**EDUCATION, HEALTH AND CARE NEEDS ASSESSMENT**

**PROFESSIONAL ADVICE FROM SOCIAL CARE SERVICES**

The Local Authority is seeking information and relevant advice as part of an Education, Health and Care Needs Assessment. This information is sought in accordance with the Children and Families Act 2014.

|  |  |
| --- | --- |
| **NAME OF SERVICE PROVIDING ADVICE:** |  |

**ADVICE GIVER’S DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Service:** |  |
| **Job title:** |  | **Telephone no.** |  |
| **Workplace address:** |  | **Email address:**  |  |
| **Qualifications:** |  | **Date of Advice:** |  |
| **Registration/HCPC No\*:** |  | **Signature:**  |  |

\*where applicable

**REASON ADVICE IS BEING PROVIDED:**

☐ EHC Needs Assessment ☐ Review of EHC Plan ☐ Re-assessment

**Date Advice Due:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE ENSURE THIS ADVICE IS WORD PROCESSED, NOT HANDWRITTEN.**

**Handwritten copies will be returned.**

**Part 1: CHILD/YOUNG PERSON’S DETAILS – *prepopulated: please check details and amend if needed for your service and / or update your own records with this information***

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| --- | --- | --- | --- |
| **Forename:** |  | **Surname:** |  |
| **Home address:** |  |
| **Home borough:** |  | **Gender:** |  |
| **Date of Birth:** |  | **Age:** |  |
| **Ethnicity:** |  | **Religion:** |  |
| **Languages spoken at home:** |  |  |  |
| **Is interpretation required?** | Yes / No | **Language:** |  |
| **Child Looked After (CLA)** | Yes / No | **Child in Need (CiN)** | Yes / No |
| **Child Protection (CP)** | Yes / No | **Early Help (EH)** | Yes / No |
|  |
| **Name of Parent/Carer:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email address:** |  |
|  |
| **Name of Parent/Carer:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email address:** |  |
|  |
| **Name of Educational Setting:** |  |
| **Setting Address:** |  |
| **Year Group at time of assessment:** |  | **Unique Pupil Number:** |  |
|  |
| **Name of GP Surgery:** |  | **NHS Number:** |  |
| **Address of GP Surgery:** |  | **CCG:** |  |

**Part 2: SOURCES OF INFORMATION**

It is important to state the information that has been gathered to form the basis of this advice and in particular to justify your findings. Please list all of the sources of information used in preparing the advice: e.g. Child and Family Assessment.

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| --- | --- | --- |
| **Date**  | **Author** | **Brief Description of the Evidence** |
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**Details of Your Service’s Contact with the Child / Young Person** of Professional

F

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| --- |
| **Please give details of your involvement and the impact of your service on the child / young person’s development (name of practitioner, date of involvement, type of involvement, description of evidence).** |
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**Part 3: SUMMARY OF CARE NEEDS AND CURRENT PROVISION**

When completing your advice, please

* complete from the perspective of your own service/area of expertise
* separate the child/young person’s voice from that of the parent/carer
* include your hypotheses and the summary of your professional conclusions

**Social care needs which require provision for the child or young person (if under 18) under section 2 of the Chronically Sick and Disabled Persons Act 1970 or any other social care needs and how these are affecting learning and preparation for adulthood** (relevant to section D, H1 and H2 of the EHCP)

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| --- | --- |
| **Identified Need** | **Impact on Learning** |
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| **Is the Child or Young Person currently in receipt of a Personal Budget/ Short Breaks Service or any other form of Direct Payment (please describe)** |
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**Part 4: OUTCOMES**

An outcome is described as “**the benefit or difference made to an individual as a result of an intervention**”. What outcomes are you / your service intending to bring about through your interventions? You can make use of CIN/CP plans under this section for actions relevant to the child / young person’s ability to learn or the intended impact on education (preparing for adulthood outcomes in the following section)

*Preparation for Adulthood (PfA) outcomes are:*

1. *Progression to further / higher education and/or employment*
2. *Independent Living and Housing*
3. *Friendships, relationships and being part of my community*
4. *Being as healthy as possible in adult life*

|  |  |  |
| --- | --- | --- |
| **Outcome 1:**  |  | **Which PfA Outcome does this relate to?** |
| **Steps towards the outcome:** |  |  |

|  |  |  |
| --- | --- | --- |
| **Outcome 2:**  |  | **Which PfA Outcome does this relate to?** |
| **Steps towards the outcome:** |  |  |

\* Duplicate this table for each outcome as required

**Part 5: PROVISION**

Provision needs to be explained (i.e. iCount, what does it mean for the child/ young person?)

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| --- |
| **Section H1: Any social care provision which must be made [name] as a result of section 2 of the Chronically Sick and Disabled Persons Act 1970** |

|  |  |  |
| --- | --- | --- |
| **What support does CYP NAME require and how will this help to achieve their outcomes?** | **Who is going to provide the support and how often?** | **When will it be reviewed and who will review it?** |
|  |  |  |

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| **Section H2: Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child/young person having SEN** |

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| --- | --- | --- |
| **What support does CYP NAME require and how will this help to achieve their outcomes?** | **Who is going to provide the support and how often?** | **When will it be reviewed and who will review it?** |
|  |  |  |

**Please be aware of your responsibility to**

* **Share/discuss the advice provided with the parent / carer / young person**
* **If your advice is going to be late, to inform the young person / parent / carer and the LA of the reason and the revised submission date**

|  |  |
| --- | --- |
| **Person reviewing/ quality assuring advice:** |  |
| **Print job title:** |  |
| **Signature:** |  |
| **Date:** |  |

**Once completed, please return this advice BY SECURE EMAIL with any other relevant information to** sen.team@cognus.org.uk

It can also be returned by post to the SEN Service, 24 Denmark Road, Carshalton, Sutton, SM5 2JG.

For office use only

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received: |  | Response due by: |  |
| Case Officer:  |  | Panel Date:  |  |