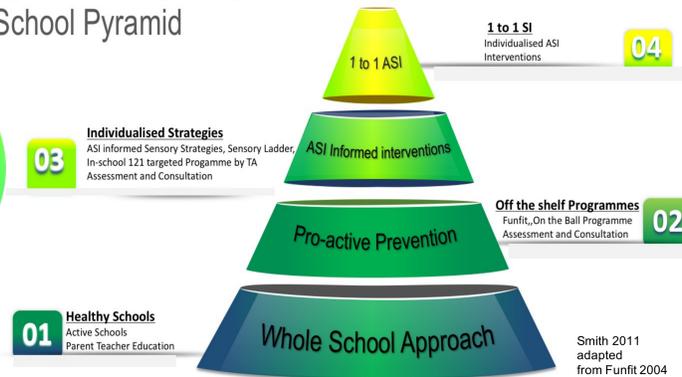
*Level 03 and Level 04: Sensory Integration and Praxis Test and in future EASI*

*ASI informed Intervention at Level 03 and Level 04:*

Active individually tailored sensory motor activities, contextualised within play and meaningful school based activities at the just right challenge, that promotes participation.



## Ayres' Sensory Integration® (ASI) School Pyramid



"The parents need the local authority to have put every need an OT writes into section B of the plan & every provision into section F: ultimately that is what is important."  
- Parent H, 2018

## Case Study

- In 2017 Charlie (pseudonym) age 7 years was in the process of transitioning from a statement to an EHC plan.
- Charlie's function and participation challenges included, severely limited diet, social difficulties, emotional regulation.
- Charlie has a diagnosis of autistic spectrum disorder and significant sensory integration difficulties as had been assessed by specialist OT using Sensory Integration and Praxis Test.
- Family's priority is for Charlie to continue to access weekly OT with ASI trained OT.
- School do not want Charlie to leave the premises during the school day.
- OT report details specific requirements for ongoing access to 1:1 Ayres' Sensory Integration therapy.
- Draft plan is issued without specification of weekly ASI treatment
- Family are able to use OT report to evidence need for ongoing treatment.
- LEA agree to rewrite draft plan to include weekly ASI treatment, in school with specialist OT.
- Charlie has made huge progress this academic year, he is settled and happy in school, relaxed and chatty in therapy, he has made academic progress in reading and writing, more experiential and tries new foods; expanded his diet adding 5 new foods, and has been able to travel to Spain for a short break with his family.
- Charlie's new goals now include, learning to ride a bike, accessing a mainstream summer camp with church, and becoming independent with toileting.

## Evidence Based Recommendations for EHC Plans:

Using American Occupational Therapy Association - Critically appraised Topics (AOTA-CAT)

**Level 1, Randomised Control Trial**

**Level 2, Cohort Studies**

**Level 3, Case Control Studies**

**Level 4, Expert Opinion**

**Sensory Strategies** - Limited evidence supports use in classrooms

**Weighted Vests** - Moderately strong evidence against use with ASD

**Cognitive Based Strategies** - Moderate Level 1 evidence for self regulation

**Parent education** – Level 2 and Level 3 evidence supports this

**1:1 Ayres' Sensory Integration Therapy** - Level 1 evidence supports use in young people with ASD

## Key Learning Points

**Specify and quantify** "Provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it" (Department of Health & Department for Education, 2015, p166)

**Woolly words fail families...** Words and phrases such as 'may benefit from', 'opportunities for', 'regularly', 'a small group', 'some training' are meaningless within a legal framework.

**Make Recommendations "SMART"**

**Specific, Measurable, Achievable, Realistic, Time Bound...**

The child requires / needs / must...

When? How often? Where? Who will do this?

For Example: "Charlie requires OT-SI. This should be provided by a Occupational Therapist with Post Graduate Education to at least Practitioner Level (ICEASI Level 2 or equivalent). One to one Occupational Therapy – Ayres Sensory Integration sessions within an adapted classroom or ASI clinic space on a weekly basis for 3 blocks of 12 x 1 hour sessions"

## References:

1. Baltazar Mori, A., Carrasco Koester, A., Holland, D., Fernandes, P., Gray Rogers, R., Smith Roley, S., Soechting, E., & VanJaarsveld, A. (2017). Building Competency in SI: Evidence-Based Guidelines for Occupational Therapy Using Ayres Sensory Integration®. *OT PRACTICE MAGAZINE*, (Sensory Integration Education Issue).
2. Case-Smith, J., Weaver, L. L., & Fristad, M. A. (2015). A systematic review of sensory processing interventions for children with autism spectrum disorders. *Autism*, 19(2), 133–148. <https://doi.org/10.1177/136236131517762>
3. Department of Health, & Department for Education. (2015). Special educational needs and disability code of practice: 0 to 25 years Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities. Retrieved from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/398815/SEND\\_Code\\_of\\_Practice\\_January\\_2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf)
4. Interagency Autism Coordinating Committee (IACC). (2016). 2015 IACC Summary of Advances in Autism Spectrum Disorder Research. Retrieved from the U.S. Department of Health and Human Services Interagency Autism Coordinating Committee website: <https://iacc.hhs.gov/publications/summary-of-advances/2015/>.
5. Nettleton, M., & Friel, J. (2015). *Special Needs and Legal Entitlement*. Glasgow: Jessica Kingsley Publishers.

For more information see: [www.asi-wise.org](http://www.asi-wise.org)