**Social Care Advice**

**for an Education, Health and Care Plan (EHCP)**



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| **CHILD / YOUNG PERSON’S DETAILS** | | | |
| **Legal Surname** |  | **First Name** |  |
| **Date of Birth** |  | **M/F** |  |
| **Legal Status** |  | **ICS Number** |  |
| **Supporting professional** |  | **Date** |  |

**IDENTIFIED SOCIAL CARE NEEDS (SECTION D)**

| **Social Care needs related to the young person’s Special Educational Needs & Disabilities:**  This could include needs arising from: cognition and learning; communication and interaction; social, emotional and mental health; physical and/or sensory needs. |
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| **Social Care needs unrelated to Special Educational Needs and Disabilities:** |
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**SOCIAL CARE PROFESSIONAL’S REPORT**

| **What is important for the child / young person?** |
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| **What is the best way to support the child / young person?** |
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**SOCIAL CARE OUTCOMES (SECTION E)**

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| --- | --- | --- | --- |
| **Include here any LONG-TERM outcomes related to a social care need**   * These should be specific, measurable, achievable, realistic, and time-based * Please add additional rows as necessary | | | |
| **Outcome** |  | **By when?** |  |
| **Outcome** |  | **By when?** |  |
| **Outcome** |  | **By when?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Include here any SHORT-TERM outcomes related to a social care need**   * These should be specific, measurable, achievable, realistic, and time-based * Please add additional rows as necessary | | | |
| **Outcome** |  | **By when?** |  |
| **Outcome** |  | **By when?** |  |
| **Outcome** |  | **By when?** |  |

**SOCIAL CARE PROVISION**

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| --- | --- |
| **Provision recommended to meet needs under Section 2 of the Chronically Sick and Disabled Persons Act 1970 (Section H1)**  This could include: practical assistance in the home and when travelling; adaptations to the home; assistance in obtaining recreational and educational facilities; provision of meals at home or elsewhere; assistance in obtaining special equipment; non-residential short breaks. | |
| **What social care provision is required?** |  |
| **How often will this happen?** |  |
| **Who is responsible for delivery of provision?** |  |
| **Who will provide this support?** |  |

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| **Other social care provision reasonably required by the child / young person’s SEND (Section H2)** | |
| **What social care provision is required?** |  |
| **How often will this happen?** |  |
| **Who is responsible for delivery of provision?** |  |
| **Who will provide this support?** |  |

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| --- | --- | --- | --- |
| **SOCIAL CARE PROFESSIONAL’S DETAILS** | | | |
| **Name** |  | **Designation** |  |
| **Address** | | **Email** |  |
| **Phone** |  |

Please return this advice form and any supporting evidence and additional reports to the SEN Assessment and Commissioning Service (SENA).

**Email** [senaservice@leics.gov.uk](mailto:SENAservice@leics.gov.uk)

If you require any help or assistance when completing this form please do not hesitate to contact the SENA on the number below.

**Phone** [0116](mailto:SENAservice@leics.gov.uk) 305 6600