5. Education Health & Care Assessment Process - Guidance for Social Care Practitioners

Part One – Introduction

1. Background

The Children and Families Act 2014, the Care Act 2014, and the Special Educational Needs and Disability Regulations 2014 set out 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.

2. Process Overview

Completing the report:


Sign-off and next steps:

3. Send to the EHCP Coordinator / relevant business support officer who has requested the report. Report must be returned within 6 weeks of request.
4. Send copy of whole social care report to parent/carer or young person.
5. If the CYP is an open case, it is important that social care is represented at Joint Planning Meeting (JPM).
At the JPM practitioners explore:

- What is important to and for CYP and their family?
- What is working and not working from a social care perspective?
- What needs to change to improve outcomes for CYP and their family?
- Outcomes: What would be the benefits of the change for the CYP and their family?

3. Information Sharing

All practitioners must take account of guidance in HM Government Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (March 2015), which makes clear:

“Whilst the Data Protection Act 1998 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life would not prevent sharing where there are real safeguarding concerns.”

In such cases, the guiding principle for sharing information should be:

**Does the benefit of sharing the information outweigh any negative consequences, particularly for the CYP?**

This decision will usually be taken by a Social Care Team Manager. If in any doubt, or if there are any safeguarding issues, case specific legal advice should be sought.

If needs or concerns are identified during the EHC Needs Assessment requiring a specialist Social Care response, a prompt referral should be made to the Disabled Children’s Team.
Part Two - Completing the form:

See Appendix A for an example of completed ‘Social Care Needs Report for EHC Assessment’.

4. Status

a. If the CYP is open to a Social Care Team (either as a Contact, Referral or open case) the allocated social worker will be contacted by the EHCP Coordinator or the relevant business support officer. The allocated social worker must complete the ‘Social Care Needs Report for EHC Assessment’ and return it within 6 weeks of the request to the SEND Caseworker.

b. If the CYP is open to the short breaks team as short breaks are being received the allocated social worker and team manager will be contacted by the EHCP Coordinator or the relevant business support officer. The allocated social worker must complete the ‘Social Care Needs Report for EHC Assessment’ and return it within 6 weeks of request to the SEND Caseworker

c. If the CYP is open to Early Help, the relevant business support officer within Social Care will contact the allocated practitioner, who must complete the ‘Social Care Needs Report for EHC Assessment’ and return it within 6 weeks of request to the SEND Caseworker

d. If the CYP was previously known to social care but is no longer open the EHCP Coordinator or relevant business support officer must send the request for the report to BusinessSupport.Safeguarding@n-somerset.gov.uk or DisabledChildrenTeam.Duty@n-somerset.gov.uk for the disabled Childrens social work team. It must be marked clearly: ‘Urgent: Report for EHC Needs Assessment required’. A manager will decide who will complete the report and will inform the EHCP Coordinator or business support officer who will be doing so. It is the expectation that the report will be completed within 14 days of receipt of the request and returned to the SEND Caseworker.

e. If the CYP was previously known to early help but is no longer open the relevant social care business support officer must send the request for the report to the Locality Service manager who was previously responsible for the work. It must be marked clearly: ‘Urgent: Report for EHC Needs Assessment required’. A manager will decide who will complete the report and will inform the EHCP Coordinator or business support officer who will be doing so. It is the expectation that the report will be completed within 14 days of receipt of the request and returned to the SEND Caseworker.

f. If any information held by Social Care/Early help about historical involvement remains relevant to the CYP’s current education, health or care needs, desired outcomes or required education, health or care provision, the practitioner must consider whether it is proportionate to include it in the ‘Social Care Needs Report for EHC Assessment’. Please see section 3 above for more details.

g. If the CYP is not known to social care, or historical information held does not appear to be relevant, the EHCP Coordinator will send the request for
information to Children’s disabled social care team or for Adults to the SPA and request that an assessment of the CYPs needs is undertaken to support the EHC assessment. It is important that this assessment is undertaken promptly in order to not delay the statutory process of considering an EHCP.

h. **If for any reason the information is not received in the expected timescales** the SEND Caseworker or the relevant business support officer will escalate the matter to the Head of Service in the first instance. If this does not resolve matters within a week it is expected that the matter is escalated to the relevant Assistant Director.

5. **Has child or young person’s needs been assessed?**

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’.

6. **Is there a care plan in place?**

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

7. **Needs identified (Section D of EHC plan)**

Needs relate to things that are **important to** (hopes and aspirations) and **important for** (health, safety, welfare) a CYP.

When considering needs:

- Information provided must be **relevant and proportionate** as outlined in Section 3 of this guidance.

- Include details of needs identified during your assessment. Safeguarding concerns and early help needs have an impact on a CYP’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 relating to preparing for adulthood or independent living e.g. support finding employment, further or higher education, housing or participation in society.

- Consider whether the information you are providing is relevant to the CYP’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.

8. Suggested Outcomes (Section E of EHC plan)

As part of the review of processes and procedures in North Somerset, we will shortly be publishing guidance on developing shared outcomes for Education, Health and Care plans which will ensure that all partners involved in supporting children and young people are writing SMART outcomes in consistent, clear language.

The following are key considerations when developing outcomes:

Before you begin:

• Identify aspirations – what motivates the CYP?
• 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 CYP as a result of an intervention. Does your outcome detail what will it ‘give’, ‘do for’ or ‘make possible’ for the CYP?
• Don’t mix outcomes with provision – provision is what must be provided to meet the CYP’s needs so that the outcomes can be achieved.
• An outcome must be Specific, Measurable, Achievable, Realistic and Time bound (SMART). Vague outcomes with unclear timescales make it difficult to track progress, leading to drift.
• Be specific about what you would like to see the CYP doing or achieving by a specific review date.
• Outcomes should be written in clear, unambiguous language which is accessible for parents, carers and CYP wherever possible

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 CYP towards their aspirations.

See Appendix B for examples of outcomes.
9. Provision (Section H of EHC plan)

Provision detailed in Section H of the plan is divided into two categories, based on the legal status of the provision and the need it meets under the Chronically Sick and Disabled Persons Act 1970 (CSDPA), the Children Act 1989 or the Care Act 2014. Guidance on recording different types of provision is detailed below, but if you are in any doubt please consult the Code of Practice or discuss with your team manager in the first instance.

Where provision listed in Section H is jointly funded, provide details of the funding arrangement.

H1 – Social Care provision NEEDED under Section 2 of the 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 (in determining this, the Local Authority may consider the family’s circumstances, including the situation of the parents and the needs of other children in the family).
- Once a CYP 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 or commissioned by the Local Authority regardless of resources.
- The CYP must be under 18 years old.
- Provision should be detailed, specific and quantifiable (e.g. type, hours, frequency of support and level of expertise required).
- Do not include any support provided via Direct Payments – this goes under H2.

Services specified under CSDPA are:

a) Practical assistance in the home (e.g. with personal care or eating);
b) 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);
c) Assistance with travel to access facilities in the community;
d) Help with special equipment and adaptations to the home;
e) Facilitating the taking of holidays;
f) Meals at home or elsewhere;
g) Provision or assistance in obtaining a telephone and any special equipment necessary;
h) 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.
H2 – other social care provision REASONABLY REQUIRED under the Children Act 1989 or the Care Act 2014.

a) Provision reasonably required (which may have been identified through early help/universal services).
b) 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).
c) Overnight short breaks and services provided to CYP under 18 years old arising from their SEN but unrelated to a disability.
d) Support delivered via Direct Payments (NB: This may be subject to change during the currency of this guidance. The Council for Disabled Children is still seeking clarity around this area).
e) 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.

All provision in H1 and H2 must be agreed by Children’s Social Care and include the date when the provision will next be reviewed or will cease.

10. Appendices

Consider whether it would be relevant or proportionate to share any other support plans for the CYP with the agreement of the family, for example:

- Moving and handling plan
- Behaviour management plan
- LAC care plan (following discussion with IRO)
- Short Break care plan
- Family Group Conference plan.

11. Report writer

- The SEND Team request advice and information from Social Care as part of the EHC process, which is based on statutory processes and timescales. Responses from report writers are therefore time critical.
- Practitioners must provide their response within six weeks of the request, using the ‘Social Care Needs Report for EHC Assessment’ template.
- Practitioners must prioritise attendance at EHC planning meetings, so they can contribute to the planning process.

12. Sharing your Report

- It will rarely be appropriate to share an entire assessment or care plan as they contain sensitive family information and history (as well as information about parents, siblings and others) which are likely not relevant for the purposes of EHC planning. Report writers must use professional discretion about the relevance and usefulness of information shared as outlined in this guidance.
- Practitioners must use the ‘Social Care Needs Report for EHC Assessment’ template when providing information and advice as part of the
EHC Needs Assessment process.

- Practitioners must discuss and share their Report with young person and/or their parents or carers, and gain written consent using the ‘Agreement to Share Personal Information’ template within the Report.
- When a CYP is in need of protection, consent to share information remains desirable but is not essential.
- Your completed Report will form an attachment to the EHC plan and therefore it is critical make the CYP and their parent or carer aware of this prior to obtaining their consent.
- Practitioners must send their completed report to the SEND Team within six weeks of the request. Any pot

13. Further advice and support

If you require further advice or guidance about completing your report, or advice and information about the SEND reforms or EHC planning, please go to the Local Offer website where further policies, advice and guidance is published. This document is part of a suite of guidance documents, which form our approach to delivering services across the local area.
Appendix A - Completed Example

Social Care Needs Report for EHC Assessment

<table>
<thead>
<tr>
<th>1. Child or Young Person’s details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child or Young Person’s Name</td>
</tr>
<tr>
<td>Date of Birth</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Who has parental responsibility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Status – mark ‘X’ as appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Referral or Open Case</td>
</tr>
<tr>
<td>Early Help</td>
</tr>
<tr>
<td>Children's Services</td>
</tr>
<tr>
<td>Social Care – Specific Team:</td>
</tr>
<tr>
<td>Adult Social Care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Has child or young person’s needs been assessed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of assessment</td>
</tr>
<tr>
<td>Date assessment completed</td>
</tr>
<tr>
<td>Next assessment due</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Is there a plan in place?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of care plan</td>
</tr>
<tr>
<td>Date of last review</td>
</tr>
<tr>
<td>Date of next review</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Needs identified (Section D of EHC plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What social care needs have been identified as a result of an assessment?</td>
</tr>
<tr>
<td>You must follow advice in Guidance Note 5</td>
</tr>
<tr>
<td>Jay receives a package of support from the children’s disabled team, this has been in place since Jay was 10 years old. A CiN review meeting was held in May 2017 to update Jay’s support plan and Child and Families Assessment was completed in February 2018. This recommended an increase in his support because Jay’s anxiety had increased, and he was becoming more socially isolated</td>
</tr>
<tr>
<td>Jay was having frequent anxiety attaches and would bang his head with his fists or on walls</td>
</tr>
</tbody>
</table>
Jay enjoys attending his local drama group, but has recently started to need significant preparation before the group to help him manage his anxiety. His family had to spend a lot of time encouraging and preparing Jay to attend which has impacted on the time they could spend with his sisters; this became even more difficult to manage during school holidays as the lack of structure in Jay's day can make his behaviour more difficult to manage.

Jay requires a structured approach to social situations outside of school in order to reduce his anxiety. Travelling on public transportation is difficult for Hay as the crowds and unpredictable setting can heighten his anxiety, He needs to develop greater self—confidence in unfamiliar settings or with unfamiliar people.

Jay requires support with his personal care needs.

### 6. Suggested Outcomes (Section E of EHC plan)

What are the intended outcomes for the child or young person?

- Outcomes must be Specific, Measurable, Achievable, Realistic, Timed (SMART)
- Outcomes must be linked to the child or young person’s aspirations or needs
- You must follow advice in Guidance Note 6

1. Jay has at least two friends whom he sees outside of school times, and Jay reports being more confident in developing and maintaining friendships

2. Jay auditions for a role in his drama group’s yearly public performance in October 2020

3. Jay will tell people who are unfamiliar to him what he needs and wants, and he will use a range of strategies to remain calm in unfamiliar environments by the end of 2020

4. Jay uses public transport at least once per week by 2020

### 7. Provision (Section H of EHC plan)

You must follow advice in Guidance Note 7

<table>
<thead>
<tr>
<th>Section H1:</th>
<th>Section H2:</th>
<th>Start, review and end dates:</th>
<th>How is support, intervention or provision delivered?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What support, interventions or provisions are being provided (or funded) by your service under s2 of the CSDPA to achieve the outcomes detailed in (6) above?</td>
<td>What other support, interventions or provisions are being provided (or funded) by your services under the Children Act 1989 or Care Act 2014 to achieve the outcomes detailed in (6) above?</td>
<td>1. When did support, intervention, or provision start? 2. When will support, intervention, or provision next be reviewed, or cease?</td>
<td>1. Who is delivering it? 2. When/where does it take place? 3. For how long? 4. How often?</td>
</tr>
<tr>
<td>Support worker to help Jay attend his drama group</td>
<td>Social Services agree Direct Provision funding of support worker on 01/09/19 Review can be requested sooner if Jay or his family’s</td>
<td></td>
<td>Core Assets provide support for 4 hours per week Support worker travels with Jay on public transport to and from drama group and waits for</td>
</tr>
</tbody>
</table>
**Personal Assistant (PA) will take Jay out into the community to enjoy activities and broaden his social networks**

Parents use DP to employ a PA 4 hours per week

Each week PA takes Jay to local events and activities that will broaden his social networks

**Social Services agreed Direct Payments funding for a PA on 01/02/19. Next review in August 2019**

Review can be requested sooner if Jay or his family’s needs change

**Social Worker liaising with school about tools they are currently using with Jay**

**Social Worker explaining and exploring tools with family during home visits**

<table>
<thead>
<tr>
<th><strong>8. Appendices</strong></th>
<th><strong>If relevant, detail any additional plans you will be submitting with your report</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For example:</strong></td>
<td></td>
</tr>
<tr>
<td>• Moving and Handling Plan</td>
<td></td>
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<tr>
<td>• Behaviour Management Plan</td>
<td></td>
</tr>
<tr>
<td>• LAC Care Plan</td>
<td></td>
</tr>
<tr>
<td>• Short Breaks Care Plan</td>
<td></td>
</tr>
</tbody>
</table>

**9. Report Writer**

Please read Guidance Note 9 when completing this section

| **Name:** |  |
| **Job Title:** |  |
| **Team Name:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Date this report was requested:** | **Date report returned to SEND Caseworker (must be within 6 weeks):** |
10. Sharing your report

- When child is in need of protection, consent to share information remains desirable but is not essential
- In all other circumstances, consent must be gained before sharing the report
- Reports must be provided within six weeks of request
- You must follow advice in *Guidance Note 10*

<table>
<thead>
<tr>
<th>Parent/Carer</th>
<th>Has report been discussed and shared with parent/carer?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Has parent/carer consented to report being shared?</td>
</tr>
<tr>
<td>Child/Young Person</td>
<td>Has report been shared with child or young person? If not please state reason</td>
</tr>
<tr>
<td>SEND Team</td>
<td>Once consent has been given to share this report you <strong>must</strong> forward the report and any appendices to the SEND caseworker within the requested time (see <em>Guidance Note 10</em>)</td>
</tr>
</tbody>
</table>

SEND Education Inclusion Service  
Town Hall  
Weston – Super – Mare  
North Somerset  
BS23 1UJ  
01275 888297
## Appendix B – Working towards Outcomes: the ‘golden thread’

<table>
<thead>
<tr>
<th>Aspiration</th>
<th>Need</th>
<th>Outcome</th>
<th>Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jon wants to be able to play in the garden with his family and friends</td>
<td>The garden is not wheelchair accessible due to steps, so Jon ends up staying indoors a lot</td>
<td>Jon feels fully involved in family life and enjoys family BBQs because he can move around the garden independently in his wheelchair</td>
<td>Adaptations to garden to allow wheelchair access. Groundworks in garden to begin in October 2019</td>
</tr>
<tr>
<td>Jane wants to have her own flat when she leaves college</td>
<td>Jane doesn’t have the skills needed to be able to live away from her family home</td>
<td>When Jane is around 19, she will be living in accommodation that suits her needs and preferences. She will have the support she needs to feel happy and safe</td>
<td>Social Services agreed funding for Jane to attend a 14-week Life Skills training programme beginning June 2019</td>
</tr>
<tr>
<td>Jack wants to have friends to play with</td>
<td>Jack is struggling to maintain relationships because he becomes aggressive when feeling anxious, frustrated or emotionally overwhelmed</td>
<td>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 he begins to feel overwhelmed Jack will alert others so he can be supported</td>
<td>A positive behaviour plan details the provision</td>
</tr>
<tr>
<td>Janie would like to travel into town to go shopping on her own</td>
<td>Janice relies on her mother to take her into town because she is anxious about going on the bus</td>
<td>Janice will be using public transport independently at least once each month, for example, to enjoy shopping trips</td>
<td>Travel training provided by July 2017</td>
</tr>
<tr>
<td>Jordan’s parents want to feel energised to meet the care needs of all of their children</td>
<td>Parents are exhausted by their caring responsibilities due to Jordan’s complex needs. They struggle to spend quality 1:1 time with the other children because of this</td>
<td>Parents will have periods of respite whilst Jordan is at respite, to recharge their energies and spend quality 1:1 time with Jordan’s siblings</td>
<td>Funding agreed, and placement identified to ensure Jordan receives 20 nights per year at residential respite</td>
</tr>
</tbody>
</table>