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| **NORTHAMPTONSHIRE CHILDREN’S TRUST**  **(NCT)** |
| **Guidance and Process Regarding the Completion of Social Care Needs Advice for an Education Health and Care (EHC) Needs Assessment and for EHCP Annual Reviews** |

1. **Practice Guidance purpose**

This practice guidance sets out how we, in Northamptonshire Children’s Trust, will provide the advice and information about a child and young person’s social and care needs when this is requested as part of the EHC needs assessment and EHC plan annual review process.

**Relevant legislation is set out within**

* The Children Act 1989,
* The Children and Families Act 2014,
* the Care Act 2014,
* Chronically Sick and Disabled Person’s Act 1970
* The Mental Capacity Act 2005 (Over 16s)
* The Equality Act 2010
* Special Educational Needs and Disability Regulations 2014.

This is complimented by the Special Educational Needs and Disabilities (SEND) Code of Practice 2015:

[SEND code of practice: 0 to 25 years - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25)

[SEND: guide for social care professionals - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/send-guide-for-social-care-professionals)

The Code of Practice notes that;

Education, Health and Care (EHC) Needs Assessments are multi-agency assessments. The EHC Needs Assessment uses person-centred approaches to identify needs and desired outcomes for the child/young person and their family.

EHC plans operate alongside (but do not replace) other Plans such as Child Protection Plans, Child In Need (CIN) Plans, Pathway Plans and Looked After Children (LAC) care Plans. Each should inform the other.

Where possible EHC planning and review meetings should run alongside other relevant meetings e.g., Personal Education Plan (PEP) and CIN meetings, each informing the other.

Social Care has a legal duty to collaborate and respond to requests for information, advice and assessment under the SEND regulations. Receipt of social care advice also helps to ensure a holistic needs assessment is undertaken.

1. **EHC needs assessments and plans**

Education Health and Care (EHC) plans are for children and young people aged up to 25 who need more support to access education than is available ordinarily to learners through special educational needs provision. EHC plans identify education, health and social needs and set out the additional support to meet those needs. The local authority completes an Education Health and Care needs assessment to inform a decision as to whether an Education Health and Care plan is required.

An education, health and care plan (EHCP) is a legal document which records a child’s or young person’s aspirations, intended outcomes, needs, and the provision in relation to their special educational needs and/or disability (SEND). An EHC plan can be requested for any child or young person aged 0 – 25 who has or may have SEND. This can be requested by a child’s parent or young person, a school or other educational setting, a health or social care service.

In order to decide if an EHC plan is needed, an EHC needs assessment is undertaken. This is led and coordinated by the EHCP team which sits within the Council serving the area in which the child resides. An EHC needs assessment is an assessment of the education, health care, social and care needs of a child or young person. This can be requested by a child’s parent or young person, a school or other educational setting, a health or social care service.

When conducting an EHC needs assessment the Children and Families Act 2014 requires that children, young people and their parents/carers are supported and assisted to participate as fully as possible in decision making, that their views, wishes and feelings and aspirations are considered, and that children and young people’s development is supported so that they can achieve the best possible educational and other outcomes. Therefore, there needs to be clear evidence of this within the EHC needs assessment and if issued, the EHCP.

As part of the EHC needs assessment, advice and information is sought from a range of professionals who know and support the child or young person. This includes the setting, school or college staff, health care staff and statutory social care services.

In formulating the advice, it is necessary to engage with the child, young person and their family to establish their social care needs with a focus on enabling them to achieve specific outcomes and their aspirations.

1. **Social care needs advice and information**

To inform the EHC needs assessment, social and care needs advice and information must be provided on behalf of the local authority where a child or young person is known or has been known to statutory children’s or adult social care services, and advice and information from early help assessments (Code of practice 9.49). This informs section D, H1 and H2 of the EHC Plan.

Where a child or young person has not been known to statutory services, those professionals who know the family well can provide social care advice and information.

The term ‘social and care needs’ refer to the specific daily care that a child or young person needs from those looking after them due to their individual needs and/or disability, and the support that a child or young person needs to participate in what they enjoy doing; that enables them to be part of their community and have friendships, protects them in vulnerable situations and develops their independence in preparation for, or during, adulthood in accordance with their age and ability.

When providing social and care needs advice for EHC needs assessments practitioners will need to understand a child or young person’s care needs in relation to the child or young person’s (CYP) special educational need, their aspirations and relevant outcome, the support required to meet those needs, and how that help will support the child/ young person to achieve what they want to in their life. The practitioners need to consider carefully what information to share with others, considering the government’s advice on information sharing ( see 7 golden rules for information sharing appendix)

As such practitioners need to consider whether information held about historical involvement remains **relevant** to the CYP’s current education, health or care needs, desired outcomes or required education, health or care provision; also whether it is **proportionate** to include it within the EHCP needs advice. It is not appropriate to include a full copy of a care plan within the advice as this may well have additional information about family members which is not pertinent to the individual child’s EHC plan. All advice provided will be in full within the appendices of the EHC plan even if only sections of this are used within the main plan itself.

Children, young people and their families must agree to the information being provided. Practitioners will need to:

* Identify any social and care needs which relate to the child to young person’s special educational needs, their aspirations and relevant outcomes:
* Consider the relevance of information about historical involvement (child in need, child protection or child looked after) to the child’s or young person’s current needs. The more time that has elapsed since historical information was gathered the less likely that information is to be relevant;
* Decide whether it is proportionate and necessary to include such information as part of their advice – does the benefit of including the information outweigh any negative consequences, particularly for the child or young person?
* Is there evidence that the information still has an impact upon the child or young person today?

In developing an understanding of the young person’s social and care needs practitioners will need to review any records held about current or previous involvement and consider the below points with the child, young people and their family:

* What is important to the child or young person? What are their aspirations?
* What does the child enjoy doing? Do they have friends, attend groups and clubs? What are their hobbies and interests and 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, young person and their family?
* What do the child, young person and family find difficult, challenging or stressful? What is not working well? What would help?
* What support and help do the family receive from other family members, friends or social care professionals?
* Is there any additional information that is relevant?
* Is the child, young person and their family aware of the Local Offer?
* From age 14 the anticipated needs of the young person as they prepare for adulthood need to be considered.

Having considered any existing social care or early help records and the information from the family and child or young person, the practitioner then completes the social care advice form template.

Please look at the examples of good practice by following the links in the useful resources section of this document. These will help you understand how social care advice fits within the EHCP.

The Team manager for the service will need to quality assure the social and care needs advice for EHC needs assessments, see QA section. Once the advice form has been filled in and approved by the service manager, it is saved on child’s file and returned to the EHCP team. **The statutory timescale for returning the advice is no later than six weeks from the date of request.**

1. **Needs identified (Section D of EHC Plan)**

Section D of EHC plan must set out the child or young person’s social care needs which are related to their special educational need or disability under s.2 of the Chronically Sick and Disabled Persons Act 1970, Children Act 1989, and the Care Act (2014 (for a young person over the age of 18)

Needs relate to things that are *important to* (hopes and aspirations) and *important for* (health, safety, welfare) a child or young person. Advice should make clear how needs impact on areas of the child’s life and on their ability to achieve their aspirations and outcomes.

The advice should include details of needs identified during assessment, safeguarding concerns and early help needs which have an impact on a CYP’s education. An overview of these needs/concerns with information that is relevant and proportionateas outlined above is appropriate (specific details do not need to be included).

For young people in or beyond Year 9, consideration needs to be given to whether there are needs in Preparing for Adulthood or independent living e.g., support finding employment, housing and meaningful inclusion and participation in their community.

Information will be provided by health and education practitioners about the needs and recommendations specific to these areas, so limit information to social care elements of need.

Refer to the individual child and their needs and make sure there is no information that is related to siblings or other family members by name.

An outcome should be personal and not expressed from a service perspective.

An outcome is the benefit or difference made to a CYP as a result of an intervention. Test this by asking: what will it ‘give’, ‘do for’ or ‘make possible’ for the CYP?

Outcomes should not be mixed with provision – provision is what must be provided to meet the CYP’s needs so that the outcomes can be achieved – provision is recorded in Sections H1 and H2.

An outcome must be Specific, Measurable, Achievable, Realistic, Time bound (SMART). Vague outcomes make it difficult to track progress, leading to drift.

Good outcomes will build on something that’s working well, change something that doesn’t work well and move the Child or young person towards their aspiration (see good examples in the resource section). Be specific about what you would like to see the CYP doing/achieving by a specific review date.

Try to avoid statements such as ‘*must attend school, health appointments’, ‘meet developmental milestones’* as these are universal expectations, not individual needs. Consider what is unique and specific to the child or young person you are providing advice for and the outcomes they want to achieve.

Try to avoid statements such as ‘*referral needed to’* or ‘*assessment needed by’*  as these are embedded solutions, rather than specific needs. Consider the outcome and the desired impact this will have for the child or young person and what this would look like for them.

Agreement is needed from the child, young person and their family to the information that will be submitted

1. **Provisions (Section H of EHC Plan)**

Within this section you should include details of social care provision which is meeting a child’s social care needs.

When completing this section, it is essential that provision end dates/review dates are included for each provision.

Provision can be offered under different legislative framework as outlined below. It is important, that these are detailed within the correct section within your advice. Please see the **H1 and H2 flowchart** below to support if you need additional help with this. In summary:

***H1 – Social Care provision needed under Section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA)***

If a ‘need’ can be met with the provision of the types of services 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 child and their family have been assessed as eligible for support under the CSDPA the Local Authority has a specifically enforceable duty to provide them with services to meet their assessed ‘need’, regardless of resources**.

Provision should be detailed, specific and quantifiable (e.g. type, hours, frequency of support and level of expertise).

Support provided via Direct Payments goes under H2.

***Services specified under Chronically Sick and Disabled Person Act are:***

1. Practical assistance in the home (e.g., with personal care or eating);
2. 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).
3. Assistance with travel to access facilities in the community.
4. Help with special equipment and adaptations to the home.
5. Facilitating the taking of holidays.
6. Meals at home or elsewhere.
7. Provision or assistance in obtaining a telephone and any special equipment necessary.
8. Non-residential short breaks (included in H1 on the basis that the child and parent will benefit from short break).

Any provision listed in a-h above provided as short-term support due to current circumstances e.g., short term school holiday support, support whilst a parent is unwell, support after a child has an operation, etc., is provided under Section 17 of the Children Act 1989, and therefore should be written under H2.

***H2 – other social care provision reasonable required under the Children Act 1989 or the Care Act 2014***

Provision reasonably required (which may have been identified through family support/universal services) identified in CIN, Child Protection (CP) or LAC plans (but not included in H1). This could also include detail about frequency of social worker and Independent Reviewing Officer (IRO) visits, care plan reviews, core group meetings, and placement details (if relevant).

Overnight short breaks and services provided to CYP under 18 years arising from their SEN but unrelated to a disability.

Support delivered via Direct Payments

The Adult Care and Support Plan for young people eligible for adult care support under the Care Act 2014 should be incorporated into Section H2.

**All provision recorded in H1 and H2 must have been through the usual operational funding authorisation processes prior to inclusion**. **It is essential to include the date when the provision will next be reviewed or will cease**.

Where provision in H1 or H2 are jointly funded, details of funding arrangement should be provided.

1. **Sharing your advice**

It is important to only share relevant parts of assessments and care plans, as they contain sensitive family information and history (as well as information about parents, siblings) not relevant to be shared for the purposes of EHC planning. Report writers must use professional discretion about the relevance and usefulness of information shared.

Practitioners must use the EHC Team Template from West Northamptonshire or North Northamptonshire Council when providing advice.

The family should be aware of the information that is being shared and give consent for this.

1. **Process –**
2. All requests for Social Care advice and information will be requested by the relevant EHCP team via the Multi Agency Safeguarding Hub (MASH) and the advice template will be sent through with the request.
3. For all children who are not known to NCT or children who are not currently open but are previously known to NCT, MASH will complete the relevant sections of the advice template and will return to the EHCP team within 15 working days. If a child or young person has recently been closed to NCT, within the last 3 months, the advice request will be sent to the previously allocated social worker/social work team for the advice to be completed and returned within the set timescale.
4. If the child has an allocated Social Worker or Child and Family Support Service Practitioner, the social care advice template will be sent to the allocated worker by the Multi Agency Safeguarding Hub (MASH) so that they can complete the social care advice. The form will indicate a date for completion. These requests **must be returned no later than 6 weeks from the date the Local authority agreed to complete a needs assessment.** If an EHC plan is issued, this advice will also contribute towards the content of the plan and will be used to detail the social care needs and provision within the Education Health and Care plan.
5. If the child is a child in care, looked after under Section 20, then the details of the parents with Parental Responsibility must be provided so they can be consulted as part of the EHC needs assessment. If the Child is looked after under Section 31 of the Children Act 1989 the social worker will also be asked to provide contact details for the parents, foster carer/residential link worker as applicable. This will enable the coordinator to send a Section A parent/carer views form to enable their contribution to their child’s education, health and care plan.
6. Social Care advice should be completed in partnership with the child or young person and their parent or carer and the final advice should be shared with them in the first instance before returning to the EHCP team.
7. Once the practitioner has prepared the social care advice using the relevant template this should be sent to their manager for review and authorisation before being returned to the EHCP team.

**Resolving difficulties**

1. In the first instance, if social care advice is not received within the required timescale or is not of suitable quality, contact will be made by the EHCP team with the relevant social care manager in order to discuss and resolve in the first instance. If this does not resolve matters then this will be escalated to the relevant Service Manager.
2. **Updating social care needs advice and information for EHCP annual reviews**

EHC plans must be reviewed at least annually by the date the initial plan was issued or sooner if needed. The local area delegate responsibility to settings, schools and colleges for arranging and leading the annual review meeting. It is a requirement for updated social care advice to be provided ahead of the review meeting by the worker who should also attend. This updating advice should be requested by the setting.

The updating advice will need to set out what difference any existing support being provided has made in the life of the child, young person and their family, and how the support has helped progress towards or achieving the child’s aspirations and intended outcomes.

**Preparing for adulthood** is a key element of the annual review process. Particularly from age 14 the anticipated needs of the young person when they become an adult and the provision required to support the young person prepare for adulthood need to be considered.

**For children and young people aged 0-17**

Where the child or young person has an allocated social worker or there is a lead professional from the Child and Family Support Service, they are responsible for:

* contacting the setting, school or college to establish when the next annual review meeting is,
* providing the updating social care advice ahead of the meeting in the agreed format
* attending and contributing to the annual review meeting so that sections D, H1 and 2 are current.

1. **Quality assurance**

The relevant Team Manager in the Social Care team or Child and Family Support Service is responsible for quality assuring all social care advice before it is returned to the EHCP team. Quality Assurance of Social Care advice and working with children and young people with EHCPs, will form part of the NCT Quality Assurance Framework and will be a regular theme of CRPD and audit activity. NCT will complete multi-agency EHCP audits with the relevant local authority in line with Quality Assurances processes. The learning and themes from these activities will form part action planning and learning and training needs within the service.

***Useful resources***

Local Offer [Local Offer (northamptonshire.gov.uk)](https://www.northamptonshire.gov.uk/councilservices/children-families-education/send/local-offer/Pages/default.aspx)

Education Health and Care Plans – Examples of Good Practice

[EHCP Exemplar Guide 2017.pdf (councilfordisabledchildren.org.uk)](https://councilfordisabledchildren.org.uk/sites/default/files/uploads/files/EHCP%20Exemplar%20Guide%202017.pdf)

Education, Health and Care Plans examples of good practice from year 9 and beyond

[EHC Exemplar yr 9 and beyond - Final Draft.pdf (councilfordisabledchildren.org.uk)](https://councilfordisabledchildren.org.uk/sites/default/files/uploads/files/EHC%20Exemplar%20yr%209%20and%20beyond%20-%20Final%20Draft.pdf)

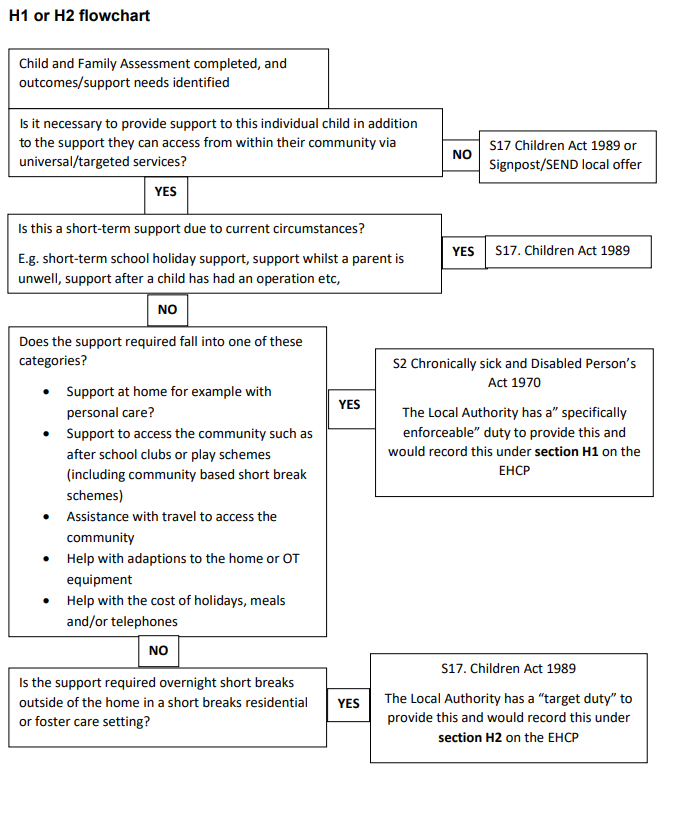
Securing good quality social care advice for education, health and care (EHC) plans

[Social Care Advice.pdf (councilfordisabledchildren.org.uk)](https://councilfordisabledchildren.org.uk/sites/default/files/uploads/attachments/Social%20Care%20Advice.pdf)

Information sharing guidance;

[Information sharing: advice for practitioners (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062969/Information_sharing_advice_practitioners_safeguarding_services.pdf)

***Provision flow chart – (Credit – Stockport EHC Guidance)***



the “seven golden rules”.

The seven golden rules to sharing information

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose