



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. Name of person giving consent:	Please indicate below If consent is given?

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

Do parent(s) need help to complete this assessment or engage with agencies or professionals?
Does the child lives at home with both parents or with a single parent/main carer? Is child a LAC?

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:					

Child's Development:
1. Health
Child's diagnoses and health needs?
Does the child presents with physical and or sensory needs?

Is child on prescribed medications?
Is child accessing reviews of needs? With which agency and how often?
2. Home Life and Child's Lived Experiences
Impacts on child lived experiences? Including accessing social activities?
Is child accessing State provisions with regards to needs and their impacts? I.e. DLA, PIP, DP and CHC?
Does the child have Siblings?
Does any sibling presents with additional needs?
3. Education
Is the child in a specialist, or mainstream setting, or home schooled?
What is child's Attendance?
Is child meeting set expectations at school? Does school consider child as having Special Educational Needs?

Parenting Capacity:
1. Parental Health and wellbeing:
Does either parent have health need(s) that is impacting or could impact their capacity to care for child?
Is either parent on prescribed medications?
Is ongoing support sought for parents' health?
2. Meeting the child's needs within the home environment:
Are child's basic needs being met? I.e. food, clothing, and shelter?
Are child's emotional needs being met? I.e. is child happy and content at home and in parents' care?
Is child's safety being ensured? I.e. are parents according child ongoing guidance and supervision bearing in mind child's needs?
3. Factors likely to aid or impact parenting capacity:
Are child's needs impacting siblings and or parents?
Does family have help from extended families and or Agencies?
Are parents or child requesting for or require Social Care support or intervention?

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Family and Environmental Factor:

1. Is family adequately accommodated?

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2. Are parents employed? Does family have income to continue to meet the child's needs?

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3. Any disclosure of domestic violence, drugs or alcohol misuse?

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

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Please give details below of views sought from external agencies? (i.e. school or Engage)

Name of professional?

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Agency contact?

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Date?

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Using Signs of Safety, please give brief analyses of what is working well and what we are worried about bearing in mind Child's Development, Parenting Capacity, and Family and Environmental Factors.

What is working well

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What we are worried about

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What should happen next <i>(These may include access to SMBC Local Offer, Provision from Early Intervention, or is a full Social Work Assessment required?)</i>

Social Care Advice and Provision for EHC Plan

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.	Impacts of needs.

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.

EHCP Section H1: Please provide detail of provision under the CSDPA s2 related to outcomes as defined above	EHCP Section H2: Please provide detail of other social care provision related to outcomes as defined above	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?

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Please give details of other needs identified and agencies that may offer support.	
Needs identified	Agencies that may offer support

Advice completed by: Job title: Organisation:	
Date returned to EHC Co-ordinator:	

Managerial oversight and approval of outcomes for needs identified.			
Manager:		Signature:	
		Date:	

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:

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Date:

