

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 Needs Assessment.

**Advice and Information Relating to Social Care Needs.**

|  |  |
| --- | --- |
| **Childs Name:** | AB |
| **Date of Birth:** | 20.02.2007 |
| **Who has Parental Responsibility?** | Mr and Mrs B |

**Type of Advice:**

|  |  |
| --- | --- |
| Initial EHCP Assessment | Yes |
| Review of EHCP |  |

Please return the completed advice form to [sen\_newehcp@sandwell.gov.uk](mailto:sen_newehcp@sandwell.gov.uk)

**Is the child or young person currently known to Social Care, Targeted or Universal Services?**

**Please tick.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Universal Plus Services** |  | **Targeted Services** |  | **Childrens**  **Social Care** | **X** | **Adults**  **Social Care** |  | **Single**  **Agency** |  |

**If the child or young person is not known to the above services please detail the contact that has been made with the parent/ carer by the single point of contact (SPOC), the information obtained, any social care needs identified and advice or provision identified.**

|  |
| --- |
| N/A |

**Has the parent/carer given their consent for the information within this advice to be shared?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **X** | **No** |  |

**If no please confirm why consent has not been obtained.**

|  |
| --- |
| **N/A** |

**If the child/young person is known to social care, targeted services, universal plus or universal services please complete the remainder of this advice form.**

What plan does the child or young person currently have?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Team Around the Family (TAF)** |  | **Child in Need (CIN)** | **X** | **Child Protection**  **(CP)** |  | **Looked After Child (LAC)** |  | **Other**  **(please specify)**  **e.g. action plan** |  |

**Has the parent/carer given their consent for the information within this advice to be shared?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **X** | **No** |  |

**If no please confirm why consent has not been obtained**

|  |
| --- |
| **N/A** |

### Social Care Information and Advice

### Please provide a brief overview of the reason for the current involvement and support with Universal, Universal Plus, Targeted Services or Social Care.

|  |
| --- |
| AB was first referred to The Trust on 12.09.2017. Her parents were struggling to cope with her complex needs and made a request to the Trust for an assessment of AB’s needs.The family had access to the Local Offer since January 2016 but felt AB’s needs were beyond the support offered.A Single assessment was concluded on 28.10.2017. AB required support from the Trust to ensure all her developmental needs are met safely and if support was not provided her social care needs will not be met which will have an impact on her overall wellbeing.AB has severe learning disability, she has epilepsy that is controlled by medication but sometimes AB has to go to hospital if her seizures are difficult to manage. AB shows her wants and needs through touching, smiling crying, taking you by the hand to where she wants to go, pointing, some PECs she can recognize very well, eg, cake, swimming, sweets, washing, toile, some foods and emojis. AB is doubly incontinent.The assessment identified that Mrs B was suffering from stress trying to meet the completing needs of AB and her brother and sister.We are currently involved because AB has access to support via a Child In Need Plan under section 17 of the Children Act 1989 |

### What are the child/young person’s aspirations?

|  |
| --- |
| AB has complex communication needs and is able to express her wishes and feelings through eye contact, touch, she will lead you to what she wants and can use Picture Exchange System to tell you what she wants.I like homeI like swimmingI like cakeI like the gardenI like the parkI want homeAB is unable to understand what the meaning of aspirations are due to her level of severe learning disability, however, I am sure she would like to build her independence skills so that she can do tasks with support to make toast, AB likes to help her mother baking especially making cup cakes |

### What is working well?

|  |
| --- |
| AB said the following things when asked what she likes, she was supported by her teacher and myself to respond via PECsAB likes going to schoolAB likes going swimming without her mother and siblingsAB likes making cakes with her mumI have seen AB at home and at school.She loves touching my hair and leading me into her bedroom so I can play with her and her toys.AB loves hugs from her parents and will seek out hugs and kisses from them when I visit her. |

**What are we worried about? (i.e. what are the social care needs)**

This section should identify the social care needs which relate to their SEND as well as social care needs that are not linked to the child or young person’s SEND.

|  |
| --- |
| **We are worried about AB’s epilepsy and the impact this has on her health and ability to enjoy activities in the community on a regular basis**  **We are worried that AB’s mum struggling to cope and therefore support need to continue to support AB to access her community when she is well enough to do so.**  **AB is highly dependent on her parents, particularly her mother to meet all her needs.**  **She is doubly incontinent and therefore are dependent on adults to attend to her personal care needs** |

**What do we want to happen?**

This section should be SMART and identify the social care outcomes sought and timescale.

|  |  |
| --- | --- |
| **Outcomes Sought** | **Timescale to Achieve** |
| **AB to enjoy attending swimming lessons/play**  **AB attends swimming with the support of a PA who is well known to her and this is funded by the Trust**  **AB to be confident to build on her independence skills at her pace. To be able to help to brush her teeth**  **AB to have access to activities to enhance her independence skills so that with help she can experience and enabled to make simple meals with guidance and support**  **AB to enjoy activities in her local community. AB attend to activities in her local area with the support of a PA to experience independence skills such as buying and paying for simple items in a shop. PA support is funded by the Trust**  **AB needs support with her personal care needs to enable her to get to school on time** | **- Achieved, AB has a PA to take her swimming once every 2 weeks, this will be reviewed every 12 months as part of the Short Breaks process. Next review date will be 12.10.2019**  **Achieved – This will be reviewed at school and during Annual Review meeting 12.10.2019**  **Achieved - AB is helping her mother to cook simple meals like toast and cakes at home**  **Achieved – to be reviewed on 12.10.2019**  **Achieved – AB has support from the Trust to provide domiciliary support 5 mornings a week. Review date 12.10.2019** |

**Please detail the provision in place to meet the needs identified above:**

This must include any social care provision under section 2 of the Chronically Sick and Disabled Person Act 1970 (CSDPA 1970) or adult social care provision made under the Care Act 2014 (CA 2014)

Please specify who is responsible for arranging the provision, how often it takes place, where it takes place and how long for?

|  |  |  |  |
| --- | --- | --- | --- |
| (Section H1) Please provide details of the provision under the CSDPA 1970 S.2 or CA 2014 related to the needs/outcomes identified | (Section H2) Please provide details of other social care provision related to the needs/outcomes identified | Who is responsible for arranging the provision? | What is the frequency of the provision and how long will it take place? |
|  | **Domiciliary care for personal care in the home.** | **Sandwell Children’s Trust** | **5 mornings per week and will continue until the next Annual review 12.10.2019** |
|  | **8 hrs per month PA support** | **Sandwell Children’s Trust** | **and will continue until the next Annual review 12.10.2019** |
|  |  |  |  |

**Is the child or young person receiving a personal budget?**

**No** (Please delete as appropriate)

|  |  |
| --- | --- |
| Name of worker completing advice: | **Amy Other** |
| Designation: | **Social Worker** |
| Telephone Number: | **0121 569 0000** |
| Date Completed: | **23.01.2019** |