Social Care Advice

Quality Assurance

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LCC

Overview

- Role of the DSCO.
- Social Care Advice- what's expected.
- Sections of an EHC plan.
- Where does Social Care Advice fit into the Education Health and Social Care plan (EHCP) ?
- What to include/not include.
- When advice should not be signed off.
- What should be raised with the DSCO.

Role of the DSCO

- **DOES**
- Facilitate conversations between social care, virtual school, Health and SEN colleagues.
- To have input and deliver training to support work force development in SEN.
- To Quality Assure Social Care Advice within EHC plans.
- To sit on the EHC Assessment & Moderation panel.
- Embody co-production & provide individual case support.
- Develop policy, procedure & processes to ensure quality service and better outcomes for CYP with SEND
- Cascades learning from the SEND Partnership, Including feedback and coproduction from CYP & their parent carers.

- **DOESN'T**
- Provide or gather social care advice for EHC plans.
- Commission any services directly or hold responsibility for a budget.
- Have responsibility for ensuring statutory time frames for completing advice are complied with. (This is a performance measure social care need to monitor).
- Make decisions regarding eligibility for services – for example short breaks, direct payments or statutory social care support.

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, practice examples and training briefs available to support practitioners in writing advice.

The EHC plan

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

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

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).

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.

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

Needs you have identified in your assessment relevant to their SEND

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

Section A

Views
Aspirations
Interests
(& Strengths!)

- Starting with **Aspirations** helps us get to know the CYP as an individual person.
- Their interests/likes/dislikes & what's important to them,
- Their values, attributes & what motivates them,
- Their hopes for the future –for example:
- Where they may want to live
- Further education/training and employment
- Relationships/family/community & recreation
- Their health and well-being.
- Exploring their **Strengths** can help us understand;
  - What they are good at &/or have made progress in,
  - Any barrier they have overcome
  - And can indicate abilities/talents that could be developed further.

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".*

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.

The four categories

Cognition & Learning

Communication & Interaction

Social, Emotional & Mental Health (SEMH)

Sensory & Physical

Why is social care advice important for an EHC Plan?

- Provides a more holistic picture of the child.
- Acknowledges the child's context and lived experience.
- Enhances understanding of the interplay of a child's 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

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 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. *Care and support **also includes 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'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, shopping, maintaining their home, keeping safe at home and travel.
- **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, 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 then 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.

Section E Outcomes

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

- <u>Good outcomes</u> 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.
- Social Care outcomes should be aligned with the outcomes in the child's plan (CIN, CP, CLA)
- Social care outcomes are recorded in Section H of LCC's social care advice form, then transferred to Section E of the EHC plan.

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?

'By…' | Timescale and name of the young person | '…will be able to…' | The skill to be developed by the recommended provision | '…in order that…' | What the development of the skill would make possible for the young person

- Actions should be in the plan to achieve the outcome but they are not the outcome. Ie 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.

Section H-
Provision included under H1

- This includes any help and support provided to a child/young person under 18 assessed as needing it under the **Chronically Sick and Disabled Person's Act 1970.**
- Such as:
- 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 towards the costs of meals, holidays, assisted technology.
- This legislation is applicable to both children and adults.

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 Early 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.

• 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?

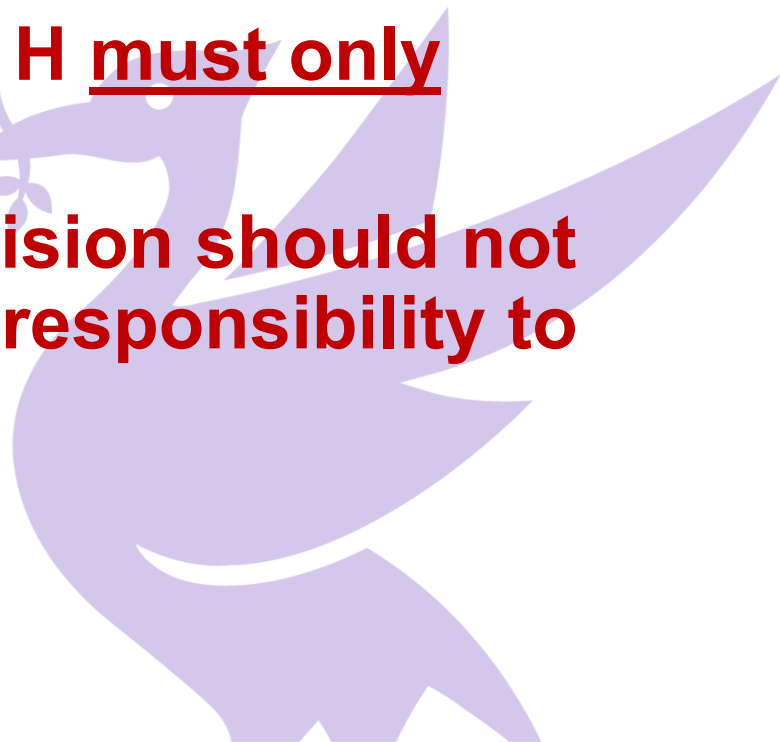
- If it is over time scales and/or there is a continued lack of communication from the worker responsible, or their manager.
- If you need support completing the advice.
- If consent has not being given.

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.



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