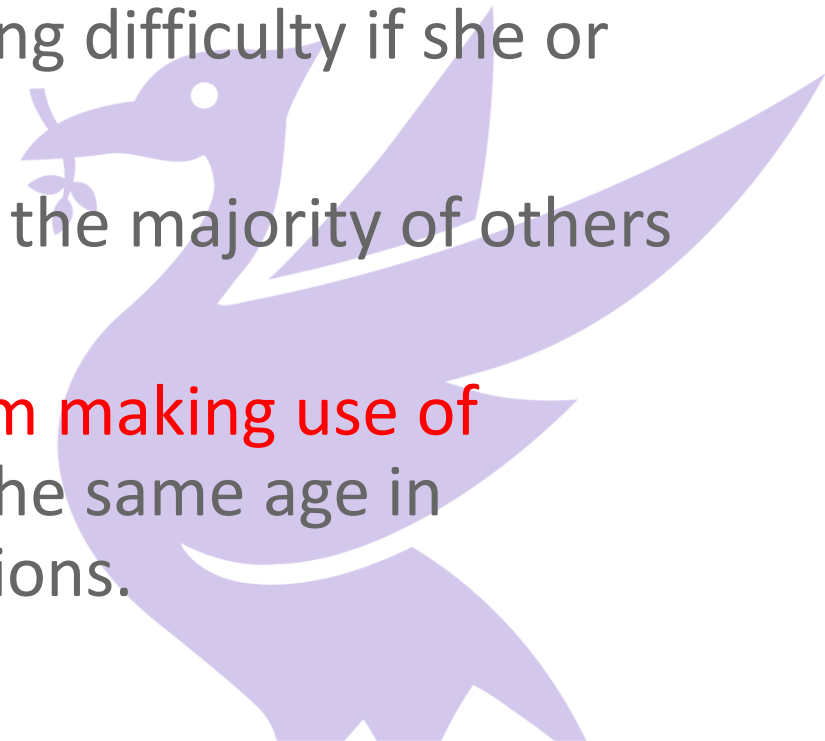


Social Care Advice for an EHCP



Legal definition of SEN

- **Section 20 of the Children & Families Act 2014** defines a child/young person as having **Special Educational Needs (SEN)** if
- he or she *"has a learning difficulty or disability which calls for special education provision to be made for him or her"*.
- A child/young person is considered to have a learning difficulty if she or he:
- has a **significantly greater difficulty in learning** than the majority of others of the same age; or
- has a **disability which prevents or hinders them from making use of facilities** of a kind generally provided for others of the same age in mainstream schools or mainstream post 16 institutions.



Classifications of SEN under the Code of Practice alongside Examples of Disabilities within the Equality Act 2010 & the Children Act 1989.



- Includes Global Developmental Delay (GDD)
- Specific learning difficulties ie dyslexia/dyscalculia
- Diagnosed learning disability - mild/moderate/severe/profound
- Speech, language or social communication need.
- Specific speech & language difficulties.
- Can include conditions such as ASD & ADHD.
- Social anxiety, attachment difficulties, behaviour problems, depression, self-harm.
- Physical disability, degenerative condition.
- Visual, hearing or multi-sensory impairment.
- Sensory processing & integration difficulties, often associated with ASD.



Cognition & Learning



Communication & Interaction



Social, Emotional & Mental Health (SEMH)



Sensory & Physical

Social Care Advice- What is expected?



Advice should be co-produced with consent to share obtained and recorded.
Evidence of where advice has come from should also be clearly stated.

There is a 6-week statutory time frame to get advice completed and returned to the SEN case work team.
Lateness can delay the issuing of an EHC plan, which may delay needed provision.

Managers should quality assure advice before sign off (see QA checklist as a guide).
Consideration of child's context & the impact this has on their lived experience and SEND, should be evident and will provide a holistic understanding.

DSCO can see advice completed & submitted by internal social care staff within LCC, but not advice completed by external professionals.

There is guidance for writing social care advice and practice examples available to support practitioners in writing advice.

Social Care Needs



<https://www.farleydwek.com/health-care-vs-social-care/>

Social care is often described as dealing with the “activities of daily living” i.e needing help with day-to-day activities such as feeding, washing and dressing, mobility, toileting and so on.

<https://contact.org.uk/help-for-families/information-advice-services/social-care/what-is-social-care/>

But it also includes any help and support a person might need to develop and maintain independence, social interaction and inclusion, be able to access the community, as well as protection from vulnerable situations (and harm) and help to manage complex relationships”.

Why is social care advice important for an EHC Plan?



Provides a more holistic picture of the child/young person.

Acknowledges the child/young person's context and lived experience.

Enhances understanding of the interplay of a CYP SEND and their family/social and environmental factors.

Enables greater collaborative working, co-ordination, efficient use of resources, to enable joined up outcomes.

Easier for the CYP and their family by working to one plan, fewer meetings, easier communication

The EHC plan



Section A- Child/Young Person's Views, Aspirations & Interests

You will have contributions to this from your capture of the child's voice

Section B- Child/Young Person's Special Educational Needs (referencing the 4 areas of the SEND Code of Practice 2015).

Section C Child/Young Person's Health needs related to their SEND

Section D Child/Young Person's Social care needs related to their SEND

Needs you have identified in your assessment relevant to their SEND

Section E Outcomes, including Preparing for Adulthood (should reference this from year 9 onwards)

Section F Special Educational Provision

Section G Health Provision

Section H1 Social Care Provision provided under section 2 of the Chronically Sick & Disabled Person's Act 1970 (CDPSA) for children/young people under 18.

Section H2 "Any other" Social Care Provision provided under the 1989 Children Act (for under 18) or the Care Act 2014 (for 18 years and older).

This will be actions and provisions from within your plan CIN, CP or CLA

Section I Name and type of School

Section J Personal Budget

Section K List of advice and those who have contributed to the Education Health & Care Assessment, including dates.

Social Care Advice for an EHC Assessment



Social Care Advice for an Education Health & Care Assessment.

Details of Child/Young Person	
Family Name	Given Name
Child/Young Person's Full Legal Name	
Case Number	
Child/Young Person's plan	
(Family Help/CIN/CP/CLA/PWP/Care Act)	
Date Of Birth	
Date Request Made	
Date Due	
Worker Allocated to complete Advice	
Has this advice been completed with the Child/Young Person and/or their parent/carer? Y/N	
Has consent been obtained for sharing this advice as part of the EHC Assessment? Y/N	
(Please also state who gave consent & when).	
Evidence Base Briefly indicate the evidence you have used to formulate your advice. <i>For eg the needs, outcomes and provision outlined in this advice are based on xxxx assessments undertaken and/or discussions with the child/young person/their parent/carers on xxxx date.</i>	
Living Arrangements <i>Include who the child/young person lives with, how long for, stability & permanency of those living arrangements.</i>	

Reason for Social Care involvement

(To include brief overview of the reason for social care involvement, any assessments or interventions undertaken. **Specific sensitive information to be omitted unless expressed consent has been given to share this for the purposes of an EHC assessment/review).

(500-word limit)

Exploring social care needs-basic principles



Understanding a child/young person's needs starts with engaging with them and their parents/carers.

Advice given should be positive, affirming and reflect them as a whole person.

What and who is important to them?

What support do they receive from family, friends, groups, community services and professionals. What they need help with day to day?

What is going well for them and/or their family?

What does the child/young person and their family find difficult or stressful? What is not working well?

Does the family know of and how to use the Local Offer and Family Service Directory (as this could meet need?)

Section A

Views Aspirations Interests



- Starting with **Aspirations** helps us get to know the CYP as an individual person. It is the where the **golden thread** starts...
- Do we know about the things that matter & are important to the child/young person?
- Do we know what they like & what they are interested in?
- Do we know what is working well at the moment and what is not working well?
- Is there any aspect of the child/young person's life they would like to change?
- Aspirations can include things a child/young person may want to develop.
- For eg acquiring new skills, feeling valued & included, having a purpose, understanding their feelings, being able to cope with change, being able to communicate better, having positive relationships, feeling more confident etc.....
- Aspirations can include preparation for adulthood goals.
- Aspirations can and should point to **needs** and **outcomes**.

Section A

Strengths



- Think of what you **like & admire** about the child/young person & why.
- Ask others the same.
- Consider things/aspects of their life they are coping well with.
- Have they **learnt any new skills?** Made **progress** in any area?
- Have they overcome any barriers and/or adversities –if so what and how?
- What can we say about their **personality, positive attributes** & how these qualities have contributed to their strengths?
- **Aspirations and Strengths should provide a clear profile of the child/young person as a unique individual.**
- Can you provide egs of Aspirations & Strengths for children/young people you work with?
- <https://www.socialworkerstoolbox.com/voice-of-the-child-toolkit/>

Section B

A Child/Young person's Special Educational Needs & Disability (SEND)



There are 4 categories of special educational need within the SEND Code of practice. (see next slide)



Applications from education settings for an EHC needs assessment must reference a CYPs SEND within **at least 1** of these categories.



If all categories are referenced, order of need, with 1 indicating this is the CYP's primary SEND need, should be indicated.



SEND needs are relevant for social workers to know when completing Section D - *"A CYP's needs relevant to their SEND"*.

Section D – A CYP Social Care Needs related to their SEND.

Things to consider.

1. *The legal definition of SEND - **Do you know the child's primary Special Educational Need(s) and/or Disability?** (See Section B of the school application for an assessment if you have a copy of this).*
2. ***What care, help and support do they need because of their Special Educational Need(s) and/or Disability from their primary care givers?** To help address their barriers to learning (ie their SEND) so they can achieve, grow, be safeguarded and prepared for adulthood?*
3. *Are there any other social care needs that you are involved in supporting the child and their family with? And do they have an impact on the child's ability to access learning?*

Section D – A CYP Social Care Needs related to their SEND.

The type of help a child/YP needs in each area, will vary and depends on their age, circumstances and personal history.

It is important to note a diagnosis of any specific condition is not a need.

Think about the impact of the diagnosis on their daily lived experience.

*Where help would be considered a “**care need**” is if it’s generally felt to be;*

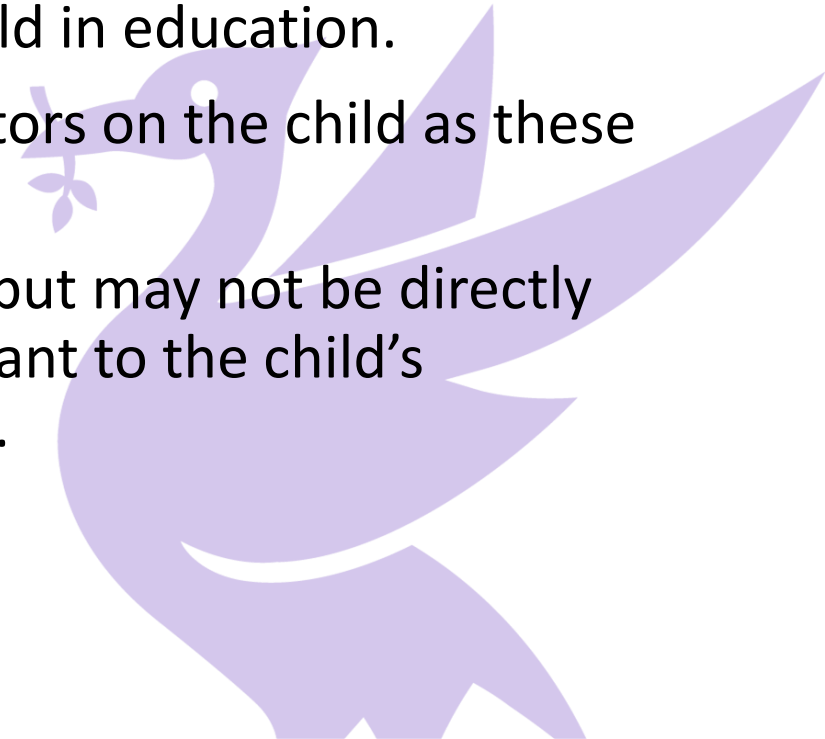
- 1. “**over and above**” the care you would expect to provide to a child/YP of a similar age and stage of development, and*
- 2. they need **additional support/adjustments** to be made so they can continue to develop, mature and achieve their aspirations and outcomes.*
- 3. Can include **any help** a child needs to support their emotional well-being, confidence and self-esteem, as well as practical assistance and support.*

Section D - Examples of Care Needs that may be related to a Child/Young Person's SEN & Disability.

- **Extra help and support with self-care-** for example with washing, toileting, dressing/undressing, eating and drinking.
- **Extra help and support with tasks of daily living-** for example help with managing their money, dealing with correspondence, accessing the community for essentials, maintaining their home, keeping safe at home and in the community.
- **Help and support due to limited mobility, physical need, degenerative condition or sensory impairment.** For eg physical support, specialist equipment, aides and adaptations.
- **Extra help and support due to social and emotional needs and poor mental health** that does not fall within the remit of mental health services. For eg, anxiety, depression, low self-esteem, poor emotional regulation; expressed through self-harm, poor concentration, demand avoidant, withdrawal, anger and aggression, difficulties with communication and self-expression.
- **Extra support to make and keep friends or have close/positive/meaningful relationships with others and be an active member of their local community.** Due to vulnerability because of ACES/learning disability/neuro diverse condition such as ASD/ADHD/social isolation, leading to lack of confidence, low self- esteem, underdeveloped social skills & ability to communicate.
- **Extra help and support to keep themselves safe** because of a learning disability, sensory impairment, neurodevelopmental condition, or because of ACEs, which affects how they understand and relate to the world around them and/or their perception and self-worth. Issues can include overestimating their abilities, not recognising harmful situations, relationships or physical dangers, and/or not caring about their safety; making them vulnerable to exploitation from others.

What **should not** be included in **Section D** of social care advice.

- **Carefully consider relevance of information shared for the purposes of an EHCP.**
- **Do Not** disclose sensitive, third-party information, including names of other family members or significant others.
- Potentially this could be a data breach, especially as EHCPs can be shared with many professionals who may be consulted with to support the child in education.
- Consider the **impact of** family, social and environmental factors on the child as these ***may be*** a contributory factor to SEND.
- Social care needs you are supporting the family to address, but may not be directly related to child's SEND, **can be included** if you feel it is relevant to the child's welfare, well-being and their ability to engage with learning.



Needs, Outcomes and Provision



Social Care Needs	Outcomes (think SMART)	Social Care Provision	Review of Outcomes & Provision

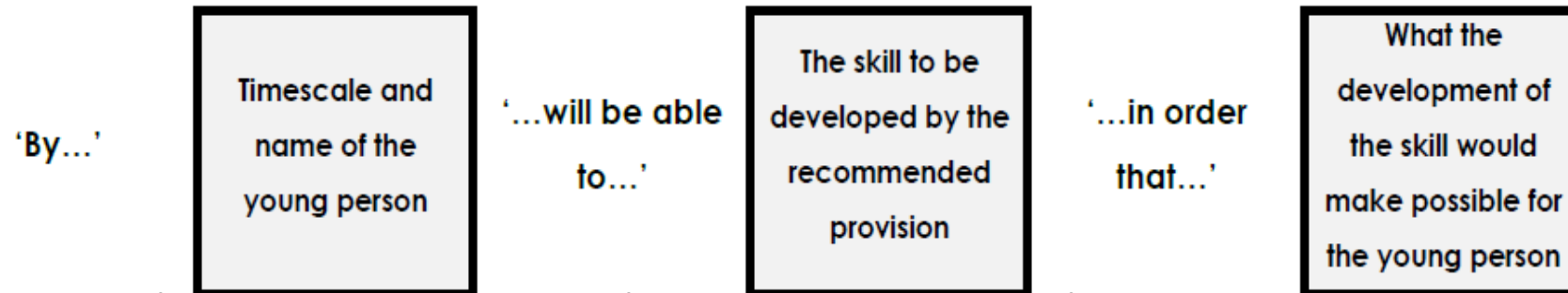
Section E Outcomes

Outcome is **achievement of an objective** and should relate to a CYP needs and aspirations.

- Good outcomes have **time scales** to work towards and **are specific** about the skill or area that needs to be developed or addressed so progress can be measured.
- Outcomes should be aligned with the outcomes in the child's plan (CIN, CP, CLA)
- Outcomes are overarching.

Think:

- Does the outcome link to the child's care need(s)?
- If the need is met what would be different, what would you see the child doing or achieving?
- Is it SMART? Specific, Measurable, Achievable/Agreed, Realistic, Timebound
- Does it say when it will be reviewed & by whom?



- Actions should be in the plan to achieve the outcome but they are not the outcome. To complete an assessment is an output not an outcome. Providing short breaks is an output not an outcome. What would these achieve is the outcome.

Outcome eggs



<u>Social Care Needs</u>	<u>Outcomes</u>	<u>Social Care Provision</u>	<u>Who will provide Provision/Strategy</u>
Annie is overwhelmed in loud, busy spaces with lots of people and this can trigger her anxiety. She needs help to find ways of managing herself in these spaces.	Within the next year Annie will have an agreed strategy with school, she is able to use to help her manage any feelings of overwhelm, and as a result the number of days she can spend in school without her parents being called, reduces overall from this academic year.	Family Support Worker to continue to complete direct work with Annie to explore her lived experiences, including school and home life and what a suitable, calming environment looks like for her in each setting & share this as part of the TAF. Family support worker, with Annie and parents, will explore ways she can gradually expose herself to different places so she can build up her tolerance & coping mechanisms.	Family help assessment and team around the family meetings, at least every 8 weeks for as long as the plan is deemed necessary.

Outcome eggs



<u>Social Care Needs</u>	<u>Outcomes</u>	<u>Social Care Provision</u>	<u>Who will provide provision/strategy?</u>
Sam needs help to communicate his needs as he is presenting with developmental delay and social and communication difficulties.	By the end of the EYFS Sam will have learnt some key words, gestures and symbols so he can communicate his basic needs- hungry, thirsty, tired, hot, cold etc.	EH worker to ensure continuity of communication methods used in nursery, are also used at home, and to support parents in doing this through 4 weekly visits as part of the TAF.	EH worker will visit parents and Sam at home at least every 4 weeks and review the TAF every 8 weeks to ensure supporting Sam's communication is done consistently by all who care for him and to review progress towards achieving outcomes.
Sam needs opportunities to mix with his peers so he can develop his social and communication skills.	By the end of the EYFS Sam will start to engage in reciprocal play with his peers.	EH worker to provide advice to parents to support their play with Sam, to develop his understanding of reciprocal play, and will signpost them to parent/toddler groups.	EH worker will visit parents and Sam at home at least every 4 weeks and review the TAF every 8 weeks to review progress towards achieving outcomes.

Outcome eggs



<u>Social Care Needs</u>	<u>Outcomes</u>	<u>Social Care Provision</u>	<u>Who will provide provision/strategy?</u>
James struggles with communicating his needs or wants and managing frustration and aggression, particularly when he feels misunderstood and he feels his needs aren't met.	Within the next year James will be able to recognise when he is starting to feel frustrated, anxious or stressed for eg, and day to day will be able to communicate this to care staff so incidents of aggressive behaviour reduce in frequency (ie not every day).	Regular at least weekly sessions with key care staff James trusts in his placement, to help him understand his triggers for feeling frustrated, anxious, stressed etc so he can express his needs/feelings calmly and agree any further actions if required. Those supporting James need to give him time and allow him to lead the conversation to begin with and be honest and open, as he doesn't want to feel like he is being treated differently or talked down to.	Home and the Social worker with the support of Mental health professionals like CAMHS. Social worker to visit James at least 12 weekly to reflect on outcomes. Care Plan Meetings with James and all involved, to be held 12 weekly and CLA reviews at least 5/6 monthly.

Section H: Social Care Needs, Outcomes & Provision.

Section H: Needs/Provision & Outcomes.

Guidance notes:

This section should list social care needs related to the Child/Young Person's SEND, as described in Section D.

Outcomes should be relevant to the child/young person's needs and aspirations overall.

Provision in section H should only be that which social care provides, and if applicable, social care fund ie any package of care, placements (foster or residential), any therapeutic interventions, any direct work we are completing with the CYP & their family as well as our statutory duties; for eg visits to the CYP & their family, reviews and co-ordination of the CYP multi-agency care plan.

Provision should not include anything provided by any other service/agency ie education/health.

Provision must include a date which it is due for review and clearly state whether, as part of a review, it may increase or decrease, depending on the needs at the time.

Section H- Needs, Outcomes & Provision included in H1.

- This includes any help and support provided to a child/young person assessed as needing it under **Section 2** of the **Chronically Sick and Disabled Person's Act 1970**.
- This includes needs related to:
 - **Support in the home** ie with personal care, feeding, meal preparation, continence care, maintaining the home.
 - **Support to access the community** ie such as PA support provided via an agency or direct payment, to a CYP.
 - **Assistance with travel** to access community facilities.
 - **Adaptions to the home** – for eg those provided by LA Occupational Therapy departments.
 - **Help with meals, holidays, assisted technology.**
- This legislation is applicable to both children and adults.



Section H Needs, Outcomes & Provision included under H2

- This includes **any other support** provided to a child/young person under legislation such as the **Care Act 2014** if 18 or older or **Children's Act 1989**.
- Such as:
 - **Overnight short breaks** such as those in a residential unit or with a respite foster carer for children and young people under 18.
 - Community/day-time support via a personal assistant (for example using a Direct Payment).
 - **Any provision identified in Family Help, CIN, CP or CLA care planning** not included in H1. This can include SW/IRO visits, care planning/CIN/CLA/CP conference/review/ core group meetings, any direct work, life story work or family support work taking place with the child and/or their primary care givers, the help and support provided by the CYP primary care givers, any therapeutic work Social care are commissioning on behalf of a CYP.
 - **Adult care and support provided for those assessed as eligible** for it under the Care Act 2014, not included in H1.

Social Care Advice for an EHC Review



- Different form
- Asks about any changes since the last review.
- For example, have there been any changes in:
 - Social care involvement
 - Aspirations, interests, strengths
 - Social care needs
 - Provision, including missed provision
 - Reflections on the year
- Review of progress towards outcomes since the last review.
- Setting new goals and outcomes.

Social Care Advice for an EHC Review



- Advice also asks about
- **Transition** – this can include between key stages in school and/or any imminent significant key changes at home.
- This only needs to be completed if relevant.
- **Preparing for Adulthood**- ask you to consider how well prepared the child is in the context of the 4 PFA domains
- **Being healthy**
- **Independent living** – inc managing their finances
- **Relationships & community inclusion**
- **Education, employment & training**
- This is optional until year 9, when this section **must** be completed.



- **When should advice not be signed off?**

- If it has gone beyond the remit of social care professional expertise.
- If, despite QA feedback, advice continues to disclose too much sensitive information about a CYP's circumstances.
- It makes recommendations about provision other than social care.
- Recommendations of provision has not been authorised.

- **What to raise with the DSCO?**

- If it is over time scales and/or there is a continued lack of communication from the worker responsible, or their manager.
- If you need support completing the advice.
- If consent has not being given.

Relevant Social Care Advice. Underpinning Principles



Key practices that need to be embedded to underpin good quality social care advice are:

Clear understanding of Social Care thresholds for intervention- level of need guidance **must** be understood by those within the LA, applied consistently and communicated with partner agencies in health and education.

Providing social care advice **is not** limited to social workers. It can come from any professional who knows the child & can meaningfully contribute to this for eg, early help workers, youth workers, short breaks or residential workers, as well as allocated Social workers.

Professionals co-producing advice with families, agreeing what information will be shared and with whom -this includes seeking consent.

Processes being in place to moderate the quality of social care advice and provide feedback to writers-such as Quality Assurance Audits and a benchmark of what good social care advice for an EHC looks like.

Please refer to **Quality Assurance checklist for Managers** to assist with sign off of advice.

REMEMBER!

An EHCP is a legally binding document.

Advice from social care must be limited to our area of professional involvement. This means section H must only reference social care provision.

Comments regarding education or health provision should not be referenced in section H as they are not our responsibility to provide.



Take away message



- Children with SEND are **children first**.
- Assume they **can** and ask.
- Focus on **strengths** and **what is working** as much as what isn't.
- Seek advice & guidance if it beyond your area of expertise.
- Have **clear outcomes**:
 1. What is it we want to achieve?
 2. What is needed to make that possible?
 3. What is already available that may help?
- Ensure provision is just what you as social care are providing – **this includes your role as a social care professional/lead professional/youth or short breaks, family support, development or link worker.**

Further information-

ipsea.org.uk

councilfordisabledchildren.org.uk

Catherine.Bernard@liverpool.gov.uk

Liverpool City Council

