**Social Care Advice**

**Context**

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

**Child/Young Person's Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name (s) |       | Surname |       |
| Date of Birth |       | Gender |       |
| Home address |       | Postcode |       |
| Setting |       | Unique Pupil Number |       |
| Ethnicity |       | Religion |       |

**Details of Parent(s) or Person Responsible**

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s) |       |       |       |
| Relationship |       |       |       |
| Home Address |       |       |       |
| Contact Number(s) |       |       |       |
| Email address |       |       |       |
| Preferred method of contact |       |       |       |

|  |  |  |
| --- | --- | --- |
| Is the child/young person known to your service? | Yes       | No       |

**Section A: Social Care Needs**

This section sets out the social care needs that have been identified for the child/young person in relation to their SEN.

|  |
| --- |
| My Social Care Needs |
|       |

**Section B1: Social Care Provision (Section H1 of the EHC Plan)**

This section sets out any social care provision which must be made resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970.

|  |  |  |  |
| --- | --- | --- | --- |
| What is the identified Social Care issue/concern/need? | Action and support to reduce need/concern | How often and by whom? | What is the desired outcome? |
|       |       |       |       |
| Review      |

**Section B2: Social Care Provision (Section H2 of the EHC Plan)**

This section sets out any other social care provision reasonably required by the learning difficulties or disabilities which would result in the child/young person having SEN.

|  |  |  |  |
| --- | --- | --- | --- |
| What is the identified Social Care issue/concern/need? | Action and support to reduce need/concern | How often and by whom? | What is the desired outcome? |
|       |       |       |       |
| Review      |

**Section C: Personal Budget**

|  |  |
| --- | --- |
| Have the parents/young person requested a personal budget? |       |
| Has a personal budget been agreed? |       |

|  |  |
| --- | --- |
| What is the cost of the Social Care personal budget? |       |
| What outcomes will be achieved through the benefit of a personal budget? |
|       |
| How will the social care personal budget be reviewed? |
|       |

**Advice Givers Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Organisation |       |
| Signature |       |
| Job Title |       | Service |       |
| Qualifications |       | Address |       |