

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.**

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| --- | --- |
| **Childs Name:** | xxxx |
| **Date of Birth:** | xxxx 2008 |
| **Who has Parental Responsibility?** | xxxx  Mother |

**Type of Advice:**

|  |  |
| --- | --- |
| Initial EHCP Assessment | x |
| 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 known to Social Care, Targeted or Universal Services?**

**Please tick.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Universal Plus Services** |  | **Targeted Services** |  | **Childrens**  **Social Care** |  | **Adults**  **Social Care** |  |

**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, the information obtained, any social care needs identified and advice or provision identified.**

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| --- |
| Contact made with mother xxxx to offer Social Care advice. The reason for contacting her was explained along with information sharing, and the information gathering part of the EHCP process. xxxx was happy to proceed and share information with me regarding Jayden’s health issues.  Xxxx shared that xxxx attends xxxx Junior School and is currently in year 6. He will be transferring to xxxx Academy in September 2019.  In regard to the reason for applying for an EHCP, xxxx informed me that xxxx suffers from narcolepsy which has a profound effect on his day to day functioning. xxxx suffers from on-going fatigue which affects his mood, routines, behaviour, and concentration which can be challenging for parents to manage, especially when xxxx becomes distressed and aggressive.  xxxx feels that xxxx education is being affected due to him feeling so tired that he is unable to concentrate; and his lack of concentration in the community could place him at risk of harm when crossing a road, for example. Therefore, he requires constant supervision from parents to ensure his safety. This is also having an impact on parent’s working hours/patterns.  xxxx condition is also having an impact on his social skills as he does not like to socialise due to feeling tired and lethargic, therefore, he is not fully engaging in peer activities, such as, school trips and after school enrichment activities.  Although xxxx parents engage with Narcolepsy UK, an on-line advice website, they do not engage with any other support. Early Help was explained to xxxx and that this support service may be able to provide her with parenting advice and support able to better manage the effects of xxxx condition. xxxx accepted the offer of support and consented for me to share information with Early Help and education.  Case progressed in order for the social care needs to be identified and appropriate support and provision put in place. |

**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.**

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

What plan does the child or young person currently have?

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Team Around the Family (TAF)** |  | **Child in Need (CIN)** |  | **Child Protection**  **(CP)** |  | **Looked After Child (LAC)** |  | **Other**  **(please specify)** |  |

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

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

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

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| --- |
|  |

### Social Care Information and Advice

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

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

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### What is working well?

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**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 but may be relevant outcomes sought.

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**What do we want to happen?**

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

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

**Yes / No** (Please delete as appropriate)

|  |  |
| --- | --- |
| Name of worker completing advice: | **Dean Aston** |
| Designation: | **Senior Early Help Coordinator** |
| Telephone Number: | **0121 569 8387** |
| Date Completed: | **01/03/19** |