



SMBC SEND EHC Needs and Early Intervention Assessment

Child's Name	
Date Of Birth	
Address	
Current School	
Who has Parental Responsibility?	

Please confirm if parents and or child are consenting to SEND EHC Needs and Early Intervention Assessment. Please give name of person giving consent below:	Please tick below If consent given?	Please tick below if consent not given?
	<input type="checkbox"/>	<input type="checkbox"/>

When, where, and with who is this assessment completed?

Is the child or young person known to Statutory Social Care or Early Help?					
Early Help		Children's Social Care		Adult's Social Care	
Contact details for the Lead Professional or Social Worker: N/A.					

Child's Development:					
1. Health					
Child's health and diagnoses		Any sensory or physical health needs?		Child's prescribed medication?	
Is the child accessing regular health and needs reviews? With which agency and how often?					
2. Home Life and Child's Lived Experiences					
Does the child lives at home with parents? Or a LAC?		Does the child have Siblings?		Is the child accessing social activities?	

Do any of the siblings have health and additional needs? Please give details below:					
3. Education					
Is the child in a specialist or mainstream setting		What is child's Attendance?		Is child meeting set expectations at school?	
Does the child require SEN support at school or accessing any other support to meet set expectations at school? Please give details below:					
4. Analysis of Child's Development, using Signs of Safety, please give brief analyses of what is working well and what we are worried about:					
<u>What is working well</u>					
<u>What we are worried about</u>					

Parenting Capacity:					
1. Parental Health and wellbeing:					
Does either parent have health needs?		Is either parent on prescribed medications?		Is ongoing support sought for parents' health?	
Is parental health and wellbeing impacting or likely to impact parents' capacity to meet the child's needs?					
2. Meeting the child's needs within the home environment:					
Are child's basic needs being met? I.e. clothing, food, and shelter?		Is child's safety being ensured?		Are the emotional needs being met?	
Are child's needs impacting siblings and or parents? Do parents require support to meet the child's needs? Do parents require short breaks or respite for child? Please give brief details below:					
3. Factors likely to aid or impact parenting capacity:					
Is family accessing help from relatives		Do parents need help to engage with agencies or		Any disclosure of domestic	

or agencies for the child?		professional?		violence, drugs or alcohol misuse?	
Are there other factors identified that will aid or impact parents' capacity to continue to care for the child:					
4. Analysis of parenting capacity, using Signs of Safety, please give brief analyses of what is working well and what we are worried about:					
<u>What is working well</u>					
<u>What we are worried about</u>					

Family and Environmental Factor:					
Is family adequately accommodated?		Are parents in employment? Does family have income to meet the child's needs?		Does family have positive support network around?	
Analysis of environmental factors, using Signs of Safety, please give brief analyses of what is working well and what we are worried about:					
<u>What is working well</u>					
<u>What we are worried about</u>					

Was the child/young person seen during the assessment? If yes, please provide their views, wishes and feelings:

Following from the above information:					
Are needs met by parents within universal services or SMBC Local		Is Social Work Assessment Being triggered due to concerns?		Is further intervention required? I.e. Early Help or Engage?	

Offer?					
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Social Care Advice for EHC Plan

<p>EHCP Section D: Social care needs Description of social care needs which relate to their SEND; as well as social care needs that are not linked to the child's SEND but may be relevant.</p>	<p>Impacts of needs.</p>

<p>EHCP Section E: Outcomes sought for the child or young person Outcomes should be SMART, linked to the child's aspirations, joined up across health, education and social care.</p>

<p>EHCP Section H1: Please provide detail of provision under the CSDPA s2 related to outcomes as defined above</p>	<p>EHCP Section H2: Please provide detail of other social care provision related to outcomes as defined above</p>	<p>By whom, by when? Please specify who is responsible for arranging the provision, how often it takes place, where it takes place, how long for?</p>

<p>Please give details of other needs identified and agencies that may offer support</p>	
<p>Needs identified</p>	<p>Agencies that may offer support</p>

Advice completed by Name: Job title: Organisation:			
Date returned to EHC Co-ordinator:			
Attendance at EHC planning meeting:	Yes		No

Managerial oversight and approval of outcomes for needs identified.
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This assessment has been explained to the family and they have consented to the sharing of this information with health and education professionals to consider the provision of an Education, Health and Care Plan.

Name of person who provided consent:

Name:

Date:

Signature:

If consent is gained via telephone call please tick:

Date:

