**Social Care/Early Help Advice Template**

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| **CHILD/YOUNG PERSON’S PERSONAL DETAILS:** | | | | |
| **NAME** |  | | **Preferred name:** |  |
| **Date of Birth:** |  | | | |
| Lead professional and telephone number | |  | | | |
| LCS//EHM Number | |  | | | |
| Other social care professionals involved with this child/young person/family | |  | | | |
| **Summary of Social Care/Early Help involvement**  Is the child/young person known to Children’s services?  If yes, since when?  Which team is the child/young person open to?  What type of plan is the child/young person being supported by?  Are there any safeguarding concerns? | | Yes/No  Insert date  Insert name of team  Insert type of plan  Yes/No | | | |

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| **A** | **SUMMARY** the views, interests and aspirations of the **CHILD/YOUNG PERSON** and of the **PARENTS/CARERS**  **For Children in Care the allocated social worker should also complete Section A as the Corporate Parent – your views, interests and aspirations for the child/young person.** |
| **Views** | |
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| **Interests** | |
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| **Aspirations** | |
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**Sections D Social Care needs which relate to the SEND**

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| **Strengths** |
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| **Needs** |
| This section should detail the **Social Care needs relating to the disability or special educational needs** and the **impact** of those needs on the child/ young person.  We understand that needs and circumstances change. The family can request a further assessment of need at any time. Information about the universal offer can be found on the Local Offer. |

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| **E – Social Care Outcomes** |
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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 (CSPDA) 1970** |
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| **H2 - Other Social Care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having**  **special educational needs** |
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**Social Care advice completed by**

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| --- | --- | --- | --- |
| **Name** | **Role** | **Team** | **Date** |
|  |  |  |  |

**Social Care advice authorised by**

**If provision is noted in H1 and H2 this form must by authorised by a Team Manager**

**If no provision is recorded, the form can be authorised by the Team Manager.**

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| **Name** | **Role** | **Team** | **Date** |
|  |  |  |  |

**Date returned to SEND team**

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