**HOME AND COMMUNITY LIFE - ADVICE**

**Education, Health and Care (EHC) Needs Assessment**

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| **Service/team providing advice** |
| Children’s Social Care |[ ]
| Adult’s Social Care |[ ]
| Early Help |[ ]
| Leaving Care |[ ]
| Youth Justice Service |[ ]
| Other |[ ]

**Guidance and a good practice example can be found on the** [**‘Good Practice Guide’**](https://suffolknet.sharepoint.com/sites/myscc/Pages/%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8B%E2%80%8BSpecial%20Education%20Needs%20and%20Disabilities%20%28SEND%29%20and%20Inclusion.aspx)

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| **SECTION 1: PERSONAL INFORMATION** |

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| **DETAILS OF THE CHILD/YOUNG PERSON** |
| Given names |  | Family name |  |
| Date of birth |  | Gender they identify with |  |
| Home Address |  | Gender at birth (if applicable) |  |

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| **PARENT/CARER DETAILS** |
|  | **Parent / Carer 1** | **Parent / Carer 2** |
| Name |  |  |
| Relationship to child/young person |  |  |
| Parental responsibility | Yes / No | Yes / No |
| Main Carer | Yes / No | Yes / No |

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| **SECTION 2: BACKGROUND** |

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| **ABOUT CHILD / YP AND SUMMARY OF INVOLVEMENT & SUPPORT** |
| *Please briefly describe the child/young person’s background and include a summary of previous/current involvement with and support for this child or young person. Include any information regarding statutory orders and/or voluntary involvement, and the difference support has made.* |
| If there are current plans or recent assessment reports for the child/young person, please attach these if relevant to their SEND needs, so they can be considered and included if an EHC Plan is required. You can also attach a chronology to help our understanding of the history.However, please remember that any advice used in the EHC Plan is circulated, so reports which contain confidential information about other children, young people and/or family members must not be submitted.*Please list documents attached:*  |
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| **Referrals to other services** *(Please identify any referrals that have been made to other services for this child/young person)*  |
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| **SECTION 3: VIEWS OF THE CHILD/YOUNG PERSON****AND THEIR PARENTS/CARERS** |

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| **PERSON-CENTRED PLANNING****Have the child and their parents/carers been involved?** |  |
| I have been sent copies of the family advice form and child views/young person advice form | Yes / No |
| I have been sent the child/young person’s One Page Profile | Yes / No |
| I am basing this advice on the assessment and/or direct work I have completed with the family, involving the child/young person. | Yes / No |

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| **What are the child/young person’s views on their life at home, in the community and/or in education? What are their hopes / goals for the future?**This could be taken from an assessment or case notes. (Include dates) |
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| **What does the parent/carer say about their child’s wellbeing?****What are their hopes for their child’s future?**This could be taken from an assessment or case notes. (Include dates) |
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| **SECTION 4: CHILD / YOUNG PERSON’S HOME AND COMMUNITY LIFE NEEDS, DESIRED OUTCOMES AND RECOMMENDED PROVISION** |

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| **Strengths*** What are the child/young person’s strengths? How do these help them to thrive at home, in the community and/or in education?
* What are the positives about their home and community life and what is already in place to help them?
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| **Needs*** How does the child/young person’s special educational needs or disability impact on life at home and/or in the community?
* How does the child/young person’s needs or disability and/or home life impact on them being able to thrive in an educational setting?
* Are there other worries about home and community life that are not linked to the child/young person’s SEN or disability?
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| **Outcomes****Include below the relevant goals and outcomes you are currently working towards for this child/young person.***Outcomes should be specific, measurable, achievable, realistic and time bound (SMART).**Outcomes will be reviewed formally through an EHCP Annual Review.* |
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| **Provision** |
| **What support are you putting in place to help achieve the above goals?**This includes your role and support for the child/young person and family. You can also include details of statutory meetings.*(If child/young person is open to Activities Unlimited please include relevant information here)* | **Frequency / By when***(frequency = how often, how many minutes/ hours, for how long)* | **Who will do this** |
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| **Provide details of any additional funding/resources that may be required to deliver the provision.** (This could include personal budget from Activities Unlimited) |
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| **Does this child/young person receive a Personal Budget/Direct Payment?**  | Yes / No / N/A |
| *Please specify with amount awarded* |

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| **Name of person completing this form** |  | **Job title/role** |  |
| **Service / team** |  |
| **Email address** |  |
| **Contact number/s** |  |
| **Signature** |  | **Date** |  |

**Once completed, please securely return this document to the relevant Family Services Team:**

Lowestoft & Waveney (Lowestoft Office): SENDLW@suffolk.gov.uk

Ipswich, Coastal & South Suffolk (Ipswich Office): SENDSS@suffolk.gov.uk

West & Central Suffolk (Bury St Edmunds Office):  SENDWS@suffolk.gov.uk