

Social Care Legislation and Guidance:

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The Children Act 1989

Child in Need (section 17 of The Children Act 1989)

Social services departments have a general duty under Section 17 (10) of the [Children Act 1989](#) to safeguard and promote the interests of 'children in need'.

All disabled children under 18 years old are regarded as children 'in need' for the purposes of Part 3 of the Children Act 1989 (section 17)(10):

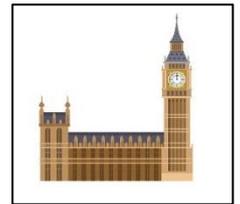
(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;

(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

(c) he is disabled.

Section 17(11) of the Children's Act 1989 states that a child is disabled if they:

- Are blind, deaf or
- Non-verbal, or
- Suffer from a 'mental disorder of any kind', or
- Are 'substantially and permanently handicapped by illness, injury or congenital deformity, or such other disability as may be prescribed'.



A child in need is entitled to an assessment from the social services department. The assessment is the start of the process to decide if services are needed. It is an opportunity for you to tell a professional about your child and family's needs. An assessment is important because it can lead to a number of services being provided, like practical help in the home and short breaks.

Statutory assessments of disabled children are governed by statutory guidance – [Working Together to Safeguard Children 2015](#). It's up to each local authority to decide how much detail is needed in each assessment, but the maximum timeframe for any assessment is 45 working days from the date they get a referral.



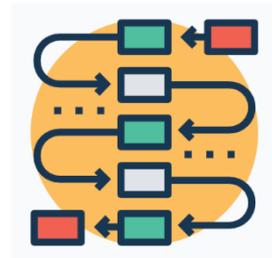
When disabled children are referred to children's social care services without a specific assessment requested (e.g. a Child in Need assessment), a decision on an appropriate assessment process should be made. This may range from consideration as to how their needs may be met by the local offer, or through an Early Help assessment, to a S.17 Child in Need or S. 47 Child Protection assessment.

The guide to inter-agency working to safeguard and promote the welfare of children Working Together to Safeguard Children 2015 states that where services are to be provided (or a direct payment made) under S17 of the Children Act 1989 to a disabled child there should be a child in need plan setting out '*what services are to be delivered, and what actions are to be undertaken, by whom and for what purpose*' (paragraph 50, p22).

After social services have carried out an assessment, they need to reach a decision about whether you and your family are in need of services, and which services are needed. They may decide there is no need for services, which could result in your case being closed with no further action taken. If you disagree with this decision you can challenge it using the local authority's complaints procedure. Or they may decide that there is a need for services, and these should be provided. The local authority will then produce a plan of services, called a 'care plan' or a 'child in need plan'.

In many local authority (LA) areas a panel decides the package of services that may be offered. A care plan should be agreed between social services and you and your family, to meet any identified needs. The plan should give details of:

- what services will be provided
- for how long the services are needed
- what the local authority plans to achieve by providing the services
- what each person and agency is expected to do
- the date of the next review.



Importantly, the care plan should be reviewed regularly to make sure any services remain appropriate.

Services for disabled children are available under Section 2 of the [Chronically Sick and Disabled Persons Act 1970](#) and under the Children Act 1989. The Chronically Sick and Disabled Persons Act (see CSDPA page below) sets out what kind of help should be provided. Under this Act, the duty to provide services is to the individual disabled child and does not extend to other members of the family. These services are:

- practical assistance in the home, like help with the personal care of your child, for example help with getting in and out of bed
- equipment for a recreational need, like a TV, radio or computer
- leisure facilities (this could mean outings or a placement at a day centre), or
- education facilities (this could mean home-based education or funding for the personal care requirements of students so they can study)
- travel and other assistance, like travel to and from a day centre
- home adaptations and disabled facilities, for example fitting handrails or hoists
- holidays
- meals
- telephone equipment.



The Children Act 1989 sets out a range of support services which should be available. This includes the right to permanent or temporary residential accommodation, if your child needs it. It forms the legal basis for residential short breaks. If your child needs this service, then it should be provided. If there are no suitable facilities locally, your local authority can look

outside its own area. There are other services listed in the Children Act 1989. Here are some examples:

- occupational, social, cultural or recreational activities
- home help
- assistance to enable your child and family to have a holiday
- advice, guidance or counselling
- travel assistance

Child Protection (section 47 of The Children Act 1989)

A Section 47 enquiry means that children's social care must carry out an investigation where they have "reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm" (s.47 CA 1989).

Anyone who has concerns about a child's welfare should make a referral to local authority children's social care and should do so immediately if there is a concern that the child is suffering significant harm or is likely to do so.

Feedback should be given by local authority children's social care to the referrer on the decisions taken. Where appropriate, this feedback should include the reasons why a case may not meet the statutory threshold and offer suggestions for other sources of more suitable support. Practitioners who make a referral should always follow up their concerns if they are not satisfied with the response.



When practitioners refer a child, they should include any information they have on the child's developmental needs, the capacity of the child's parents or carers to meet those needs and any external factors that may be undermining their capacity to parent. This information may be included in any assessment, including an early help assessment, which may have been carried out prior to a referral into local authority children's social care. Where an early help assessment has already been undertaken, it should be used to support a referral to local authority children's social care; however, this is not a prerequisite for making a referral.

Within **one working day** of a referral being received, a local authority social worker should acknowledge receipt to the referrer and make a decision about next steps and the type of response required. This will include determining whether:

- The child requires immediate protection (see below) and urgent action is required;
- The child is in need and should be assessed under section 17 of the Children Act 1989;
- There is reasonable cause to suspect that the child is suffering or likely to suffer significant harm, and whether enquires must be made and the child assessed under section 47 of the Children Act 1989;
- Any services are required by the child and family and what type of services;
- Further specialist assessments are required to help the local authority to decide what further action to take;
- To see the child as soon as possible if the decision is taken that the referral requires further assessment.

The child and family must also be informed of the action to be taken, unless a decision is taken on the basis that this may jeopardise a police investigation or place the child at risk of significant harm.

Immediate Protection

Where there is a risk to the life of a child or a likelihood of serious immediate harm, local authority social workers, the police or NSPCC should use their statutory child protection powers to act immediately to secure the safety of the child.

If it is necessary to remove a child from their home, a local authority must, wherever possible and unless a child's safety is otherwise at immediate risk, apply for an Emergency Protection Order (EPO). Police powers to remove a child in an emergency should be used only in exceptional circumstances where there is insufficient time to seek an EPO or for reasons relating to the immediate safety of the child.

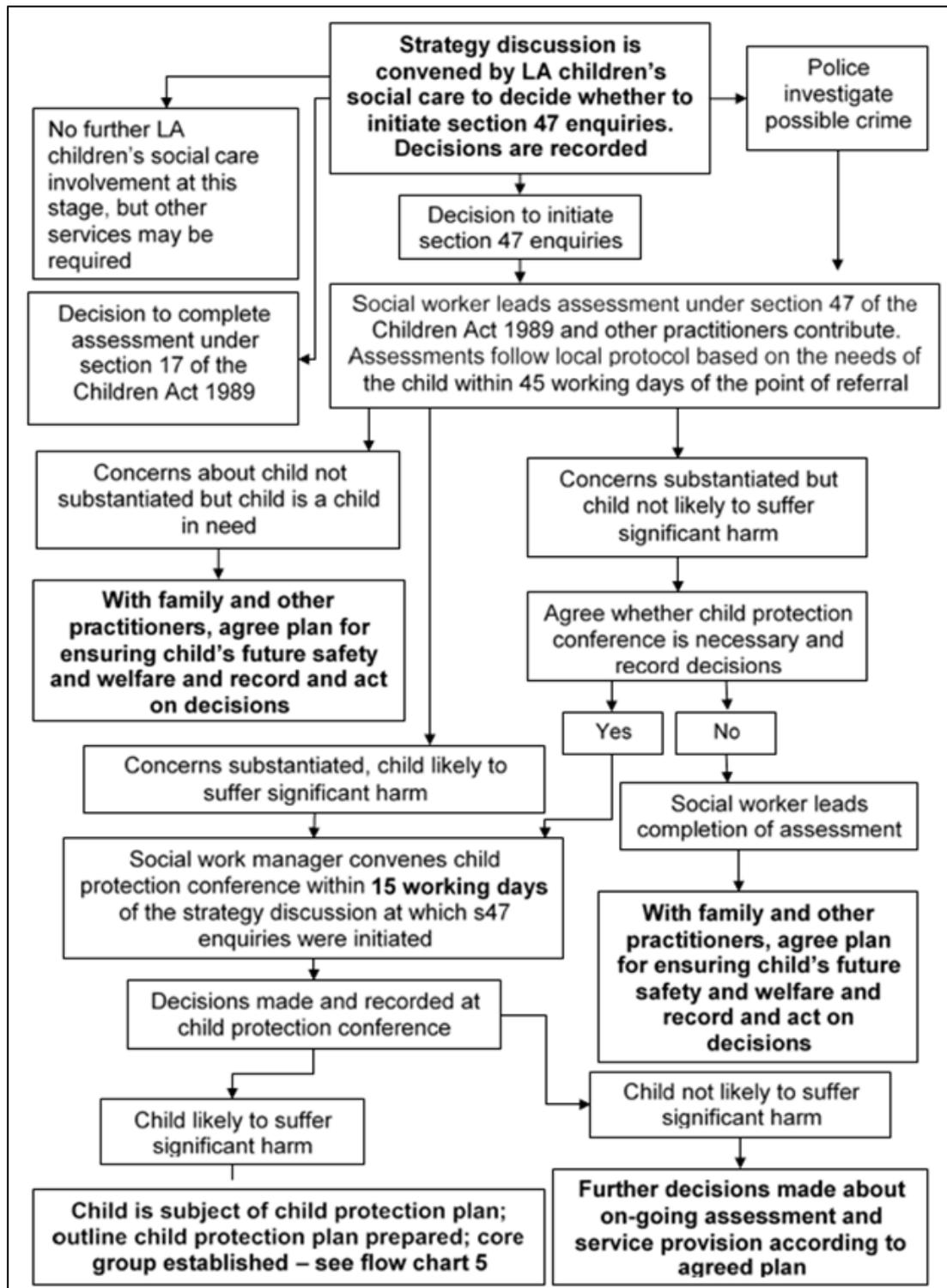
An EPO, made by the court, gives authority to remove a child and places them under the protection of the applicant. The local authority in whose area a child is found in circumstances that require emergency action (the first authority) is responsible for taking emergency action.

Carrying out a s.47 assessment

The s.47 enquiry will involve an assessment of the child's needs and the ability of those caring for the child to meet them. The aim is to decide whether any action should be taken to safeguard the child. The child's parents/carers will be interviewed, as well as the child (unless the child is too young). The assessment will also include information from the child's school, doctor and other professionals.

There should be a strategy discussion involving local authority children's social care (including the residential or fostering service, if the child is looked-after), the police, health and other bodies such as the referring agency. This may also include the child's nursery or school. The purpose of the strategy discussion is to determine the child's welfare and plan rapid future action if there is reasonable cause to suspect the child is suffering or is likely to suffer significant harm.

Please refer to the flow chart on the next page for the process, following a strategy discussion taking place.



(www.workingtogetheronline.co.uk/ Working Together to Safeguard Children 2018)

The Chronically Sick and Disabled Persons Act (CSDPA) 1970

Disabled children are treated differently by the law than all other groups of children 'in need' because of section 2 of the Chronically Sick and Disabled Persons Act ('CSDPA') 1970, which was expressly extended to cover disabled children (as opposed to just disabled adults) when the Children Act 1989 was passed.

CSDPA 1970 section 2 creates an individual right to particular specified services for disabled children where the Local Authority accepts that it is *necessary* for it to provide services to meet the child's needs. In reaching that decision, the Local Authority can take account of its own resources and apply rational and fair eligibility criteria – but once it has accepted that a need is 'eligible' for support it must be met.

The type of such support is outlined in Section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970. These services include:

- practical assistance in the home
- provision or assistance in obtaining recreational and educational facilities at home and outside the home
- assistance in travelling to facilities
- adaptations to the home
- facilitating the taking of holidays
- provision of meals at home or elsewhere
- provision or assistance in obtaining a telephone and any special equipment necessary
- non-residential short breaks

Where a disabled child (or adult) has needs which are assessed as eligible for support, they are entitled to either a service or a direct payment that is sufficient to meet their needs. If a direct payment is made (see personal budgets/direct payments below), it must be sufficient to meet the reasonable cost of securing the necessary services to meet the eligible needs.

The Care Act 2014

Part 1 of the Care Act 2014 emphasises individual well-being; highlights the importance of preventing and reducing needs; puts people in control of their care and support; and places carers on a par with those for whom they care.

Local authorities are required under sections 58(1), 60(1) and 63(1) of the Care Act 2014 to carry out assessments for:

- Children receiving care and support who are approaching their 18th birthday – a Child's Needs Assessment 'in transition'
- Carers of disabled children who are approaching their 18th birthday – a Child Carer's Assessment 'in transition'
- Young carers who are approaching their 18th birthday – a Young Carer's Assessment 'in transition'

The Care Act says that if a child, young carer or an adult caring for a child (a 'child's carer') is likely to have needs when they, or the child they care for, turns 18, the local authority must assess them if it considers there is 'significant benefit' to the individual in doing so. This is regardless of whether the child or individual currently receives any services. In order to fully meet their legal duties, local authorities should consider how they can identify young people and carers who are not receiving children's services but are, nevertheless, likely to have care and support needs as adults.

The Care Act does not say that the child or young person has to be a certain age to be able to ask for an assessment. It says that local authorities must consider, in all cases, whether there would be a 'significant benefit' to the individual in doing an assessment. This means the local authority is able to take each individual's circumstances into account when deciding whether to assess them. This is instead of having a blanket rule that means everyone has to be assessed at the same age. This flexibility recognises that the best time to plan the move to adult services will be different for each person.



Carer's Assessments:

For carers of children and young people under 18:

Section 97 of the Children and Families Act 2014 inserts sections 17ZD to 17ZG. These sections create a separate parent carer's needs assessment. This assessment may be combined with a section 17 child in need assessment for the disabled child.

Local authorities must assess parent carers' needs for support on the appearance of need or where an assessment is requested by the parent carer. Local authorities must also be satisfied the disabled child cared for, and the disabled child's family, are persons for whom they may provide or arrange for the provision of services under section 17.

The local authority must then assess:

- whether a parent carer has needs for support and, if so, what those needs are,
- whether the disabled child cared for has needs for support, and
- whether it is appropriate for the parent carer to provide, or continue to provide, care for the disabled child, in the light of the parent's needs for support, other needs and wishes

A parent carer's needs assessment must also consider:

- the well-being of the parent carer, and
- the need to safeguard and promote the welfare of the disabled child cared for, and any other child for whom the parent carer has parental responsibility

Well-being has the same meaning for a disabled child as applies to carers of adults in the Care Act 2014 i.e:

- personal dignity;
- physical and mental health and emotional well-being;
- protection from abuse and neglect
- control over day-to-day life;
- participation in work, education, training or recreation;
- social and economic well-being;
- domestic, family and personal relationships;
- suitability of living accommodation; and
- the individual's contribution to society



Under section 1 of the Carers (Recognition of Services) Act 1995 an adult caring for a disabled child who **does not** have parental responsibility for that child has a specific right to ask for an assessment of their needs for support under the Carers Act 1995 - if they are

caring for a disabled child who is being assessed under section 17 of the Children Act 1989, or section 2 of the Chronically Sick and Disabled Persons Act 1970. This applies to those who provide care for a disabled child but do not have parental responsibility for them, for example grandparents or siblings, and so are not covered by the parent carer assessment duty, which applies where a person has parental responsibility.

For carers of adults 18 years+:

Under the Care Act 2014, carers of adults 18 years+ can also request a carers assessment from the local authority.

The Care Act gives local authorities a responsibility to assess a carer's needs for support, where the carer appears to have such needs. The local authority will assess whether the carer has needs and what those needs may be. This assessment will consider the impact of caring on the carer. It will also consider the things that a carer wants to achieve in their own day-to-day life. It must also consider other important issues, such as whether the carer is able or willing to carry on caring, whether they work or want to work, and whether they want to study or do more socially.

When the assessment is complete, the local authority must decide whether the carer's needs are 'eligible' for support from the local authority. The carer will be entitled to support if:

- they are assessed as having needs that meet the eligibility criteria
- the person they care for lives in the local authority area (which means their established home is in that local authority area)



The local authority and the carer will agree a support plan, which sets out how the carer's needs will be met. This might include help with housework, buying a laptop to keep in touch with family and friends, or becoming a member of a gym so that the carer can look after their own health.

It may be that the best way to meet a carer's needs is to provide care and support directly to the person that they care for, for example, by providing replacement care to allow the carer to take a break. It is possible to do this if the person needing care agrees.

In most cases local authorities do not charge for providing support to carers, in recognition of the valuable contribution that carers make to their local community. However, this is something that the local authority can decide. If the local authority does decide to charge a carer for providing them with support, it must carry out a financial assessment to decide whether the carer can afford to pay.

Carers should receive a personal budget, which is a statement showing the cost of meeting their needs, as part of their support plan. It will include the amount the carer will pay, if any, and the amount the local authority is going to pay. Carers have a right to request that the local authority meets some or all of such needs by giving them a direct payment, which will give them control over how their support is provided.

Personal Budgets & Direct Payments:

A personal budget is an amount of money identified by the local authority to deliver provision where the parent or young person is involved in securing that provision.

It can include funding from education, health and social care, including that provided under Section 17 of the Children Act 1989. There is a similar requirement to set out personal budgets for young people over 18 and carers, with eligible care and support needs under the Care Act 2014 (see above).



The Children and Families Act 2014 also states that a local authority that maintains an EHC plan, or is preparing an EHC plan, for a child or young person must prepare a personal budget for him or her if asked to do so by the child's parent or the young person themselves. Normally, the LA will do this by providing the necessary funding to the school or college attended by the child or young person, in order for them to deliver the educational support needed. However, it is also possible for the LA to consider making a payment to the parent, the young person or another nominated person, so that they can organise the provision themselves. In certain circumstances, the LA can refuse to identify a personal budget. They may do so when the special educational provision is being provided as part of a larger budget (for example, a contract with the NHS to provide all speech and language therapy or occupational therapy) and the LA can't separate out or 'disaggregate' the personal budget from that overall larger budget.



Personal budgets promote a personalised approach to and can offer greater choice and control over how support is delivered.

Local authorities must have a policy on personal budgets. This, and other information about personal budgets, should form part of the local offer. Local authorities must also provide information about organisations that may be able to provide advice and information to parents and young people to help them make informed decisions about personal budgets.

There are four ways in which a personal budget can be delivered:

- direct payments – where individuals receive the cash to contract, purchase and manage services themselves
- an arrangement – whereby the local authority, school or college holds the funds and commissions the support specified in the plan (these are sometimes called notional budgets)
- third party arrangements – where funds (direct payments) are paid to and managed by an individual or organisation on behalf of the child’s parent or the young person
- a combination of the above

The Children and Families Act 2014

[The Children and Families Act](#) introduced a more integrated approach between education, health and social care services. The integration of these services aims to promote the well-being of children and young people and improve the quality of special educational provision across education, health and social care.

It introduced requirements on local authorities and health partners to jointly plan and commission (pay for) services for disabled children and young people, and those with SEN.

Local authorities must also ensure that disabled children and those with SEN and their parents, and disabled young people and those with SEN are involved in discussions and decisions about their individual support and about local provision (sections 27, 30, 36, Children and Families Act 2014). This includes providing children, young people and families with the information, advice and support they need to participate.

Local authorities, in co-operation with their partners, must integrate education and training, health care and social care provision where they think it would promote the wellbeing of children and young people in their area.



All EHC plans for children and young people 0-25 should have common outcomes across education, health and care that work towards the child or young person’s aspirations.

The underpinning duties from the Children Act 1989 section 17 and the Chronically Sick and Disabled Persons Act (CSDPA) 1970 section 2 remain the same. The Children and Families Act 2014 does not change or effect these duties to deliver social care services to individuals. However – it does require a more joined up approach both at individual and strategic levels.

Disabled young people aged 18-25 will be affected by the Children and Families Act 2014 and the Care Act 2014. When implementing the changes from both Acts, local authorities and their partners should consider them together and look to ensure a smooth transition from children to adults' services.

At a strategic level, this could include developing new systems and processes, such as pooled budgets across adults' and children's services, as well as across education, health and social care and the development of 0-25 teams, which sit across both services.

At an individual level, it will involve considering whether to continue children's services beyond 18 until assessments for adult services are completed, or whether an adult care assessment should be carried out before 18 to ensure that decisions are taken in good time and for services to be put in place (see the Care Act 2014).

EHC Needs Assessments (CaFA 2014):

The EHC needs assessment process involves the LA seeking advice from social care and, where following that advice and social care is required, specifying provision in the child or young persons' EHC plan, and providing a personal budget where appropriate.

When an EHC needs assessment is initiated, the LA should check to see if a child or young person is in receipt of targeted services. For example, there may be an early help or statutory Child in Need assessment underway; or perhaps a plan in place; or other social work involvement (for example, where the child is looked after).

Where there is, or has been, social work/social care involvement, the social worker should contribute to the EHC needs assessment. Where social care needs and provision have already been identified through social care involvement, this should be specified in the child or young person's EHC plan.

Where there is no current social work/social care involvement, the social care needs must still be considered as part of the EHC needs assessment process and advice sought from social care services. Where a social worker is not currently allocated to a child or young person, the service that is the first point of contact into social care, for example, a Multi-Agency Safeguarding Hub or an Initial Response Team, should be asked to share information about any previous involvement

Although social care needs may be identified, this does not always mean that a social worker needs to be involved. Services can be provided to meet social care needs, without a statutory social work assessment being carried out. For example, needs may be met through universal provision; provision in the local offer; or through Early Help services.

If as part of the EHC needs assessment, outstanding social care needs (Child in Need or Child Protection) are identified, a referral for a further assessment of these needs or for

action to address them must be made. Any subsequent provision that is identified as necessary, must be added to the EHC plan.

Any resulting social work assessment should not look to repeat information already known about the child and family or already gathered as part of the coordinated planning process. It will inform the EHC assessment and plan when there is vital information missing that relates to the safety and wellbeing of the child, a carer's assessment or when there are particularly complex family or social needs.

EHC Plans:

Social care advice, once incorporated into an EHC plan, becomes part of a legal document.

Where a child is subject to a Child in Need or a Child Protection Plan, this can only be included in the EHC plan where the parent carer consents to this.

EHC outcomes should inform and be informed by other statutory plans. Professionals should consider how child in need, child protection and looked after children processes, plus their planning and reviews, might link with EHC needs assessment planning and review processes. This is with the aim to minimize duplication and to support coordinated planning and provision.

When support needs are identified for a child or young person **up to the age of 18**, the social worker must first consider whether such support is of the type outlined in Section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970. These services include:

- practical assistance in the home
- provision or assistance in obtaining recreational and educational facilities at home and outside the home
- assistance in travelling to facilities
- adaptations to the home
- facilitating the taking of holidays
- provision of meals at home or elsewhere
- provision or assistance in obtaining a telephone and any special equipment necessary
- non-residential short breaks

EHC Plans have two sections in which social care services to be provided to the child or young person must be recorded:

- Section H1 for services required to be provided under the CSDPA 1970 to children and young people (under 18) as a result of the learning difficulties or disability and,

- Section H2 for other social care services as a result of the learning difficulties or disability (including social care to be provided to young people over 18)

Where the local authority decides it is necessary for support under Section 2 of the CSDPA to be provided in order to meet the child’s needs, it must provide that support and include it in **Section H1** of the EHC plan. In deciding whether support is ‘necessary’, a local authority can take into account its resources. Services available and criteria for accessing services should be publicly available in the local offer and published Threshold Documents. You can find the Child Health and Disability (CHAD) team criteria for BCP Council on the BCP Local Offer.



Once a local authority accepts that it is necessary to provide support under section 2 of the CSDPA, then it must fund a sufficient level of services to actually meet the needs identified through the assessment.

Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young having special educational needs, including that made under Early Help or Section 17 of the Children Act 1989, should be included in **Section H2** of the EHC plan. Most typically, this will include provisions such as overnight short breaks.

Summary of Key Points:

<u>Area of social care</u>	<u>Key points</u>
S.17 CIN (Children Act 1989)	<ul style="list-style-type: none"> • All disabled children under 18 yrs old are regarded as children in need • Child disabled if “blind, deaf, non-verbal, mental disorder of any kind, substantially and permanently handicapped” • S. 17 assessment is the process to determine whether any services from social care are needed • Parent carers or professionals can request s.17 assessment from children’s social care (CHAD) – see template letter appendix 1 • Max timeframe for assessment is 45 days from date of referral

	<ul style="list-style-type: none"> • LA can set their own threshold/criteria for accessing services but must be in line with EqA & Human Rights • Assessment may identify no need for support or could identify need for Early Help Services, CIN plan, CP plan, or services under CSDPA
<p>S. 47 CP (Children Act 1989)</p>	<ul style="list-style-type: none"> • Child Protection enquiry carried out when LA has reason to believe child is suffering or likely to suffer from significant harm • Safeguarding is everyone's job – you must refer to BCP MASH if you have any concerns about a child's welfare, without delay • Research by Jones et al. (2012) shows disabled children are three times more likely to be abused than non-disabled children • Social worker should acknowledge referral has been received within 1 working day & make decision of next steps • If there are child protection concerns following a multi-agency strategy discussion, LA must carry out s.47 assessment • If following an assessment, the child is likely to or is suffering from harm, LA must convene a child protection conference within 15 working days • Child protection plan created following this
	<ul style="list-style-type: none"> • Disabled children treated differently by law than all other groups of children "in need" when CSDPA was extended to cover the Children Act when CA was passed in 1989 • S.2 of the CSDPA creates individual right to services when identified as necessary to meet the child's needs (whereas s.17 CIN alone does not

<p>CSDPA (1970)</p>	<p>provide an individual right)</p> <ul style="list-style-type: none"> • LA can apply rational and fair eligibility criteria to accessing CSDPA services but once considered necessary, LA must provide • LA can provide services or arrange direct payments for services • Services include support such as practical assistance in the home, adaptations to the home, non-residential short breaks, provision/assistance in obtaining recreational activities outside of the home
<p>The Care Act 2014</p>	<ul style="list-style-type: none"> • Care Act is relevant legislation for adults 18+ accessing social care services, and young people in transition (e.g. those approaching their 18th birthday) • If a YP approaching their 18th birthday are already a child in need OR carrying out an assessment would be of 'significant benefit' to the young person, an assessment 'in transition' must be carried out under the Care Act • LA required to carry out assessment under the Care Act where a young person is likely to have social care needs when they turn 18 • Part 1 promotes wellbeing and person-centred approach. CA identifies wellbeing as relating to areas such as personal dignity, physical/mental health, participation in work/training/education/recreation, social and economic wellbeing. • LA must carry out assessment for any adult with an appearance of need for care and support • The assessment determines eligibility. LA cannot apply threshold

	<p>to carrying out assessment.</p> <ul style="list-style-type: none"> • Eligibility for services following assessment: can the individual meet their outcomes (identified through assessment) without support, and would there be a significant impact on their wellbeing if not
<p>Carer's Assessments</p>	<ul style="list-style-type: none"> • S.97 of the Children & Families Act, sections 17D-17G introduced right to parent carer needs assessment for those under 18. • For parent carers of CYP under 18, the LA must assess for support on the appearance of needs and/or upon request of the carer • LA must then assess need for support and parent carer wellbeing ('wellbeing' defined same as the Care Act 2014) • Adult caring for a child who they do not hold parental responsibility for are entitled to carers assessment under the Carers (Recognition of Services) Act 1995 IF they are caring for disabled child who is being assessed under s.17 of the Children Act or s.2 of CSDPA • For carers of adults 18+, parent carers can also request a carer needs assessment under the Care Act 2014 • In most cases for carers of adults 18+, the LA will not charge for providing support to the carer(s) however the LA can decide to charge them. They must carry out a financial assessment of the carer to determine if the carer can afford to pay • If carer needs assessment leads to support, they will have a support plan and a personal budget for the support. Carers can request direct payments which gives them greater

	<p>control over how their support is provided</p>
<p>Personal Budgets & Direct Payments</p>	<ul style="list-style-type: none"> • A PB is an amount of money identified by the LA to deliver provision, where a parent or YP is involved in securing that provision • Can include funding from education, health and social care • LA's must have a policy on personal budgets • In relation to EHCP's, parent carers/YP can request a personal budget at the time of assessment or at annual review • PB's are usually provided through EHCP's by the LA providing necessary funding to ed. settings for placement & provision • However, it's also possible for the LA to consider making payment to the parent or YP to arrange the provision themselves • PB and provision must be linked to desired outcomes on the EHC plan • Direct payments are a way in which a PB can be delivered. Individuals receive the money to contract, purchase and manage the provisions/services themselves • 4 ways a PB can be delivered: direct payment, an arrangement, 3rd party arrangement or a combination of the above
<p>The Children & Families Act 2014</p>	<ul style="list-style-type: none"> • More integrated approach between ed, health and social care, both at a strategic level and an individual level

	<ul style="list-style-type: none"> • Statutory joint commissioning arrangements between ed, health and social care introduced • All EHC plans 0-25 should have common outcomes across ed, health and social care • YP aged 18-25: LA's should consider legislation from both CaFA and the Care Act to ensure smooth transitions (e.g. YP having an 'in transition' need assessment under the Care Act)
<p style="text-align: center;">EHCNA's</p>	<ul style="list-style-type: none"> • LA must seek advice from social care when carrying out EHCNA • Where there is or has been social care involvement, social worker should contribute to the assessment and needs/provision specified in EHC plan • Social care needs still need to be considered as part of EHCNA, even where there has not been any previous or current social care involvement • If outstanding social care needs are identified through the EHCNA, a referral for assessment of needs should be made • Although social care needs may be identified, this doesn't necessarily mean social care provision is required. Needs may be met through universal provision, provision in local offer, early help services
	<ul style="list-style-type: none"> • Once social care needs/provision is added to EHCP, it becomes part of the legal document • Social care needs may be included in section D, with no provision required under H1/H2 to meet these needs

EHCP's	<ul style="list-style-type: none"> Section H1 = services required under CSDPA 1970 for CYP under 18 who have SEND Section H2 = other social care services required (e.g. under s17 of Children Act) & social care services required for adults 18+ Where a child is under a child protection plan, parent carer must provide consent for details to be added to EHC plan
Any other info	<p>CIN = Child in Need</p> <p>CP = Child Protection</p> <p>Child Health & Disability Team (CHAD) criteria can be found on the BCP local offer</p>

Sources:

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

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https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/socialcare_implementationofcfa2014_online.pdf

<https://councilfordisabledchildren.org.uk/sites/default/files/uploads/documents/import/Care-Act-and-CFA-link-PFA-2014.pdf>

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<https://councilfordisabledchildren.org.uk/sites/default/files/uploads/documents/import/ChildrenAndFamiliesActBrief.pdf>

https://www.workingtogetheronline.co.uk/chapters/chapter_one.html#flow_one