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|  **Social Care Advice to inform EHC Needs Assessment** |
| **SEND Case Worker** | **Date Sent**  | **Date Response Due**  |
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|  |  |  |
| **Child/Young Person’s name** | **Date of Birth** | **Social Care No.** |
|  |  |  |
| **Name of professional completing this advice** | **Designation** | **Date** |
|  |  |  |
| **Email** | **Telephone number** | **Address** |
|  |  |  |
| **Has there been an assessment of the child/young person and family within the last 12 months?** |
| **Assessment Type** | **Date of Assessment** |
|  |  |
| **Is the child/young person known to statutory Social Care or Early Help?** |
| Early Help | Currently: |  | Children’s Social Care | Currently: |  | Adult’s Social Care | Currently: |  |
| Historically:(Dates) |  | Historically:(Dates) |  | Historically:(Dates) |  |

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| **SECTION D: IDENTIFIED SOCIAL CARE NEEDS** |
| **In considering what is important to the child/young person, please include:****Social care needs related to the child/young person’s SEND:***(E.g., How do identified social care needs arise from the following areas of the child/young person’s functioning:* *Communication and Interaction; Cognition and Learning; Social, Emotional and Mental Health; Sensory and/or Physical needs?**How do identified social care needs impact access to education?).* |
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| **Social care needs that are not related to the child/young person’s SEND but may be relevant:** |
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| **SECTION E: OUTCOMES SOUGHT FOR CHILD/YOUNG PERSON** |
| **In considering what is important for the child/young person, please specify outcomes sought for the child/young person. Outcomes should be SMART and linked to the child/young person’s aspirations.***(E.g. By the end of Key Stage 3, Ralph will initiate a conversation with a peer at least once per week during afterschool club without any adult prompts.)* |

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| **1.** | The child/young person will be able to…  | **By when:** |  |
| What difference will this make? What will be the impact? |  |
| **2.** | The child/young person will be able to…  | **By when:** |  |
| What difference will this make? What will be the impact? |  |
| **3.**  | The child/young person will be able to…  | **By when:** |  |
| What difference will this make? What will be the impact? |  |

**\*Please refer to Guidance for completing Social Care Advice document when completing Sections H1 and H2\***

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| **SECTION H1: SOCIAL CARE PROVISION** **MADE UNDER SECTION 2 OF THE CHRONICALLY SICK AND DISABLED PERSONS ACT 1970** |
| **ONLY Social Care provision for a child or young person (under 18) made under section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970 should be detailed in this section.*****This only includes:****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.***This section only applies to children/young people under 18 years old** |
| **Type of support/provision**What is the social care provision required? (at home/ in the educational setting/ in the community) | **Frequency of support/provision**How often will this happen? | **Who is responsible for delivery of provision?**Who will provide this support? |
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| **SECTION H2: ALL OTHER SOCIAL CARE PROVISION** **RECOMMENDED TO MEET NEED** |
| **All other Social Care provision offered and/or recommended to meet the child/young person’s identified social care needs should be detailed in this section.*****This may include:****Services available under the Local Offer; Provision offered within an Early Help plan, Provision offered under the Children Act 1989, including Section 17 Child in Need plan, Child Protection plan or Child Looked After plan; Provision offered under the Care Act 2014; Support arising from a parent carer’s needs assessment; Residential/Foster Care short breaks; Family support interventions; Parenting support.* |
| **Type of support/provision**What is the social care provision required? (at home / in the educational setting / in the community) | **Frequency of support/provision**How often will this happen? | **Who is responsible for delivery of provision?**Who will provide this support? |
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| **SECTION J: PERSONAL BUDGET AND DIRECT PAYMENTS** |
| **Is the child/young person/family in receipt of a personal budget or direct payment?** Yes / No / Unknown |
| **What does the personal budget or direct payment provide for the child/young person/family?** *Please detail the type and quantity (in hours) of support that this funding provides.* |

Please return to the Local Authority, as a **Word** file.

**By post:** SEND Assessment & Review Team, Hull City Council, Brunswick House, Strand Close, Beverley Road, Hull, HU2 9DB

**By the EDT**

**By SFX secure e-mail:** SEND@hullcc.gov.uk