



**CHILDREN & FAMILIES ACT 2014**

**SOCIAL CARE ADVICE TOWARDS THE ASSESSMENT OF A CHILD’S**

**EDUCATION, HEALTH AND CARE NEEDS**

The Children’s Department is undertaking an Education, Health and Care assessment under the terms of the Children & Families Act 2014 of the pupil named below. This advice must be given in a timely manner and within a maximum of 6 weeks from the date of the request

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| **Name/D.O.B:** |
| **Setting/School:** |

**Is this child known to Social Care? YES/NO Is this child known to Early Help Services YES/NO**

**If yes, please provide the following information before \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If an EHCP is issued, this advice may be included in the plan.**

**The Child/Young Persons’ Primary Area of Need is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Advice Givers Details**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Managers Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Advice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Brief History of Involvement** |
| **Are there any additional significant factors e.g. Health, attendance, home circumstances, Social relationships**  **Please list the child or young person’s Social Care Needs here;** |
| **Current Support Arrangements**  **Give details of any social care provision in place (Section 2 Chronically Sick and Disabled Persons Act 1970)** |
| **Set out any known views regarding the need for an EHC assessment**  **Child/Young Person’s views**  **Parent/Carer’s views**  **Social Worker’s views** |
| **Social Care Outcomes to be achieved over the next 2 – 3 years and the provision needed to help Child/young person meet their Outcomes** |

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| **Section E – Social Care Outcome** | **Section H1– Social Care Provision required to achieve the Outcome\*** |
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| **Social Care Outcome** | **Section H2– Social Care Provision required to achieve the Outcome\*** |
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\* H1: Any social care 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.

\* H2: Any other social care provision reasonably required by the learning difficulties and disabilities which result in the child or young person having SEN. This will include any adult social care provision being provided to meet a young person’s eligible needs (through a statutory care and support plan) under the Care Act 2014.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please print name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Paper copies can be returned to:

SEND Team,

Wirral Council,

PO Box 290,

Brighton Street,

Wallasey

CH27 9PQ.

Or email to [senteam@wirral.gov.uk](mailto:senteam@wirral.gov.uk) please put child’s name, DOB and coordinators name in subject box