**Social Care Needs Report for EHC planning**

**Use *Guidance to Social Care Needs Report for EHC planning***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Child or young person’s details | | | | | | |
| **Child/young person’s name** | |  | | | | |
| **Date of Birth** | |  | | | | |
| **Address** | |  | | | | |
| **Who has PR?**  **(if child under 18 years)** | |  | | | | |
| 1. Status – mark ‘X’ as appropriate | | | | | | |
| **Not open to**  **Social Care** | **Open as a Contact, Referral, or Case to:** | | | | | |
| **Family Solutions** | | **Social Care** | | **Children & Young People with Disabilities Occupational Therapy and Rehabilitation Service** | **Children & Young People Support Service** |
|  |  | |  | |  |  |
| 1. Has child or young person’s needs been assessed? | | | | | | |
| **Type of assessment** | | | |  | | |
| **Date assessment completed** | | | |  | | |
| **Next assessment due** | | | |  | | |
| 1. Is there a care plan in place? | | | | | | |
| **Type of care plan** | | | |  | | |
| **Date of last review** | | | |  | | |
| **Date of next review** | | | |  | | |
| 1. Social care needs (Section D of EHC plan) | | | | | | |
| * **What social care needs have been identified?** * **You must follow advice in *Guidance note 5.*** | | | | | | |
|  | | | | | | |
| 1. Social care outcomes (Section E of EHC plan) | | | | | | |
| **What are the desired outcomes of social care support, interventions and provisions being provided?**   * **Outcomes must be Specific, Measurable, Achievable, Realistic, Timed (SMART)** * **Outcomes must be linked to the child or young person’s aspirations or needs.** * **You must follow advice in *Guidance note 6.*** | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Social care provisions (Section F and H of EHC plan) | | | | | | | |
| **You must follow Guidance Note 7)** | | | | | | | |
| **Support, intervention or provision social care provide or fund (partly or wholly)**   1. What’s being provided (or funded)? 2. Who’s delivering it? 3. When/where? 4. For how long? 5. How often? | **Start date** | **Next review date** | **End date** | **If jointly funded provide details and breakdown** | **Which section of EHC plan?**  **H1:** Provided (or funded)  under S2 of the CSDPA.  **H2:** Provided (or funded)  under the Children Act  1989 or Care Act 2014.  **F:** Social care provision  defined as ‘educational’  (contact SEND link worker) | | |
| **H1** | **H2** | **F** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 1. 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 or plan and family), e.g.**   * **Moving and handling plan** * **Behaviour Management plan** * **LAC care plan** * **Short Break care plan**   **Please follow advice in *Guidance Note 8*.** | | | | | | | |
|  | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Report writer | | | | | | | | |
| * Please read *Guidance Note 9* when completing this section. | | | | | | | | |
| **Name:** | |  | | | | | | |
| **Job title:** | |  | | | | | | |
| **Team name:** | |  | | | | | | |
| **Email:** | |  | | | | | | |
| **Date ‘advice and information’ request received:** | |  | | | **Date this Report returned to Statutory Assessment Service:**  **(must be within 6 wks)** | |  | |
| **Requester name:**  **Team/Service name:** | |  | | |
| **Date of EHC meeting:** | |  | | | **Will you be attending EHC meeting?**  Delete as appropriate | | YES/ NO | |
| **Invited to EHC meeting?**  Delete as appropriate | | YES / NO | | |
| **Date invite received** | |  | | |
| Team Manager authorisation | | | | | | | | |
| **Manager’s name:** |  | | **Team:** |  | | **Date:** | |  |

|  |  |
| --- | --- |
| 1. Sharing your report | |
| * **When child is in need of protection, consent to share information remains desirable but is not essential.** * **In ALL other circumstances consent must be gained before sharing report.** * **Reports must be provided within six weeks of request.** * **You must follow advice in Guidance Note 10.** | |
| **Parent / carer** | **Has report has been discussed and shared with parent / carer?**  YES / NO Delete as appropriate |
| **Has parent / carer consented to report being shared?**  YES / NO Delete as appropriate |
| **Child / young person** | **Has report been shared with child / young person?**  YES / NO Delete as appropriate  **If not, state reason:** |
| **Has child / young person consented to report being shared?**  YES / NO / NA Delete as appropriate |
| **When you have gained consent, share sections 1-10 of this report and any relevant appendices with your local Statutory Assessment Service.** | **NORTH:** Telephone: 0333 013 7667 (Colchester and Tendring)  **WEST:** Telephone: 0333 013 9911 (Epping, Harlow and Uttlesford)  **SOUTH:** Telephone: 0333 013 4736 (Basildon, Billericay, Brentwood, Castle Point, Rochford and Wickford)  **MID:** Telephone: 0333 013 9949 (Braintree, Chelmsford, Halstead and Maldon). |

**Agreement to share   
personal information**

Name(s) of family member(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The service / activity this form relates to: Education, Health and Care (EHC) needs assessment and planning process.

Please read this carefully and then sign and date the form. If you have concerns please discuss them with the person working with you.

**I agree** that personal information about me / my child may be shared with or requested from other agencies and with other professionals, so that my / my child’s needs can be assessed or reviewed as part of the Education, Health and Care process, or I / my child can be provided with services.

**I understand** that I may withdraw my consent to share information at any time and this may result in a reduction of services being available.

**Agencies I agree that my personal information may be shared or requested with:**

Doctor Health Visitor

School or college Nursery

Police EWMHS

Hospital Substance misuse agencies

Statutory Assessment Service  Other: (list here)

Please tick above boxes as appropriate

**Information I do not want shared:** (use continuation sheet if necessary)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Delete as appropriate:** Parent/Carer / Young Person / Representative

**NB: A copy of this form must be given to young person / parent/carer / representative signing it and a copy placed on the child or young person’s records.**

|  |
| --- |
| **Statement of Practitioner** |

Is the person able to understand why their information may be shared and are they able to make a consent decision on this basis? (Please tick and complete **A, B** or **C** below).

**A YES**

I have explained to the person/their representative:

Why we may need to share information.

Who we may need to share information with

Their right to decline the sharing of some or all of the information.

Their right to withdraw consent at any time.

I have given the person/their representative a copy of the

Consent information leaflet.

The person has signed Agreement to share personal information section

**or**

**B**  **I am unable to judge this and have referred this matter to:**

**C No, because**

|  |
| --- |
| **Review of Consent :** This consent form should be renewed at the completion of any new *Social Care Needs Report for EHC planning* to ensure that it still reflects the person’s wishes. |

Signature: Date:

Print Name: Contact number:

Job Title:

Organisation & team name:

**NB: A copy of this form must be given to young person / parent/carer / representative and a copy placed on the child or young person’s records.**

**CONSENT- A GUIDE FOR PARENTS/CARERS**

**Providing Advice and Information as part of the**

**Education, Health and Care planning process**

**This information leaflet outlines who can give consent, when and how.**

**What do you mean by consent?**

Social Care receives requests from the Statutory Assessment Service or education and nursery settings asking Social Care to provide ‘Advice and Information’ as part of the Education, Health and Care (EHC) needs assessment and EHC planning process. Wherever possible the social worker will talk to you about the request and ask for your permission or consent to talk to other agencies who may know you. The advice and information provided by Social Care will contribute to your child’s EHC needs assessment, and/or the EHC planning process for your child.

**How will you and your child be asked for consent?**

The social worker will complete a report giving details of Social Care’s involvement with your child and family. The report will include details of needs we have identified, details of any support, interventions or other provisions Social Care is providing or funding, and details of what outcomes we hope to achieve. It may be necessary to speak to your child or other practitioners who are involved with you and adult members of your family to help us get a more complete understanding of your family.

The social worker will share the report with you (and your child, if this is appropriate), so you know what information the report contains. You will have the opportunity to tell the social worker if there is anything you would not like us to share in our report.

You will be asked to sign an Agreement to Share Personal Information form outlining what has been agreed and you will be given a copy of the report.

**What happens if I give my consent?**

If you give consent, the report will be sent to the person coordinating the Education, Health and Care planning process for your child.

**What happens if I refuse consent?**

If you feel unable to give your consent or do not want the social worker to provide a report as part of the EHC needs assessment or EHC planning process you can refuse consent.

**Can Social Care share the report without my consent?**

Yes in some situations, for example if there is information that suggests your child may be at risk of serious harm we may provide the report and contact other agencies without your consent. We will however always make every effort to gain your consent. If this does happen you will be informed in writing of the decision and the reason for it. Occasionally, if we are extremely concerned about the safety of your child, we will not tell you until our initial enquiries are complete.

**What are my rights?**

If you have consented to us gathering information and providing a report as part of the EHC needs assessment or EHC planning process but have then changed your mind you must let us know in writing and we will stop the process. If issues have come to light that give us serious cause for concern about the safety or welfare of your child we will continue. If this is the case you will be kept fully informed and told what the concerns are.

**How long does my consent last?**

If you give consent, this will last until your current involvement with Social Care ends.

**Can I obtain copies of my information?**

If you would like to exercise your right to obtain copies of your personal information you will need to submit a written request to us, along with proof of your identity, to:

**The Access to Records Co-Ordinator**

PO BOX 297, County Hall, Chelmsford, Essex CM1 1YS.

Tel: 01245 436235

access.records@essex.gov.uk

**Advocacy**

If you are a child or young person and you feel that the Social Care services are not listening to you, you could get help from an independent advocate. An advocate is someone who will only work for you, to help you get your views heard about what you want to happen when decisions about you are being made. If you are not happy about the service you are getting from Social Care services, you have a right to an independent advocate to help you make a complaint.

An advocate can support you at important meetings such as Child Protection Conference or a Child In Care Review meeting. They can help you to get a solicitor if this is what you need. An advocate will keep what you say confidential unless you or someone else could be at risk of harm and will only share information with other people with your permission.

**How to contact an advocate**  
To get in touch with an advocate contact The Essex Advocacy Service (run by the children’s charity Barnardo's).

Tel: 0800 652 4546  
[essexadvocacyservice@Barnardos.org.uk](mailto:essexadvocacyservice@Barnardos.org.uk).

**Children’s Social Care Complaints: contact details**

**The Customer Care Manager**, Schools, Children and Families, Essex County Council, PO Box 11, County Hall, Market Road, Chelmsford, Essex CM1 1LX

Telephone: 08456 037627

Textphone: 08457 585592

**Data Protection**

For independent advice about data protection, privacy and data sharing issues, you can contact the **Information Commissioner’s Office**, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

Tel: 0303 123 1113

[www.ico.org.uk](http://www.ico.org.uk)