******Guidance for the completion of**

**Social Care Advice for the**

**EHC Needs Assessment.**

Updated: February 2024

Date to be Reviewed: February 2025

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# **Overview:**

The Children and Families Act 2014, the Care Act 2014, and the Special Educational Needs and Disability Regulations 2014set out sweeping changes to the way children and young people 0-25 years with special education needs or disabilities (SEND) are supported.

The changes, known as the SEND reforms, are explained in the Special Educational Needs and Disabilities (SEND) Code of Practice 2015 and include:

* New multi-agency Education, Health and Care (EHC) Needs Assessments. The EHC Needs Assessment uses person-centred approaches to identify needs and desired outcomes for the child/young person and their family.
* EHC Needs Assessments determine whether a multi-agency Education, Health and Care (EHC) plan is required. Where EHC plans are required, they replace existing Statement of Special Education Needs and Learning Disability Assessments (LDA).
* EHC plans operate alongside (but do not replace) other Plans such as Child Protection Plans, Child In Need (CIN) Plans, Pathway Plans and Looked After Children (LAC) Plans. Each should inform the other.
* Where possible EHC planning and review meetings should run alongside other relevant meetings e.g. PEP and CIN meetings, each informing the other.

**Relevant legislation**:

* Children Act 1989
* Children and Families Act 2014
* Chronically Sick and Disabled Persons Act 1970
* Care Act 2014
* Equality Act 2010
* Mental Capacity Act 2005 (over 16’s)

# **EHC Needs Assessments and plans:**

An Education, Health and Care Plan (EHCP) is a legal document which records a child’s or young person’s aspirations, intended outcomes, needs, and the provision in relation to their special educational needs and/or disability (SEND). An EHC plan can be requested for any child or young person aged 0 – 25 who has or may have SEND.

In order to decide if an EHC plan is needed an EHC Needs Assessment (EHCNA) is undertaken. This is led and coordinated by the SEND Assessment and Placement Teams. An EHCNA is an assessment of the education, health care, social and care needs of a child or young person. This can be requested by a child’s parent or young person, a school or other educational setting, a health or social care service.

When conducting an EHCNA, the Children and Families Act 2014 requires that children, young people and their parents/carers are supported and assisted to participate as fully as possible in decision making, that their views, wishes and feelings and aspirations are considered, and that children and young people’s development is supported so that they can achieve the best possible educational and other outcomes. Therefore, there needs to be clear evidence of this within the EHCNA and the EHCP if issued.

As part of the EHCNA, advice and information is sought from a range of professionals who know and support the child or young person. This includes the setting, school or college staff, health care staff and statutory social care services.

In formulating the advice, it is necessary to engage with the child, young person and their family to establish their social care needs with a focus on enabling them to achieve specific outcomes and their aspirations.

# **Social Care Needs Advice and Information:**

To inform the EHC needs assessment, social and care needs advice and information must be provided on behalf of the local authority where a child or young person is known or has been known to statutory children’s or adult social care services, and advice and information from early help assessments (Code of practice 9.49). This informs sections D, H1 and H2 of the EHC Plan.

Where a child or young person has not been known to statutory services, those professionals who know the family well can provide social care advice and information.

When providing social and care needs advice for EHC needs assessments workers will need to consider carefully what information to share with others, considering the government’s advice on information sharing which sets out the “[seven golden rules](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062969/Information_sharing_advice_practitioners_safeguarding_services.pdf)”.

Children, young people and their families must agree to the information being provided. Workers will need to:

* Identify any social and care needs which relate to the child to young person’s special educational needs, their aspirations and relevant outcomes:
* Consider the relevance of information about historical involvement (child in need, child protection or child looked after) to the child’s or young person’s current needs. The more time that has elapsed since historical information was gathered the less likely that information is to be relevant;
* Decide whether it is proportionate and necessary to include such information as part of their advice – does the benefit of including the information outweigh any negative consequences, particularly for the child or young person?
* Is there evidence that the information still has an impact upon the child or young person today?

In developing an understanding of the young person’s social and care needs workers will need to:

1) Review any records held about current or previous involvement;

2) Consider with the child, young person and their family:

* What is important to the child or young person? What are their aspirations?
* What does the child enjoy doing? Do they have friends, attend groups and clubs? What are their hobbies and interests and where do they go to do these things?
* Do they face any challenges or barriers accessing these activities?
* What is going well for the child, young person and their family?
* What do the child, young person and family find difficult or challenging? What is not working well? What would help?
* What support and help do the family receive from other family members, friends or social care professionals?
* Is there any additional information that is relevant?
* Is the child, young person and their family aware of the Kent’s SEND Local Offer?
* From age 14 the anticipated needs of the young person as they prepare for adulthood need to be considered.

Having considered any existing social care or early help records and the information from the family and child or young person, the worker then completes the social care advice form.

Please look at the examples of good practice in the attached appendices. These will help you understand how social and care advice fits within the EHCP.

Preparing for adulthood should be considered.

# **Who provides the Social Care Needs advice and Information?**

Information about social care needs may come from a range of professionals working with or supporting the child, young person or their family. For example, teachers, youth workers, family workers or an allocated social worker. The information and advice should be provided by someone who knows the child, young person and family well, if possible. This will vary depending on the circumstances of the child, young person and their family.

The child and young person’s own voice about their social and care needs is key to include in the advice, as well as family and professionals’ views. When exploring social and care needs with the child or young person it is important to consider their individual needs and the most effective approach and communication method to use.

# **How to provide Social Care Needs Advice and Information:**

In formulating the advice, it is necessary to engage with the child, young person and their family to establish their social care needs with a focus on enabling them to achieve specific outcomes and their aspirations. Agreement is needed from the child, young person and their family to the information that will be submitted.

**The statutory timescale for returning the advice is no later than six weeks from the date of request.**

# **Guidance to complete the Social Care and Early Help Advice and Information for Education, Health, and Care Needs Assessment (EHCNA:**

**Section 1: Child or young person’s details:**

Provide the child or young person’s personal details in this section to include the following:

* Child or young person’s full name;
* Date of Birth;
* Ethnicity
* Identified gender/preferred pronouns;
* Parental responsibility and the name of the main caregiver;
* Provide details of who the EHC plan needs to be shared with *(e.g. if parents are separated but both have Parental Responsibility, check if both need to receive the plan).*

**Section 2: Has there been an assessment of the child/ young person and family?**

Provide details of the type of assessment, e.g. under Section 17 of the Children Act 1989.

If the assessment is being completed write: *‘An assessment of [CYP’s name] needs is currently in progress’.*

**Section 3: Does the child or young person have a current plan?**

Provide details of the type of care plan, e.g. Child In Need Plan, Child Protection Plan, Looked After Child Plan, Pathway Plan, Family Support Plan, Care and Support Plan.

If the care plan is currently being formulated, write: *‘Following an assessment of [CYP’s name] a care plan is currently being developed.’*

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**Section 4: Voice of the child/young person: What is important to the child/young person? (this relates to section A of the EHCP)**

Within this section of the advice form include information that is important to the child/young person using the guidance examples below:

* What is important to the child or young person?
* What matters to them?
* What makes them happy?
* What do they enjoy doing?
* Do they have friends, attend groups and clubs?
* What are their hobbies and interests?
* What are their aspirations?
* Does the child/young person feel they face challenges or barriers accessing education or activities they enjoy?

Aspirations: What does the child or young person hope to achieve? For example, “*to be independent, be healthy, gain employment, go to college*.”

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**Section 5: What are the child/young person’s strengths? (this relates to section A of the EHCP)**

When describing strengths, ensure that these are described in a positive way and there are no ‘buts’ or statements that make the strength sound negative. **Information within this section describes positively what child or young person can do.**

**Section 6: Parents/carers’ views and aspirations (this relates to section A of the EHCP)**

Within this section of the advice form include information that is important to the parents/carers using the guidance examples below:

* What aspirations do you have for the medium/ long-term for your child and what do you hope their life will look like after they leave education?
* What do the child/young person and family/carer find difficult or challenging?
* What is not working as well as it could?
* Are there any particular strategies or approaches we know would help the child/defuse or calm a situation?

**Section 7: Social care needs (this relates to section D of the EHCP)**

Needs relate to things that are ***important to*** (hopes and aspirations) and ***important for*** (health, safety, welfare) a Child/ Young Person (C/YP).

* Include details of needs identified during your assessment. Safeguarding concerns and early help needs have an impact on a C/YP’s education - give an overview of these needs/concerns, as appropriate (specific details do not need to be included).

* For young people in or beyond Year 9, consider whether there are needs in Preparing for Adulthood or independent living e.g. support finding employment, housing and participation in society.

* Consider whether the information you are providing is relevant to the C/YP’s desired outcomes, their education and health needs, and any special education, health or care provision that may be required relating to these factors.

* Information will be provided by health and education practitioners about the needs and recommendations specific to these areas, so limit your information to social care elements of need.

* Do not refer to siblings or other family members by name.

* Avoid statements e.g. ‘*must attend school, health appointments’, ‘meet developmental milestones’* – these are universal expectations, not individual needs.
* Avoid statements e.g. ‘*referral needed to’* or ‘*assessment needed by’* – these are embedded solutions, not specific needs.

**Section 8: Outcomes sought for the child or young person (this relates to section E of the EHCP)**

**Before you begin**…

* Identify aspirations – what motivates the C/YP?
* Identify strengths – what can they do, what are they good at?
* Identify difficulties / needs – what’s stopping them reaching their goals?

**Writing the outcome**...

* An outcome is the **benefit** or **difference** made to a C/YP as a result of an intervention. Test this by asking: what will it ‘*give’*, ‘*do for*’ or ‘*make possible’* for the C/YP?
* Don’t mix outcomes with provision – provision is what must be provided to meet the C/YP’s needs so that the outcomes can be achieved.
* An outcome must be Specific, Measurable, Achievable, Realistic, Time bound (SMART). Vague outcomes make it difficult to track progress, leading to drift.
* Be specific about what you would like to see the C/YP doing / achieving by a specific review date.

**Test your outcome...**

Good outcomes will do at least one of the following:

* Build on something that is working well.
* Change something that doesn’t work well.
* Move the C/YP towards their aspirations.

**Section 9: Does the child/young person have a disability requiring provision recommended to meet their needs under Section 2 of the Chronically Sick and Disabled Persons Act 1970? (Section H1 of the EHCP**

**H1** **– Social Care provision NEEDED under Section 2 of the Chronically Sick and Disabled Persons Act 1970 (CSDPA).**

* If a ‘need’ can be met with the provision of the types of services listed in a-h below, the Local Authority must decide whether it is ‘necessary’for them to meet this need (the Local Authority can take into account the family’s circumstances, including the situation of the parents and the needs of other children in the family).
* Once a C/YP and their family have been assessed as eligible for support under the CSDPA the Local Authority has a specifically enforceable duty to provide them with services to meet their assessed ‘need’.
* Services assessed as required under CSDPA must be provided by the Local Authority **regardless of resources.**
* The C/YP must be under 18 years.
* Provision should be detailed, specific and quantifiable (e.g. type, hours, frequency of support and level of expertise).
* Do not include any support provided via Direct Payments – this goes under H2.

**Services specified under CSDPA are:**

* Practical assistance in the home (e.g. with personal care or eating);
* Provision or assistance in obtaining recreational and educational facilities at home and outside the home (e.g. after-school clubs, play schemes, non-residential short breaks;
* Assistance with travel to access facilities in the community;
* Help with special equipment and adaptations to the home;
* Facilitating the taking of holidays;
* Meals at home or elsewhere;
* Provision or assistance in obtaining a telephone and any special equipment necessary;
* Non-residential short breaks (included in H1 on the basis that the child and parent will benefit from short break).

**Exceptions:** Any provision listed above provided as short-term support due to current circumstances e.g. short-term school holiday support, support whilst a parent is unwell, support after a child has an operation etc. is provided under Section 17 of the Children Act 1989, and therefore should be written under H2.

**Section 10: Does this child/young person require any other social care provision reasonably required by the child/young person’s SEND? (Section H2 of the EHCP). This refers to any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEND. 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.**

**H2** **– other social care provision REASONABLY REQUIRED under the Children Act 1989 or the Care Act 2014.**

* Provision reasonably required (which may have been identified through early help / universal services).
* Provision reasonably required identified in CIN, CP or LAC plans (but not included in H1). This could also include detail about frequency of social worker and Independent Reviewing Officer (IRO) visits, care plan reviews, core group meetings, and placement details (if relevant).
* Overnight short breaks and services provided to CYP under 18 years arising from their SEN but unrelated to a disability.
* Support delivered via Direct Payments (NB: Council for Disabled Children are still seeking clarity around this).
* The Adult Care and Support Plan for young people eligible for adult care support under the Care Act 2014 should be incorporated into Section H2.

**NB:** All provision in H1 and H2 must be agreed by Social Services and include the date when the provision will next be reviewed, or will cease.

# **NB:** Where provision in H1 or H2 are jointly funded, provide details of funding arrangement.

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**Information and advice completed by:**

Practitioners must complete the social care advice form and send this to the SEND team **within 6 weeks of the request**.

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# **Appendix A- Example:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 4: Voice of the child/young person: What is important to the child/young person?** *Professional to complete this section with the child/young person.*  ***Guidance:*** *What is important to the child or young person? What matters to them? What makes them happy? What do they enjoy doing? Do they have friends, attend groups and clubs? What are their hobbies and interests? What are their aspirations? Does the child/young person feel they face challenges or barriers accessing education or activities they enjoy?*   * *This could include needs arising from: cognition and learning; communication and interaction; social, emotional, and mental health; physical and/or sensory needs.* | | | | | | | | | |
| Sarah’s Aspirations:   * Sarah wants to work in the music industry or in a local shop. * Sarah wants to live with friends once she finishes college.   “I want to be independent as possible and not always to have my parents with me when I go out into the community. I want to have a group of friends and feel part of a group."  Sarah used to spend some time on her estate unsupervised however this recently changed after some of her peers got in trouble with the police. Sarah’s parents are worried about who she is spending time with and Sarah herself was surprised when her friends got into trouble. Sarah has started to attend a local youth scheme since there was trouble with the police.  Sarah admits that she does not always know when people are trying to take advantage of her. She wants so badly to make friends, that she can put herself in unsafe circumstances. Sarah has learning difficulties and ASD. These together make it hard for Sarah to understand social cues and expectations. Since the problems with the police on the estate, Sarah doesn’t feel comfortable going out on her own and doesn’t always want her parents with her. | | | | | | | | | |
| **Section 5: What are the child/young person’s strengths?** *Professional to complete this section with the child/young person.* | | | | | | | | | |
| Sarah loves music. She loves to listen to YouTube and make videos of cover songs. Sarah has a really lovely voice. Sarah enjoys her music courses at school and says this is the only time she doesn’t feel different at school. Sarah is in a specialist resource provision for most of her school day, however she attends mainstream music lessons. | | | | | | | | | |
| **Section 6: Parents/carers’ views and aspirations.** *Professional to complete this with parent/carer, or complete in the absence of parent/carer.*  ***Guidance:*** *What aspirations do you have for the medium/ long-term for your child and what do you hope their life will look like after they leave education? What do the child/young person and family/carer find difficult or challenging? What is not working as well as it could? Are there any particular strategies or approaches we know would help the child/defuse or calm a situation?* | | | | | | | | | |
| Sarah has an open relationship with her parents. They are able to talk openly about some of the risks in the community and make plans together to avoid these. Sarah’s parents support her in her independent skills development and want her to be as independent as possible. Sarah attends school regularly and enjoys this. Sarah has an older sister, who has moved out of the home and goes to University. During school breaks, she comes home and enjoys spending time with Sarah. The local youth club provides good support to Sarah. They understand the local risks in the community and are working with Sarah to build up her independence. The ASD Outreach service have supported Sarah with social stories to help her better understand safe and unsafe friendships. These are reinforced at home, school and youth club. Both parents report feeling supported by their family and friends networks. The problems on the estate with Sarah’s peers was worrying. It was a surprise to Sarah’s parents about how vulnerable she is. Since then they have supported Sarah to access the youth scheme and they now feel more confident about Sarah’s social opportunities. | | | | | | | | | |
| **Section 7: Social care needs (this relates to section D of the EHCP)**  ***Guidance:*** *This section should describe the child/young person’s social care needs that relate to their special educational needs and/or disability.* *Please include any relevant history / background information that may impact on the child or young person’s abilities to access their education. If you wish you can include social care needs that are not related to SEND but you need to make this clear.* | | | | | | | | | |
| Sarah finds it difficult to maintain friendships as she cannot easily recognise social cues. This means that Sarah can be socially isolated outside of the structure of the school day. In the community, Sarah can be vulnerable to negative peer influence. Due to Sarah’s Autism, Sarah cannot always recognise when people are trying to take advantage of her which can put her at risk. | | | | | | | | | |
| **Section 8: Outcomes sought for the child or young person (this relates to section E of the EHCP)**  ***Guidance:*** *How are you going to support the child /young person to achieve educationally outcomes and/or with their aspirations? How are you going to meet the child/young person’s needs?*  ***Outcomes:*** *Should be SMART (Specific, Measurable, Achievable, Realistic and Time-Bound), linked to the child/young person’s aspirations, e.g., the interventions that social care is undertaking to support the child/young person, their current plan and how their plan supports child/young person with attending school/college and being able to manage in the educational setting.* | | | | | | | | | |
| Outcome: | Sarah will initiate a conversation with a peer at least once per week during afterschool club without any adult prompts. | | | | | By when: | | (insert month/date).e.g April 2024 | |
| Outcome: | Sarah will engage in a shared project or activity with 2 peers each week at the youth scheme with minimal adult guidance. | | | | | By when: | | (insert month/date).e.g April 2024 | |
| **Section 9: Does the child/young person have a disability requiring provision recommended to meet their needs under Section 2 of the Chronically Sick and Disabled Persons Act 1970? (Section H1 of the EHCP) H1:** Provided (or funded) under S2 of the CSDPA.  **Yes  No**  ***Guidance:*** *Please refer to Appendix A for examples of universal services, and the flowchart in Appendix B, which help explain what comes under this Act. This section refers to additional provision which may 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 in place to meet the child/young person’s additional needs? | | | How often does this happen?  (E.g., personal care in mornings getting up or after school) | Who is responsible for the delivery of provision/ service? | | When is the next review date? | | | |
|  | | |  |  | |  | | | |
| **Section 10: Does this child/young person require any other social care provision reasonably required by the child/young person’s SEND? (Section H2 of the EHCP). This refers to any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEND. 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.**  ***Guidance****:**Please refer to the flowchart in Appendix B which helps explain what comes under this Act. This relates to any additional social care needs of the child or young person that are directly related to their SEND. It's not about general social care needs that can be met through universal services, specifically about support that addresses issues arising from their SEND.* | | | | | | | | | |
| What social care provision is in place to meet the child/young person’s additional needs? *e.g. child requires additional social care support due to their autism.* | | How often does this happen?  (E.g., Overnight support, 12 x a year) | | | Who is responsible for the delivery of provision/ service? | When is the next review date? | How is the provision provided  or funded? | | | |
| Children Act 1989 (H2) | | Care Act 2014  (H2) | |
| Sarah will have 2 sessions a week to attend sessions for young people with ASD at her youth club as part of the Local Offer. | | 2 hours every Tuesday and Thursday. Term Time 38 weeks per year. | | | Youth Club | Termly and at annual review. | Club is commissioned  By Social Care. | |  | |

# **Appendix B:**

Example of Children’s Needs met through Universal Service.

These are examples of children whose needs can be met through universal services. All health and developmental needs can be met by universal services. Most children will achieve their full potential through the provision of universal services alone.

|  |  |  |
| --- | --- | --- |
| **Example Indicators** | **Action and the Assessment Process** | **Universal Services which might be involved with children and families at this level of need in the Assessment Process** |
| * **Developmental Needs**   **Learning / Education**   * Health * Social, Emotional, Behavioural, Identity * Family and Social Relationships * Self-Care and Independence.   **Family and Environmental Factors**   * Family and Social Relationships and Family Well-Being * Housing, Employment and Finance * Social and Community Resources * Parents and Carers * Basic Care, Safety and Protection * Emotional Warmth and Stability * Guidance, Boundaries and Stimulation | No multi-agency assessment is required.  Children will access services in the usual way. | * Education * Children's Centres and Early * Years Settings * Health Visiting * School Nursing * G.P * Midwifery * Youth Services * Police * Housing * Voluntary and community sector |

# **Appendix C:**

**EHCP Section H1 and H2 Decision Making Tool - Should support be provided under Chronically Sick and Disabled Person’s Act or S17 Children’s Act 1989?**

A diagram of a child's life

Description automatically generated

# **Appendix D- The ‘golden thread’ toward outcomes:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Aspiration** | **Need** | **Outcome** | **Provision** |
| Jon wants to be able to play in the garden with his family and friends. | Garden is not wheelchair accessible due to steps so Jon ends up staying indoors a lot. | Jon feels fully involved in family life, and enjoys family BBQs because he can move around the garden in his wheelchair independently. | Adaptations to garden to allow wheelchair access.  Groundworks to garden due to begin in October 2017. |
| Jane wants to have her own flat when she leaves college. | Jane doesn’t have the skills needed to be able to live away from family home. | When Jane is about 21 she will be living in accommodation that suits her needs and preferences. She will have the support she needs to feel happy and safe. | Social Services agreed funding for Jane to attend a 14 week Life Skills  training  programme at Willow Park beginning June 2024. |
| Jack wants to have friends to play with. | Jack is struggling to maintain friendships because he becomes aggressive when feeling anxious, frustrated or emotionally overwhelmed. | Jack will recognise when his feelings of  frustration, fear, anxiety and anger are increasing and will be using tools and strategies to manage these feelings. If Jack begins to feel overwhelmed he will alert others, so he can be supported. | A Positive Behaviour Plan details the provision. |
| Janice would like to travel into town to go shopping on her own. | Janice relies on her mother to take her into town because she is anxious about going on the bus. | Janice will be using public transport independently at least once a month, for example, to enjoy shopping trips. | Travel Training by July 2024. |
| Jordan’s parents want to feel energised to meet the  care needs of all their children. | Parents are exhausted by their caring responsibilities due to Jordan’s complex needs and poor sleep pattern. They struggle to spend quality 1:1 time with the other children because of this. | Parents will have periods of overnight short breaks whilst Jordan is at Lavender House, to recharge their energies and spend quality 1:1 time with  Jordan’s siblings. | 20 nights per year at Lavender House overnight short breaks unit. |