**Social Care Advice for Review of Education, Health, Care Plan**

To be completed when a child/young person/young adult has an EHCP in place in preparation for annual review.

**Child/Young Person/Young Adult Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Date of Birth** |  | **Gender** |  |
| **Home Address** |  | **Postcode** |  |
| **Setting** |  | **Liquidlogic ID** |  |
| **Ethnicity** |  | **Religion** |  |

**Details of Parent/Carer**

|  |  |  |
| --- | --- | --- |
| **Name** |  |  |
| **Relationship** |  |  |
| **Parental Responsibility (Y/N)** |  |  |
| **Home Address** |  |  |
| **Contact Number** |  |  |
| **Email Address** |  |  |
| **Preferred Contact Method** |  |  |

**Child/Young Person/Young Adults Views and Aspirations**

*Review of current aspirations and any changes from previous EHCP*

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**Social Care Needs (Section D)**

*Have the Social Care Needs altered since the last review*

*Section D can be copied and pasted directly into Review Document*

*Refer to good practice guidance* [*https://worcestershirecc.sharepoint.com/teams/Back2Basics/SiteAssets/SitePages/SEND/What%20Good%20Looks%20Like%20-%20Social%20Care%20Advice%20for%20EHCPs%20vFinal.docx*](https://worcestershirecc.sharepoint.com/teams/Back2Basics/SiteAssets/SitePages/SEND/What%20Good%20Looks%20Like%20-%20Social%20Care%20Advice%20for%20EHCPs%20vFinal.docx)

*Be clear on assessed social care needs and the impacts directly linked to Special Educational Needs or Disability.*

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| *My Social Care Needs*  *EXAMPLE – C has down syndrome and finds it difficult to express himself this can result in challenging behaviour in the home and community and is difficult for family to manage.*    **----------------------------------------------------------------------------------------------------------------------------------**  *Preparation for Adulthood Needs – Year 9 onwards;*  *EXAMPLE – Aspirations for future accommodation and employment*  **Ensure clear link between needs and outcomes.** |

**What do we need to happen (Section E)**

*Outcomes and provision must meet the assessed needs as identified in Section D.*

*H1 – Sec2 of Chronically Sick and Disabled Persons Act Only relevant for under 18. This would include, equipment, adaptations, Disabled Facilities Grant or any support offered for under 18 within the home, this includes school holiday clubs.*

*H2 – Care Act Provision and Short Breaks for under 18. For example overnight short breaks and personal budgets.*

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| --- | --- | --- | --- | --- | --- |
| **Assessed Need**  **(Identified in Section D)** | **What do we need to happen?**  **(Section E)** | **Provision to Meet Need** | **Progress made against Outcome** | **H1 (tick box if relevant)** | **H2 (tick box if relevant)** |
| *Populate from EHCNA or last EHCP* | *Populate from EHCNA or last EHCP* | *Populate from EHCNA or last EHCP* | **Complete for review** |  |  |
|  |  |  |  |  |  |
| **Add any newly identified needs** | **Add new outcomes** | **Add new provision** | **New with date** |  |  |
|  |  |  |  |  |  |

***Any Comments on progress against outcomes:***

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**Personal Budget (Section J)**

*Ensure any changes to package of Care are recorded here.*

*Adults with a care and support plan must have a personal budget.*

*Direct Payments should be listed here.*

*Costings for any Package of Care should be listed here (ie 1:1 support, overnight Short breaks etc)*

|  |  |  |
| --- | --- | --- |
| **Have the parents/person requested a personal budget?** | Yes | No |
| **Has a personal budget been agreed?** | Yes | No |
| **What is the cost of the Social Care Personal Budget?** | **£** |  |

|  |
| --- |
| **Breakdown of Personal Budget;**  *See prior section for details of outcomes to be achieved from agreed personal budget.* |

**Advice givers details**

|  |  |
| --- | --- |
| **Name** |  |
| **Job Title** |  |
| **Service** |  |
| **Organisation** |  |
| **Date Completed** |  |