Guidance to completing the Social Care Needs Advice

If you are working with a child or young person with a disability or mental health condition there is a good chance that you will be asked to contribute to their Education, Health and Care Assessment and Plan. Certainly, virtually all the children open to the 0-25 Disability Service will be subject to the process. This request would usually come via the school or the Special Needs Assessment Services (SNAS – based on 4th Floor). This guidance is intended for social workers/social care officers who may be asked to input into an Education, Health and Care Assessment, Plan or Review. This relates to law laid down in the Children and Family Act 2014 and the SEND Code of Practice 2014.

**SECTION 9: Social care input to Education, Health and Care needs assessments including children**

**and young people looked after and children in need.**

**EHC needs assessment**

9.1 An EHC needs assessment should be a holistic assessment. The principle of “tell it once” should be considered in all assessments so that children/young people and parents/carers do not have to repeat the same information to different professionals within Wandsworth.

9.2 When it is practical and appropriate to do so, EHC needs assessments should be combined with both non statutory e.g. early help and statutory assessments and statutory assessments e.g. Section 17, Child in Need or Safeguarding Adults assessment, Mental Capacity assessment.

9.3 The EHC plan can act as the “hub” when there are other assessments and plans in place. Where appropriate it should incorporate outcomes and provision from those plans e.g. Personal Education Plan, Care Plan and Child Protection Plans. However, an EHC TAC meeting must not replicate a child protection conference.

9.4 EHC outcomes should inform as well as be informed by other statutory plans.

9.5 The needs of the child/young person must be put first. Careful consideration by the professionals in the TAC should be given as to how closely the assessment, planning and review process across education, health and care can be integrated.

9.6 A professional judgement will need to be made about what information should be shared across assessments bearing in mind the need to reduce duplication and for sensitivity in relation to child protection information.

9.7 For each assessment, professionals should think about and be clear with the

parents/carers on:

• the purpose of the assessment

• the likely outcomes

• how it builds on previous assessments

• how they will work with them and other agencies to share information appropriately

**Child Protection issues**

9.8 A S47 child protection enquiry or child protection plan review and assessment process will have to run separately from the EHC needs assessment process as the timescales for the assessment are very different. However, the aim should still be to reduce duplication where possible. Information from the EHC assessment, especially sections D and H1 and H2 should inform the s47 assessment and child protection plan. The child protection plan should also work towards the outcomes identified in the EHC plan.

9.9 If a S47 assessment is underway already and/or the child/young person has a child protection plan in place, the EHC assessment should be informed by the section 47 assessment or child protection plan particularly sections D, H1 and H2.

9.10 When beginning an EHC needs assessment the lead professional and/or plan

coordinator should check to see if:

• the child or young person is known to social care

• if other assessments have been done or if other assessments are underway

• whether a social worker is involved

9.11 Where there is or has been social work involvement:

• the social worker should contribute to the EHC assessment

• the lead professional should invite the allocated social worker to EHC TAC meetings to

ensure care issues are appropriately addressed as part of the EHC needs assessment

• the social worker will need to consider how the social care plans and assessments can feed into the EHC process and decide what information is relevant to share or refer to in the EHC Plan. This would be expected to include what has already been agreed with parents/carers e.g. safety goals.

9.12 When there is no social work involvement:

• social care needs must still be considered as part of the EHC needs assessment

• information about any previous involvement must be sought from social care services

e.g. Multi agency Safeguarding Hub (MASH) by the plan coordinator

9.13 Where a need for social work involvement is identified during the EHC needs

assessment:

• a referral for further assessment or for action to address needs must be made to the MASH, / Children with Disabilities team ( 0-17 ) or Preparing for Adulthood team ( 18-25).

• any resulting social work assessment should not repeat any information already known

and where appropriate, should inform the EHC assessment and plan

• social care help and support should be given as soon as the need is identified

9.14 The EHC Plan review should be synchronised with social care plan reviews and in particular for a Child Looked After with their Care, Personal Education and Health plans and must always meet the needs of the individual child/young person.

. Below is a table that can be used as a proforma so that information can (often) be cut and pasted into relevant sections meaning that there is little extra for a social worker to do. This can then be supplied to the SNAS case workers or relevant school professional who is coordinating the process. A full copy of your most recent assessment and plan should be supplied as an appendix which should be supplied as support to the below information and for reference.

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| Strength and Needs identified (Section D of EHC Plan) |
| **What social care needs and strengths have been identified as a result of an assessment?** |
| Ensure there is balance between things that are important to and important for the CYP.   * Include social care needs identified during your assessment. Safeguarding concerns and early help needs have an impact on a CYP’s education - give an overview of these needs/concerns, as appropriate (specific details don’t need to be included). * If CYP is 13+ years you must include any needs they may have around preparation for adulthood * and independence, e.g. support in finding employment, housing, life skills, participation in society * Don’t include health and education needs – Health and Education will report on these.   • Avoid statements e.g. ‘must attend school, health appointments’, ‘meet developmental milestones’ – these are universal expectations, not individual needs.   * Avoid statements e.g. ‘referral needed to’ or ‘assessment needed by’ – these are provisions, not specific needs.   You may also want to consider the following questions:  What is important to the child or young person?  • What do they do outside of school? Do they see their friends; attend groups, clubs or activities? What are their hobbies or interests? Where do they go to do these things? Do they face any challenges or barriers accessing these activities?  • What is going well for the child or young person and their family?  • What support do they receive from family, friends, community members and other professionals?5 • What do the child, young person and family find difficult, challenging or stressful? What is not working well?  • Is the child or young person safe at home and in the community? Do they feel safe?  • Has the family had any previous assessments or involvements?  • Does the family know how to access the ‘Local Offer’ and Family Information Service?  Accessing the ‘Local Offer’ and signposting children, young people and their families to the services contained within the ‘Local Offer’ is an important task to undertake for anyone developing social care advice for the EHC and then recording this within the social care section of the plan itself.  Example:  Jay enjoys attending his local drama group but needs a lot of preparation because he becomes  very anxious beforehand – his family spend a lot of time encouraging and preparing Jay to attend,  but it reduces the time they have with Jay’s sisters; the situation becomes worse during school  holidays, because the lack of school routines makes Jay’s behaviour more difficult to manage.  Using public transport is difficult for Jay - crowds and unpredictable settings increase his anxiety.  Jay doesn’t feel confident in unfamiliar settings or with unfamiliar people.  Examples provided by the Council for Disabled Children include:  Adam (12 years old) finds it difficult to engage in social activities as he cannot easily recognise social cues. This results in him being socially isolated outside the structure of the school day.  Toby (18 years old) has a learning disability and is at the early stages of developing his adult independence skills. He understands how to use public transport but not how to maintain personal safety while using it. He has little understanding of how to manage his money and is at risk of others taking advantage of him.  Emma (11 years old) has extremely limited mobility, as described within the health needs section. This means that she faces significant challenges in joining in with social activities of her choosing, including family outings and holidays. |

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| Suggested Outcomes (Section E of EHC Plan) |
| **What are the intended outcomes for the child or young person?**   * **Outcomes must be Specific, Measurable, Achievable, Realistic, Timed (SMART)** * **Outcomes must be linked to the child or young person’s aspirations or needs**   **Test your outcome... Good outcomes will do at least one of the following:**  **• Build on something that’s working well**  **• Change something that isn’t working well**  **• Move the CYP towards their hopes and aspirations.** |
| 1. Jay will have at least two friends who he sees outside of school (at least monthly), and he will tell  us he feels more confident to make and continue friendships with others xxx |
| 2. Jay will gain confidence in using public transport and will audition for a role in his drama group’s  annual public performance in xx. |
| 3. By xxx, Jay will tell people who are unfamiliar to him what he needs and wants, and he  will use a range of strategies to help him remain calm in unfamiliar settings. |

**Section H1: Social care provisions NEEDED under S2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA).**

If a need can be met with the provision listed in a-h below, the Local Authority must decide whether it is ‘**necessary’** for them to meet this need (the Local Authority can take into account the family’s circumstances, including the situation of the parents and the needs of other children in the family).

Once a CYP and their family have been assessed as eligible for support under the CSDPA the Local Authority has a **duty to provide** them with services to meet their assessed need under CSDPA, and must provide these services **regardless of resources.**

* + The CYP must be under 18 years of age.
  + Provision must be detailed, specific and quantified (e.g. type of provision, level of expertise of provider, number of hours/days/weeks, frequency of provision).
  + Provision must be agreed by your service and include start date, next review (or cease) date.
  + Don’t include things parent/carer has agreed to provide as they cannot be enforced.

**Services specified under Section 2 of the CSDPA are:**

a) Practical assistance in the home (e.g. with personal care or eating);

b) Provision or assistance in obtaining recreational and educational facilities at home and outside the home (e.g. after-school clubs, play schemes, non-residential short breaks;

c) Assistance with travel to access facilities in the community;

d) Help with special equipment and adaptations to the home (including detail on who will be responsible for maintenance, upgrades, replacement where appropriate);

e) Facilitating the taking of holidays;

f) Meals at home or elsewhere;

g) Provision or assistance in obtaining a telephone and any special equipment necessary;

h) Non-residential short breaks (comes under H1 on the basis that the child derives benefit, not just parent).

**Exceptions to H1:**

Any provision listed in a-h above provided as short-term support due to current circumstances e.g. shortterm school holiday support, support whilst a parent is unwell, support after a child has an operation etc.

is provided under S17 of the Children Act 1989 (H2 provision).

**Section H2:**

**Other social care provision REASONABLY REQUIRED under the Children Act 1989 or the Care Act 2014.**

Provisions deemed as ‘reasonably required’ that may be identified through early help or universal services.

* Provisions deemed as ‘reasonably required’ identified in CIN, CP and LAC plans (if not included in H1), and in Adult Care and Support plans. This could also include detail about frequency of: social worker and IRO visits, care plan reviews, core group meetings, and placement details (if relevant).
* Overnight short breaks (under 18s only).
* Help with special equipment and adaptations to the home, including detail on who will be responsible for maintenance, upgrades, replacement where appropriate (over 18s only).
* Provision must be detailed, specific and quantified (e.g. type of provision, level of expertise of provider, number of hours/days/weeks, frequency of provision).
* Provision must be agreed by your service and include start date, next review (or cease) date.
* Don’t include things the parent/carer has agreed to provide as they cannot be enforced.

**Taken from the CDC Social Care Training**

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| Provisions (Section H of EHC Plan) | | |
| **Section H1:**  What support, interventions or provisions are being provided (or funded) by your service **under s2 of the CSDPA** to achieve the outcomes detailed above? | **Section H2:**  What other support, interventions or provisions are being provided (or funded) by your service under the **Children Act 1989** or **Care Act 2014** to achieve the outcomes detailed above? | **Who will provide this and how often?** |
| Anna (16 years old) will receive two hours per day help at home from a  personal assistant to support feeding and dressing/undressing. |  | The time will be split across morning and afternoon and be provided 7 days per week. This will be funded via a direct payment through the Children with Disabilities  Team. This will be reviewed in xxx. |
| Jack (10 years old) will have a place reserved at the local specialist holiday scheme for  children with autistic  spectrum disorder. He will be able to attend for six half-day sessions of his parents choosing during each school  holiday period. |  | This is funded by the Children with  Disabilities team. |
|  | Jack (10 years old) will access the specialist summer scheme operated by one of our commissioned providers through our ‘Local Offer’. | Jack will attend 7 every day for half the day |
|  | Alan (20 years old) will have  his accommodation adapted to give him:  • a self-contained bedroom  with walk in shower; and  • storage space for the  equipment he uses on a daily  basis. | This will be commissioned by the Adults Independent Living Team and is based on the quote provided. |
|  | Tatra (13 years old) will have  a block of seven consecutive  nights at the local residential  short breaks provider to allow her parents to have a holiday. | These short breaks will be available twice in this calendar year, and should be taken  approximately six months apart. This provision will be reviewed in 12 months’ time. |
|  | It is worth noting that overnight  short break support is not delivered under CSDPA 1970 so should not be recorded in  this section H2. |  |

Below is a useful link that can help further;

<https://councilfordisabledchildren.org.uk/sites/default/files/uploads/documents/import/send_reforms_guide-to-ehc-plans_2014-1.pdf>

<https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/Social%20Care%20Advice.pdf>

**Appendix A An extract from the SEND Code of Practice**

Supporting information for Children’s Social Care in providing advice for Education, Health and Care needs assessments

The table below is extracted from the SEND Code of Practice and explains what must be included in the relevant sections of a child or young person’s EHC Plan. The advice that is provided by Social Care will inform these sections of the plan, and those providing the advice should refer to it to understand what should be included in which section.

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| (D) The child or young person’s social care needs which relate to their SEN | * *The EHC plan must specify any social care needs identified through the EHC needs assessment which relate to the child or young person’s SEN or which require provision for a child or young person under 18 under section 2 of the Chronically Sick and Disabled Persons Act 1970* * *The local authority may also choose to specify other social care needs which are not linked to the child or young person’s SEN or to a disability. This could include reference to any child in need or child protection plan which a child may have relating to other family issues such as neglect. Such an approach could help the child and their parents manage the different plans and bring greater co-ordination of services. Inclusion must only be with the consent of the child and their parents* |
| (E) The outcomes sought for the child or the young person | * *A range of outcomes over varying timescales, covering education, health and care as appropriate but recognising that it is the education and training outcomes only that will help determine when a plan is ceased for young people aged over 18. Therefore, for young people aged over 17, the EHC plan should identify clearly which outcomes are education and training outcomes. See paragraph 9.64 onwards for more detail on outcomes* * *A clear distinction between outcomes and provision. The provision should help the child or young person achieve an outcome, it is not an outcome in itself* * *Steps towards meeting the outcomes* * *The arrangements for monitoring progress, including review and transition review arrangements and the arrangements for setting and monitoring shorter term* |
| (H1) Any social care provision which must be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA) | * *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 (including where this is to be secured through a social care direct payment)* * *It should be clear how the provision will support achievement of the outcomes, including any provision secured through a Personal Budget. There should be clarity as to how advice and information gathered has informed the provision specified.* * *Section H1 of the EHC plan must specify all services assessed as being needed for a disabled child or young person under 18, under section 2 of the CSDPA.*   *These services include:*   * *practical assistance in the home* * *provision or assistance in obtaining recreational and educational facilities at* * *home and outside the home* * *assistance in travelling to facilities* * *adaptations to the home* * *facilitating the taking of holidays* * *provision of meals at home or elsewhere* * *provision or assistance in obtaining a telephone and any special equipment* * *necessary* * *non-residential short breaks (included in Section H1 on the basis that the child* * *as well as his or her parent will benefit from the short break)*   *This may include services to be provided for parent carers of disabled children,*  *including following an assessment of their needs under sections 17ZD-17ZF of the Children Act 1989*   * *See paragraph 9.137 onwards for details of duties on local authorities to maintain the social care provision in the EHC plan* |
| (H2) Any other  social care  provision  reasonably  required by  the learning  difficulties or  disabilities  which result in  the child or  young person  having SEN | *Social care provision reasonably required may include provision identified through early help and children in need assessments and safeguarding assessments for children.*   * *Section H2 must only include services which are not provided under Section 2 of the CSDPA. For children and young people under 18 this includes residential short breaks and services provided to children arising from their SEN but unrelated to a disability. This should include any provision secured through a social care direct payment. See chapter 10 for more information on children’s social care assessments* * *Social care provision reasonably required will include any adult social care provision to meet eligible needs for young people over 18 (set out in an adult care and support plan) under the Care Act 2014. See Chapter 8 for further detail on adult care and EHC plans* * *The local authority may also choose to specify in section H2 other social care provision reasonably required by the child or young person, which is not linked to their learning difficulties or disabilities. This will enable the local authority to include in the EHC plan social care provision such as child in need or child protection plans, or provision meeting eligible needs set out in an adult care plan where it is unrelated to the SEN but appropriate to include in the EHC plan* * *• See paragraph 9.137 onwards for details of duties on local authorities to maintain the social care provision in the EHC plan* |