

EHCP Needs Assessment: Advice and Information Relating to Social Care.

Childs Name:	
Date of Birth:	
Who has Parental Responsibility?	

Type of Advice

Initial EHCP Assessment	
Review of EHCP	

Please return this advice form and any supporting evidence to:

Name:

By:

Contact details for the Social Worker or Lead Professional: Name: Team: Telephone Number:

Is the child or young person known to Social Care or Targeted Services?

Targeted Services		Childrens Social Care		Adults Social Care	
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Does the child or young person have a current plan?

TAF		CIN		CP		LAC		Other (please specify)	
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Social Care Information and Advice

Please provide a brief overview of the reason for the current involvement with Targeted Services or Social Care.

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What are the child's aspirations?

What is working well?

What are we worried about? (i.e. what are the social care needs)

This section should identify the social care needs which relate to their SEND as well as social care needs that are not linked to the child or young person's SEND but may be relevant outcomes sought.

What do we want to happen?

This section should be SMART and identify the social care outcomes sought.

Please detail the provision in place to meet the needs identified above:

This must include any social care provision under section 2 of the Chronically Sick and Disabled Person Act 1970 (CSDPA 1970) or adult social care provision made under the Care Act 2014 (CA 2014)

Please specify who is responsible for arranging the provision, how often it takes place, where it takes place and how long for?

(Section H1) Please provide details of the provision under the CSDPA 1970 S.2 or CA 2014 related to the needs/outcomes identified	(Section H2) Please provide details of other social care provision related to the needs/outcomes identified	Who is responsible for arranging the provision?	What is the frequency of the provision and how long will it take place?

Is the child or young person receiving a personal budget?

Yes / No (Please delete as appropriate)

Name of worker completing advice:	
Designation:	
Telephone Number:	
Date Completed:	