Social Care and Early Help Advice and Information

for

Education, Health and Care Needs Assessment

|  |  |
| --- | --- |
| **Child’s name** | **James** |
| **Date of Birth** |  |
| **Who has Parental responsibility?** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Is the child or young person known to statutory Social Care or Early Help?** | | | | | | | |
| **Early Help** |  | **Children’s Social Work Service** |  | **Youth Offending Service** |  | **Disabled Children and Young People’s Service** |  |
| **Contact details for lead professional or social worker:** | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Has there been an assessment of the child and family?** | | | |
| **Early Help** |  | **Child and family Assessment** |  |
| **Other, please specify:** | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Does the child or young person have a current plan?** | | | | | | | | | |
| **Early Help** |  | **CIN CP LAC (s17, s20 or 31)** |  | **Youth Offending** |  | **Short Breaks plan** |  | **Care and Support** |  |
| **Service:** | | | | | | | | | |

|  |  |
| --- | --- |
| **Voice of child/family/young person /parent/carer** (in addition to what information would already be sent) | |
| What is important to the child or young person? | *James loves football and the computer.* |
| What does the child like doing? What would the family like? | *Mother (Sarah) would like James to manage himself and home better so that he can become more independent. Sarah would like support to implement strategies to manage James’ behaviour at home.*  *Sarah would like James to be able to join in with activities alongside other children. She says that this rarely happens at the moment.* |

|  |  |
| --- | --- |
| **Aspirations** | **Outcomes** (*Should be SMART and linked to the child/young person’s aspirations)* |
| *James to engage with other children outside of school* | *For James to be able to engage in activities with other children in the community and outside of the school setting by the end of his next school year* |
|  |  |

|  |  |
| --- | --- |
| **Strengths** | |
| What is going well for the child and their family? What support do they receive from family, friends, community and other professionals? | *James enjoys football, water and mud play and playing with his dumper trucks and cars. He enjoys spending time in outside play areas, this is generally just with his Mum.*  *There is some support from Grandma who lives close by.* |

|  |  |
| --- | --- |
| **Needs** | |
| What do the child and family find difficult, challenging or stressful? What is not working well? | *James’ opportunities to access activities are limited as he cannot be left unattended. When out in the community James sometimes throws himself on the floor, refuses to move.*  *James can be loving and helpful. When he finds communication difficult his behaviours can be physically aggressive.* |

|  |
| --- |
| **Proposed Provision for going forward following assessment:** *(please say what you think might be additional):* |
| *James and is family are currently accessing some support through the Early Help Intensive Unit. This support will continue for a further 4 weeks when there will be a plan to close with the family accessing Open Access services on an ongoing basis.*  *Support for James to be able to spend time with peers outside of school in a secure and safe environment.*  *One to One support to be offered to support James to access weekly after school clubs. The EH worker is supporting Grandma to accompany James to a club once a week. This will be reviewed in 4 weeks prior to case closure.* |
| **What you might expect to be ordinarily available if you think this is useful?** |
|  |

|  |  |
| --- | --- |
| **Advice completed by:** |  |
| **Name:** |  |
| **Job Title:** |  |
| **Team:** |  |

|  |  |
| --- | --- |
| Please return completed Appendix together with all supporting reports to  The relevant email addresses as per table below. | |
| **East Kent** | Email: [SENEast@kent.gov.uk](mailto:SENEast@kent.gov.uk) and copy in [kmccg.kmsendeast@nhs.net](mailto:kmccg.kmsendeast@nhs.net)  Brook House, Whitstable, Kent, Tel: 03000 41 99 94 |
| **North Kent** | Email: [SENNorth@kent.gov.uk](mailto:SENNorth@kent.gov.uk) and copy in [kmccg.kmsendnorth@nhs.net](mailto:kmccg.kmsendnorth@nhs.net)  Joynes House, Gravesend, Kent, Tel: 03000 41 99 94 |
| **South Kent** | **Email:** [SENSouth@kent.gov.uk](mailto:SENSouth@kent.gov.uk)and copy in [kmccg.kmsendsouth@nhs.net](mailto:kmccg.kmsendsouth@nhs.net)  Kroner House, Ashford, Kent, Tel: 03000 41 99 94 |
| **West Kent** | Email [SENWest@kent.gov.uk](mailto:SENWest@kent.gov.uk) and copy in [kmccg.kmsendwest@nhs.net](mailto:kmccg.kmsendwest@nhs.net)  Worrall House, West Malling, Kent, Tel: 03000 41 99 94 |