**EDUCATION, HEALTH AND SOCIAL CARE ANNUAL REVIEW:**

**Social Care Statutory Advice and Information**

**(CHILDREN & FAMILIES ACT 2014)**

|  |  |
| --- | --- |
| **Child / Young Person’s Personal Details** | **Social Care representative completing this form** |
| **Family Name** |  | **Name** |  |
| **Forenames** |  | **Signature** |  |
| **DOB** |  | **Designation** |  |
| **Who has parental responsibility?** |  | **Team** |  |
| **Date of advice** |  |  |  |  | **Managers Name** |  |
|  |  | **Managers signature (for QA purposes)** |  |

Please be aware that this information will be shared with parents/carers and key professionals. It will also be shared at a SEND Tribunal, should one be called.

**Is the child or young person known to statutory Social Care or Early Help?**

|  |  |  |
| --- | --- | --- |
| Early Help [ ]  | Children’s Social Care[ ]  | Not known to services[ ]  |

**Has there previously been an assessment of the child and family?**

|  |  |  |  |
| --- | --- | --- | --- |
| Early Help [ ]  | Child andFamily (SW assessment)[ ]  | Care Act[ ]  | Other[ ] please specify: |

**Does the child or young person have a current plan?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Early Help[ ]  | CIN[ ]  | CP [ ]  | LAC (s17,s20 or 31)[ ]  | Short Breaks plan[ ]  | Care and Support plan[ ]  | Other [ ] please specify: |

**If no previous social care involvement – details of assessment undertaken**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Telephone assessment [ ]  | Home visit assessment [ ]  | Office assessment [ ]  | Other [ ] please specify: | Name of Social Care officer: | Date of assessment: |

|  |
| --- |
| **Section D****My Social Care Needs which are related to my SEN or Disability** |
| **This should not include information about other family members or historic family details, if not related to this child or young person’s special educational needs.** |
| **Section D****My Social Care Needs which are NOT related to my SEN or Disability** |
| **This should not include details about other family members or historic family information, if not related to this child or young person’s needs.** |
| **Section E – Outcome****Aims and aspirations***The long-term aim, e.g., at the end of Key stage / and the steps to be taken to achieve the long-term aim***SMART Targets** *(Specific, Measurable, Achievable, Relevant, Time bound* | **Section H1– Social Care Provision****provision which must be made for a child or young person under 18 resulting from Section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA).** Social Care Provision required by child or young person (If the child/young person is in Y9 or beyond, include provision required by child or young person to assist in preparation for adulthood and independent living)*.* |
|  | **To be achieved by** |  | **By whom** | **Frequency and quantity** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Section E – Outcome****Aims and aspirations***The long-term aim, e.g., at the end of Key stage / and the steps to be taken to achieve the long-term aim***SMART Targets** *(Specific, Measurable, Achievable, Relevant, Time bound* | **Section H2– Social Care Provision****Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN.**Social Care Provision required by child or young person (If the child/young person is in Y9 or beyond, include provision required by child or young person to assist in preparation for adulthood and independent living)*.* |
|  | **To be achieved by** |  | **By whom** | **Frequency and quantity** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Section J: Social Care Personal Budget** |
| Are the family eligible for a Social Care Personal Budget? | Yes [ ]  | No [ ]  |
| **Outcome(s) Requiring Additional Resource** | **Social Care Support Arrangements/monitoring arrangements** | **Allocation** | **Date of Agreement** | **Direct Payment Yes / No** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total | £ |  |  |