

**Care including Social Care Questionnaire**

**To inform an Education, Health and Care Assessment**

In Shropshire we are striving to understand the needs of all children/ young people and their families, so they feel valued and supported to achieve their full potential and enjoy life. As a partnership we want to ensure our SEND children and young people have access to the right services to meet their needs through joining-up systems locally.

Every child/young person has care needs. Sometimes these are met by the family and wider support network, alongside universal services in the community. Sometimes there is a need for more targeted or specialised support, depending on the needs of the child/ young person and family.

As part of the Education Health and Care (EHC) Assessment process, the Local Authority aims to identify early in the process how the child/ young persons’ care needs are being met and if the child/young person and their family requires any additional support from Children’s Services such as Early Help or Social Care. This information will be reviewed and will inform care advice if a needs assessment is agreed.

In most cases filling in the form gives us all the information we need. It would therefore be helpful if you would complete and return this form to us via the school, who will return it with the other documents you are completing, to the Local Authority. If this part of a parental/ young person request, please send as part of your request.

If having looked at the care information you provide, services feel that an Early Help or Social Care conversation is needed, the appropriate service will contact you directly to offer an appointment. Please don’t be concerned about this, it’s aimed to be supportive. We will ask your consent first.

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| **Personal Details:** |  | |
| Full Name of Child: |  | |
| Date of Birth: |  | |
| Person with parental responsibility (please state relationship to child): |  | |
| Address: |  | |
| Telephone Number: | Home: | Mobile: |
| Educational Setting: |  | |

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| **Care/ Social Care History:** | | | | | | | |  | | | |
| What is working well for your child/ young person and family in your daily lives? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Do you or your child/ young person access groups and activities within the community such as Sports groups, Girl Guiding, Scouts, St John’s Ambulance, dance and drama groups, youth or toddler groups? | | | | | | | | | | | |
| Yes | |  | | | If yes, how do they support you or your child/ young person’s engagement and needs? | | | | | | |
| No | |  | | |
| Do you or your child have care and support from family, neighbours or friends, if yes, what does this look like? | | | | | | | | | | | |
| Yes | |  | | |  | | | | | | |
| No | |  | | |
| Is your child supported by an Early Help practitioner or Social Worker? If yes, please provide their name and contact details. | | | | | | | | | | | |
| Name: | | | | | | Telephone Number: | | | Email: | | |
| Role: | | | | | |
| If your child/ young person is not supported by either of these, are they being supported by an Early Help professional (this includes teachers, nursery/ pre-school practitioners, Family Nurse Practitioners)? | | | | | | | | | | | |
| Yes/ No  *Delete as appropriate* | | | | If yes, please provide details. | | | | | | | |
| Name: | | | Telephone Number: | | | Email: | |
| Role: | | |
| Do you feel your child/ young person have any unmet care needs? | | | | | | | | | | | |
| Yes |  | | If yes, please provide further details. | | | | | | | | |
| No |  | |
| Do you feel that your child/ young person’s Special Educational Needs and Disability has an impact on your family?  Please complete all sections below that you feel are relevant. | | | | | | | | | | | |
| Mental Health and Wellbeing | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Sleep | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Physical Health | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Family relationships: this could include parental and/or sibling wellbeing, parental conflict | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Finances and employment | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Home environment e.g, secure housing, adaptations needed to keep you and your child safe and secure or any planned or unplanned moves | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Do you feel your child/ young person’s Special Educational Needs or disability puts them at risk in the community? Eg, exploitation, bullying, harassment, isolation | | | | | | | | | | | |
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| **Parent Carer Consent** | | | | | | | | | | | |
| I/We are happy that the information I/we have given describes my/our child’s current care/social needs.  NB. In filling in an assessment request for an Education, Health and Care Plan the Local Authority is entitled to seek care/social care advice from Children’s Services. You may be contacted for an informal support conversation to support your child/ young person’s EHC needs assessment. | | | | | | | | | | | |
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| Signed: | | | | | |  | | | | | (Parent Carer) |
|  | | | | | |  | | | | |  |
| Signed: | | | | | |  | | | | | (Parent Carer) |
|  | | | | | |  | | | | |  |
| Date: | | | | | |  | | | | |  |
|  | | | | | |  | | | | |  |
|  | | | | | |  | | | | |  |
| I am happy that the information I have given describes my current care needs  NB. In filling in an assessment request for an Education, Health and Care Plan the Local Authority is entitled to seek care/social care advice from Children’s Services. You may be contacted for an informal support conversation to support your child/ young person’s EHC needs assessment. | | | | | | | | | | | |
|  | | | | | |  | | | | |  |
| Signed: | | | | | |  | | | | | (Young Person) |
|  | | | | | |  | | | | |  |
| Date: | | | | | |  | | | | |  |