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| **GUIDANCE for request for EDUCATION, HEALTH AND CARE NEEDS ASSESSMENT completion**  **Access and Response Team- ART Request for help form**  **For Local Authority services**  *These Guidance notes are available to support completion and there are other notes to support practice in the SAFeh toolkit* | SGCLogoSwoosh (2)  April 2016 |

**Date of Request**

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| **Date of request:** **Date the request is made/written** | **Date request received: *Office use only*** |
| **Has consent been obtained to share information and make this request? Consent is required from parents and YP to share information and request services unless it is regarding safeguarding concerns, where generally the family should be informed of this request** unless there is a risk or increased risk of significant harm being caused to the child**.**  **Consent must be obtained to share information and make this request.** | **Signed: Y/N**  **Verbal: Y/N** |
| **Parental views/comments**  **What do the parents require? What do they feel needs to change? What would they like as a result of this referral?** | **What would the parents like to happen?**  **What do the all the parents and carers think?**  **What are their concerns?**  **What would they like to change?**  **What would they be prepared to do to make things better?**  **What would they like to happen?**  **If views not gathered why not?**  **Parent’s Comments :Their own words** |

**Referrer Information Who is making this request? All details should be completed please.**

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| **Name and role:** | **Signature: (Paper only)** |
| **Organisation/Team/Service:** | **Office address and postcode:** |
| **Contact telephone no:** | **Email:** |

**Child/ren / young person details Record details of all children in the family which this request concerns. All the details must be recorded as they may be significant eg ethnicity, language etc**

**Child/ren / young person details Duplicate this box for number of Child/ren / young people**

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| **Family Name:**  **Given Name**  **Date of Birth:**  **Gender:**  M or F | **Address and Tel No.:** |

**Parents and carers details:**

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| **Name of Mother/Carer:** As much Information as possible should be recorded as it may contribute to the evaluation.  **Address:**  **Tel no:**  **Parental responsibility?** Y/N **It is important that parental responsibility is considered. Generally if a parents name is on the birth certificate or any other legal document ie adoption papers, custody papers they have parental responsibility unless it has been revoked by a court.** | **Name of Father/Carer:** Even absent fathers can be significant, it is important to gain as much information as possible.  Where possible the father must be involved in any assessment and evaluation, with consent.  **Address:**  **Tel no:**  **Parental responsibility?** Y/N All adults with parental responsibility or with any caring responsibilities should be considered in any non school attendance action as they will all have a legal responsibility |

**Additional Information as appropriate**

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|  | Child | Parent | Parent |
| **Faith/Religion** |  |  |  |
| **First Language** |  |  |  |
| **Other forms of Communication** |  |  |  |
| **Ethnicity** |  |  |  |
| **Disability** | **Special Educational needs and/or Disability must be specified with all categories that apply to the child/young person**  **Autistic Spectrum Condition**  **Physical disability**  **Speech, Language, Communication needs**  **Hearing impairment**  **Visual impairment**  **Multi-sensory impairment**  **Other (specify)** |  |  |
| **Special Educational Need** | **Specific Learning Difficulty**  **Severe Learning Difficulty**  **Profound and Multiple Learning Difficulty**  **Emotional, social and mental health** |  |  |

**Reason for Request**

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| **What are you worried about?**  **Education History**  **SAFeh /SEN support and reviews – please attach all internal and Single Assessments For early help (SAFeh) and action plans and reviews for at least the last 6 months.**  **All services want to know what has already been tried. What support has been given? What next?**  **What has happened to prompt this request for help?**  **What are you worried about?**  **What actions have already been tried?**  **Describe all the actions and support that you have already given in your setting – please do not assume that First Point will know about the support you consider normal in your service.**  **What support has been put in place and for how long?**  **What changes have taken place?**  **What do you want to happen next?**  **What support do you want from another service?**  **What can they do that you cannot?** |

**Please consider what you want as an outcome from this request for help- tick box and explain**

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| Request for support information or advice  Request for Access to Records | Request for Preventative Service  FYPS  Family and Young People Support SCC  Children Centres  FIF  Families in Focus | Request for Social Care  Where it is felt that thresholds for intervention from Social Care have been met, either at Child in Need level (S.17 of the Children Act) or Child Protection (S.47 of the Children Act)? | Request for targeted service  Educational Psychology  Young People Drug and Alcohol Service  Early Years Inclusion Services  Fire Setter service  Where there is fire starter behaviour or if smoke alarms may be required |
| Request for SAF support  Where a SAFeh is in place and further guidance is required | Request for 0-25 OT  Request for 0-25 SC  Request for 0-25 Portage  Request for 0-25 Funding | Request for SEN disability help/support  Request for Education Health and Care plan  Request for Children’s Occupational Therapy  Service | Other  *Please state*  The box left for Education Heath and care plan should be the only box ticked if you are requesting an Education Health and Care needs assessment |
| **Reason for request: What is wanted? What has prompted this request for help?** | | | |

**Other Children and Adults who live in the House**(e.g. lodgers) **Anyone else living in the house, including other children not mentioned above, and all other adults.**

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| **Name:**  **Date of Birth:** | **Relationship to Child/Young Person:**  All adults with parental responsibility or with any caring responsibilities should be considered in any non school attendance action as they will all have a legal responsibility |
| **Name:**  **Date of Birth:** | **Relationship to Child/Young Person:** |
| **Name:**  **Date of Birth:** | **Relationship to Child/Young Person:** |

**Significant others not living in the home** (e.g. partners of parents, other family members) **You should consider any adult partners who do not live in the house. What about other significant family members, other siblings, extended family?**

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| **Name and Address:**  **Relationship to Child/Young Person:** | **Date of Birth: perhaps an age if dob not known**  **Notes:** |
| **Name and Address:**  **Relationship to Child/Young Person:** | **Date of Birth:**  **Notes:** |
| **Name and Address:**  **Relationship to Child/Young Person:** | **Date of Birth:**  **Notes:** |

**ALL agencies currently and previously involved with the Family**

1. **Record all agencies involved e.g. GP, HV, pre-schools, schools, etc**
2. **Contact details are important and should include a phone contact number and email where the professional is happy for this to be shared.**
3. **It is important to describe all actions that have been tried by all services involved with the family, particularly support given in universal services.**
4. **Describe outcomes from actions however small.**
5. **Dates of involvements will also be useful to indicate when actions were carried out**

**What has been tried so far?** Actions of all other services please refer to any assessments, actions and outcomes achieved so far. Add rows as required

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| **Name of Practitioner** | **Role and Contact Details** | **Actions and Outcomes** | **Involvement Dates & Outcomes** | **Contribution to SAF Yes/No** |
| **Health visitor:** |  |  |  |  |
| **School/Nursery:** |  |  |  |  |
| **GP:** |  |  |  |  |

**Chronology of significant eventsAny significant events and changes in appropriate date order. This may be recent activity leading up to this request and/or historical activities/ issues.**

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| **A full chronology of everything that has happened to the family is not required, just significant events, e.g.**   * **family break ups,** * **reconstituted families,** * **bereavements,** * **any transitions- house moves, school changes, etc.** * **Significant incidents and or support in school** * **Diagnosis** |

**The assessment information and evaluation details below are crucial in helping to decide what next steps could be. Please include all relevant information and omit describing areas of no concern** **unless some areas of no concern might be a strength and worth recording. E.g. we do not need to know that the dental hygiene/monitoring and health checks have all been completed. However you may want to mention that health and hygiene is good (as a strength), whereas learning and development is significantly delayed by 2 years (as a need).**

**Assessment areas below should be completed fully unless a SAFeh is also attached where information is recorded**

**Child/Young Person’s development**

**What the Children/Young People say and do -** Describe the Children’s /Young People’s day to day experiences that describe both strengths and needs. **Paint a picture of the children’s /YP day to day experiences. Do not forget what is going well. When we are worried it is easy to focus on the negatives and overlook what is routinely going well. The things that are strengths are usually the way in to build up areas of need.**

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| **Include children’s strengths and needs:** | Skills and attainments   * Physical development, * Attitudes to learning, * academic skills – to include test results / levels / Nat. curriculum levels * Cognitive development * Communication skills * Social skills * Behaviour in class, playground, outside school * Self help and independence skills   **Consider a wide range of areas and check you know enough information;**  Health and physical development, learning, attendance at educational establishment, progress and achievement , emotional and behavioural development, identity and self image, family and social relationships, social presentation, self-care skills |
| **Child/Young Persons Views (consider voice of child/young person):** | **Describe the way that the pupil was consulted, how the views were recorded and by whom. Include their views on their strengths and the areas they find difficult**  **What is the child/children saying? Their own words**  **What do the children / Young people think?**  **What are their concerns?**  **What would they like to change?**  **What would they be prepared to do to make things better?**  **What would they like to happen?** |

**Parenting strengths and challenges**

**What Parents say and do -** Describe parenting approach, routines, and boundaries within the family highlighting strengths and challenges.

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| **Include parents strengths and challenges:** | **Consider basic case, safety, stimulation, emotional warmth etc.**  **What are parent’s experience of child at home?**  **What parenting strategies are found to work?**  **Consider a wide range of areas and check you know enough information;**  Basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability |

**Family and community**

Describe relevant family history, current circumstances and available support.

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| **Include Strengths and Challenges:** | * **Describe the school context – schools organisation and curricular arrangements and existing support for SEN** * **Resources made available through school based interventions (staffing, equipment, liaison )** * **Describe all actions taken by school, over what period of time and what progress has been made.** * **ICT resources available** * **What extended family and friends support is in place?** * **What community support is the family accessing?** * **What needs of family are not being met?** * **What are the challenges for the school in meeting needs?**   **Consider family functioning, housing, income, social integration etc.**  **Consider a wide range of areas and check you know enough information;**  Family history, family functioning, wider family, housing, employment, income, family’s social integration, community resources |

**Analysis of strengths and challenges**

Please use the above information to consider the main strengths, challenges and risks for the family. It should result in a clear understanding of the Child/Young Person's needs and which types of service provision may best address these needs:

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| **Strengths/protective factors – What is working well? List or bullet point the things/areas that are going well. This should include the strengths/interests of the children/young people as well as that of the parents/carers. It may also include the support/services being provided where they are having a positive impact.** |
| **Difficulties, needs and risks – What are the needs and risks that are worried about?**  **List or bullet point the things/areas where needs are unmet and describe possible risks of further/future harm.** |
| **Conclusions- What needs to change? What outcomes are required and how might they be achieved?** |

**Please submit the form to the Access and Response Team.**

**Tel: 01454 866000 Email: accessandresponse@southglos.gov.uk**

1. If you have concerns regarding **significant harm to a child please telephone Access and Response ASAP** and follow up concerns in writing.
2. Submit Access and Response form by **secure email**– telephone Access and Response to be sent a secure log in.
3. Should you not have access to a computer please telephone Access and Response and ask for advice?