

**Social Care advice form**

***This form should be completed as part of the EHC Needs Assessment. If an EHCP is issued as result, the information you have provided within this form will be attached as an appendix and made available to the child/young person, parents/carers and contributing professionals.***

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| **Name of Service** |  |
| **Address** |  |
| **Contact Details** |  |

**Section 1 Personal Information**

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| 1. Child or young person’s details | |
| **Child/young person’s name** |  |
| **Date of Birth** |  |
| **Address** |  |

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| 1. Parent(s)/Carers details | |  |
|  | Parent/Carer 1 | Parent/Carer 2 |
| **Title/Forename (S)** |  |  |
| **Surname** |  |  |
| **Relationship To child/young person** |  |  |
| **Parental Responsibility?** | Yes/No | Yes/No |
| **Home Address (if different from child/young person)** |  |  |
| **Telephone Number** |  |  |
| **Email** |  |  |
| **First Language** |  |  |
| **Is an interpreter required** | Yes/No | Yes/No |

**Section 2 Background**

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| General background information /home factors |
| *Please describe in general the child/young person’s background and home factors that are the reason for the child/young person to be identified to Social Care* |
| Social Care History |
| *Please include details of any assessments undertaken, previous or current involvement from social Care and the nature of any involvement*  Is the Child/Young Person subject to a legal Order?  Is the child subject to a Child in Need Plan / Child Protection Plan/ Looked After  If Child or young person is Looked after, please state which Local Authority has responsibility for the Child/Young Person |



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| Section 3: Discussions with child/young person and their parents/carers |
| Accessing Social Care Community/support groups: |
| Synopsis of conversation: |
| Summary and Recommendations agreed: |
| Date of contact |

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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?** |
| *In addition to strengths and needs, please include how any difficulties in this area impact on other areas, including academic progress, independence life skills, community inclusion and health.* |

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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** |
| 1. |
| 2. |
| 3. |
| 4. |

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| **Section 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).** (*This could include: Practical assistance in the home and when travelling; adaptations to the home; assistance in obtaining recreational and educational facilities; provision of meals at home or elsewhere; assistance in obtaining special equipment; non residential short breaks. Provision should be specific and quantified as possible).* | **Who will provide this and how often?** |
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| Other social care provision reasonably required by the child/young person’s SEND (Section H2) | **Who will provide this and how often?** |
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| **Sharing your report** |
| * **When a child is in need of protection, consent to share information remains desirable but is not essential.** * **In ALL other circumstances consent must be gained before sharing the report.** * **Reports must be provided within six weeks of request.** |
| **Has Report has been discussed and shared with parent / carer?**  YES / NO (delete as appropriate) |
| **Has parent / carer consented to report being shared?**  YES / NO (delete as appropriate) |
| **Has Report been shared with child / young person?**  YES / NO (delete as appropriate)  **If not, state reason:** |
| **Has child / young person has consented to report being shared?**  YES / NO / NA (delete as appropriate) |

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| **Detail any other needs that may impact on the learning or disability of your pupil/student e.g. safeguarding, vulnerability** |
| The above information has been written by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This information has been supplied to be included as an appendix to the EHC assessment process.  Dated: |
| Authorised for submission to SNAS by first line manager (name)………………………………..  Signature:…………………………  Dated: |

Form to be completed and returned to: [SNASreports@richmondandwandsworth.gov.uk](mailto:SNASreports@richmondandwandsworth.gov.uk)