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

**Social Care Statutory Advice and Information**

**(CHILDREN & FAMILIES ACT 2014)**

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| --- | --- | --- | --- | --- | --- | --- |
| **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 and  Family (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** | |
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| --- | --- | --- | --- | --- | --- | --- |
| **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 | | £ |  | |  | |