Essex County Council logo


Social Care Needs Report For EHC Planning

Use Guidance to Social Care Needs Report For EHC Planning

# Child or Young Person’s details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Forename(s): |  |
|  |  |  |  |
| Date Of Birth: |  | Year Group: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address: |  | Post Code: |  |

|  |  |
| --- | --- |
| Who Has PR? (If Under 18 Years): |  |

|  |  |  |
| --- | --- | --- |
| Does LA Share PR?: | Yes | No |

|  |  |
| --- | --- |
| SEND Worker Requesting Report: |  |

# Status

Open as Contact, Referral, or Case to:

Family Solutions

Social Care

Children And Young People With Disabilities OT And Rehab Service

Divisional Based Intervention Team (D-Bit)

Adult Social Care

Youth Offending Service

Not Open To Any Of The Above Currently Has Been Open Within The Last Month (A&I), Three Months (FS&P) Or Appropriate Timescales For The Child/Young Person (CYPWD).

Not Open To Any Of The Above Currently All Within The Last Month (A&I), Three Months (FS&P) Or Appropriate Timescales For Child/Young Person (CYPWD).

|  |  |
| --- | --- |
| Other (Please Specify): |  |

# Has child or young person being assessed?

|  |  |
| --- | --- |
| Type Of Assessment: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Of Assessment Completed: |  | Assessment In Progress: | Yes | No |

# Is there a care plan in place?

|  |  |
| --- | --- |
| Type Of Care Plan: |  |
|  |  |
| Date Of Next Review: |  |

# Social care needs (Section D Of EHC Plan)

What social care needs have been identified? **(Follow guidance note two)**

|  |
| --- |
|  |

# Social care provisions and outcomes (F/H1/H2 of EHC plan)

**(Follow guidance notes 3 and 4)**

## First support/intervention/provision

### 1a. What support/intervention/provision is your team providing (or funding)?

***You must include:*** Start date, next review date, details of who delivered it, when, where, frequency, duration and breakdown of any joint funding.

|  |
| --- |
|  |

### 1b. Outcomes: What benefits or difference is the support/intervention/prevention expected to make and by when?

E.g. building on what’s working well; changing something that isn’t working; moving closer to hopes and aspirations of the child/young person and family).

|  |
| --- |
|  |

### 1c. Select relevant box

H1 (provided or funded under section 2 of the Chronically Sick and Disabled Persons Act 1970)

H2 (provided or funded under the Children Act 1989 or Care Act 2014

F (necessary educational provision defined as systemic instruction, schooling or training)

Needs met from Universal Service

## Second support/intervention/provision

### 2a. What support/intervention/provision is your team providing (or funding)?

***You must include:*** Start date, next review date, details of who delivered it, when, where, frequency, duration and breakdown of any joint funding.

|  |
| --- |
|  |

### 2b. Outcomes: What benefits or difference is the support/intervention/prevention expected to make and by when?

E.g. building on what’s working well; changing something that isn’t working; moving closer to hopes and aspirations of the child/young person and family).

|  |
| --- |
|  |

### 2c. Select relevant box

H1 (provided or funded under section 2 of the Chronically Sick and Disabled Persons Act 1970)

H2 (provided or funded under the Children Act 1989 or Care Act 2014

F (necessary educational provision defined as systemic instruction, schooling or training)

Needs met from Universal Service

## Third support/intervention/provision

### 3a. What support/intervention/provision is your team providing (or funding)?

***You must include:*** Start date, next review date, details of who delivered it, when, where, frequency, duration and breakdown of any joint funding.

|  |
| --- |
|  |

### 3b. Outcomes: What benefits or difference is the support/intervention/prevention expected to make and by when?

E.g. building on what’s working well; changing something that isn’t working; moving closer to hopes and aspirations of the child/young person and family).

|  |
| --- |
|  |

### 3c. Select relevant box

H1 (provided or funded under section 2 of the Chronically Sick and Disabled Persons Act 1970)

H2 (provided or funded under the Children Act 1989 or Care Act 2014

F (necessary educational provision defined as systemic instruction, schooling or training)

Needs met from Universal Service

#### Insert additional boxes if needed.

# Appendices

**If relevant, list any additional reports or plans you will be submitting with this Report** (agreement must be sought from author of the report /plan and family), e.g. Moving and handling plan, Behaviour Management plan etc.

|  |  |  |
| --- | --- | --- |
| Title of report/plan | Date report | Agreement from author of report |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |

# Report writer

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Job Title: |  |
|  |  |  |  |
| Team Name: |  | Email: |  |

|  |  |
| --- | --- |
| Signature: |  |

**STATUTORY DEADLINE:**

**Report must be returned to the SEND Operations Service within 6 weeks of request.**

|  |  |  |  |
| --- | --- | --- | --- |
| The report was requested: |  | Date report returned: |  |

|  |  |  |
| --- | --- | --- |
| Have you been invited to attend EHC meeting? | Yes | No |

# Team manager authorisation

I have reviewed this report for quality and accuracy purposes.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Job Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

# Sharing your report

* Where child/young person needs protection, permission to share is desirable but not essential.
* In ALL other circumstances permission must be gained before sharing this Report.

## Parent/carer

|  |  |  |
| --- | --- | --- |
| Has the report been discussed/shared with parents/carers? | Yes | No |

|  |  |
| --- | --- |
| If no please state reason: |  |

|  |  |  |
| --- | --- | --- |
| Has parent/carer given permission for the report to be shared | Yes | No |

## Child/Young Person

|  |  |  |
| --- | --- | --- |
| Has the report been discussed/shared with parents/carers? | Yes | No |

|  |  |
| --- | --- |
| If no please state reason: |  |

|  |  |  |
| --- | --- | --- |
| Has parent/carer given permission for the report to be shared | Yes | No |

|  |  |
| --- | --- |
| If no please state reason: |  |

When you have gained consent, share sections 1-10 of this report and any relevant appendices with your local SEND Operations Team.

## Mid Essex

(Braintree, Chelmsford, Halstead and Maldon)

**Telephone:** 0333 013 9949

## North Essex

(Colchester and Tendring)

**Telephone:** 0333 013 7667

## South Essex

(Basildon, Billericay, Brentwood, Castle point, Rochford and Wickford)

**Telephone:** 0333 013 4736

## West Essex

(Epping, Harlow and Uttlesford)

**Telephone:** 0333 013 9911