

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:**  |  |
| **Date of Birth:** |  |
| **Who has Parental Responsibility?** |  |

**Type of Advice:**

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

Please return the completed advice form to 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** |  | **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.**

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**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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|  |

**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)**  |  | **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**  |  | **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 and support with Universal, 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.

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**What do we want to happen?**

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

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| --- | --- |
| **Outcomes Sought** | **Timescale to Achieve**  |
|  |  |

**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? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

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

|  |  |
| --- | --- |
| Name of worker completing advice: |  |
| Designation: |  |
| Telephone Number: |  |
| Date Completed: |  |

Data Protection Statement

The information on this form has been requested by Education Services/Special Education Needs Service, SMBC for the purpose of assessing the individual named on this form for an EHCP. The information on this form has been collected under the Consent of the relevant data subject that SMBC will collect/hold. If requested evidence of Consent will be provided to SCT. We do not expect the information provided to SMBC be shared outside of the assessment of EHCP without the express written consent of SCT. A copy of this form will be retained by SCT on the Childs File and will be retained in accordance with SCT’s schedule of retention.