**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 |  |