

Parental Request for a Lewisham Education, Health and Care Needs Assessment

Section 1: Policy context

Most children and young people with special educational needs or disabilities (SEND) will have their needs met within local mainstream early years settings, schools or colleges through differentiated quality first teaching and through SEN Support resources. The educational setting should be consulting with other professionals and fully utilising their delegated budget in order to meet a child or young person's (CYP) SEND prior to considering an Education Health and Care needs assessment (EHCNA) request.

In considering whether an EHCNA is necessary, Lewisham local authority will consider whether there is enough evidence that the setting has taken relevant and purposeful action to identify, assess and meet the special education needs of the CYP through the Graduated Response and whether the CYP has made the expected progress. Please refer to Lewisham's EHCNA and EHC Plan Policy for further details.

To inform their decision, Lewisham local authority will take into account a wide range of evidence and pay particular attention to:

- evidence of the CYP's views, aspirations and desired outcomes (Section 5: *My World* and Section 10);
- evidence of the CYP's academic attainment (or developmental milestones for younger children) and rate of progress (Section 6);
- information about the nature, extent and context of the CYP's SEND (Section 7);
- evidence of the action already being taken by the setting to meet the CYP's SEND through SEN Support resources (Section 7 and reviewed SEN Support Plans);
- evidence that where progress has been made, it has been as the result of additional interventions and support over and above that which is usually provided via the school's local offer and the devolved funding (Section 8 or costed Provision Maps over three terms);
- evidence of the CYP's physical, emotional and social development and health needs, drawing on relevant evidence from clinicians and other health professionals and what has been done to meet these by other agencies (TAC meeting minutes and Sections 9 & 11); and
- where a young person is over 18, whether the young person requires additional time, in comparison to the majority of others of the same age who do not have special educational needs, to complete their education or training. Remaining in formal education or training should help young people to achieve education and training outcomes, building on what they have learned before and preparing them for adult life (Sections 9&10).

Glossary:

SEN Support Plan (may be called Provision Map, IEP, Next Steps, This is My Plan or other) and documents half-termly or termly individualised intervention provision, targets to be achieved and a review and evaluation of these targets towards desired outcomes).

TAC meeting is a very broad term and can refer to a formal meeting with all professionals involved, but also a much more informal meeting to update on progress and developments.

Section 2: Notes for parents completing this form:

1. Statutory assessments and consultations for school places cannot be accommodated and responded to by schools during the 6-week holiday period. Therefore, in order to adhere to statutory timelines, requests should be made in the **Autumn and Spring terms** to prevent unnecessary delay and certainly **applications in July and August should be avoided**.
2. Only in exceptional circumstances should requests be made for **children in Y6 and Y11** to ensure that the Secondary/Post-16 phase transfers can be completed within statutory timelines for consultations with preferred settings.
3. The Lewisham SEND Banding Descriptors guidance sets out expectations for a graduated approach to provision for children and young people with special educational needs. The guidance includes the criteria for considering whether a child's needs should be met from within the resources for children with additional needs, and/or whether the LA should undertake a statutory EHCNA. You may want to refer to this guidance for further information.
4. Following an EHCNA request initiated by a parent, **the school should convene a TAC meeting with parents/carers** and if possible with involved professionals to establish the difficulties in not being able to meet the needs from the resources and advice already available via their local offer or the devolved SEND funding. The relevant SEND Advisor and/or Senior Case Officer may attend the meeting. Minutes of the meeting are kept and form part of the evidence.
5. You must **provide signed information sharing consent** from the young person (YP) or the person with parental responsibility. It is important that each part of the consent form (Section 4) is discussed, and understood, before signing. Where a young person is over 16 with capacity, the request needs to be signed by the YP. If a parent is signing, evidence must be provided allowing us to form the reasonable belief that the YP lacks capacity, e.g.: evidence to that effect from child/adult social care; evidence of deputyship/POA; evidence of appointeeship, e.g. through DWP. Please clarify with the SEN Team if you need more information.
6. Complete the 'My World' pages (Section 5) – use words or pictures which help the CYP to express their own views. Please do not write in the first person ("I") unless you directly record what the CYP has said. Make it clear whose views (parents/carers) are expressed in any of the boxes should the CYP not be able to verbalise their views. Keep this section brief.
7. It is important that **only current professional reports** are attached (not older than 12 months for a CYP over 5 years of age, not older than six months for a younger child where possible).
8. Where possible, the **request form should be typed** and the completed form, signed consent and any supporting documentation should be emailed as one file to ehcp@lewisham.gov.uk.
9. The request can also be sent to: Special Educational Needs Team, Lewisham Children with Complex Needs Team, Kaleidoscope, 32 Rushey Green, Catford, SE6 4JF.
10. A Senior Case Officer will review the request and check that all the required documentation is included and completed. A team member may be in touch to ask for additional information. **The 20-week process will not commence unless the consent form (Section 4) is signed.**
11. A Senior Case Officer will inform the parent and the school when the process has commenced and again **within 6 weeks** whether the SEND Panel has decided to embark on a statutory EHCNA.

Section 3: Background Information

CYP's given name(s):		Age:	
Family name:		Year Group:	
Any other names used:		Date of birth:	
Telephone number:		Gender:	
Address:		LAC:	Yes/No
		To which LA:	
		Care order:	Yes/No
Confirm that this is a Lewisham address:	Yes/No	Interpreter required:	Yes/No
CYP's ethnicity: E.g. White / Black / Mixed / Asian / Chinese etc.		CYP's nationality: (passport held) E.g. British / Nigerian / Turkish etc.	
Name of parent/carer:		Parental responsibility:	Yes/No
Address:		Parent's first language:	
Telephone:		Email:	
Name of parent/carer:		Parental responsibility:	Yes/No
Address:		Parent's first language:	
Telephone:		Email:	
Current educational setting:			
GP & Surgery address:			

Section 4: Consent to Share Information for the Education Health and Care Needs Assessment

Copy to be given to the parent/carer or young person.

CYP's first name(s):		Family name:	
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Please Tick if you agree

<p>I agree that personal information can be shared between agencies and professionals working with my child and this will be treated with respect and confidentiality and on a 'need to know' basis.</p>	
<p>I give permission for the local authority to hold a photograph of my child on condition that:</p> <ul style="list-style-type: none"> • this will be stored securely; • it will only be used with documentation relating to my child. 	
<p>I agree for professionals to share information to support working together to plan for my child's needs. In order to do this, if the local authority decides to proceed with an EHC assessment, they will seek advice from:</p> <ul style="list-style-type: none"> • The Educational Psychology Service; • The Education Attendance and Welfare Service; • Lewisham Council's Children's Services (Social Care); • Lewisham Hospital NHS Trust staff (including Community Doctors, Therapy teams, CAMHS and other Health Trusts that provide services for my child. 	
<p>In addition, I would like the local authority to seek advice from the following professionals who are currently, or have recently been, involved with my child:</p> <p>1. _____ 3</p> <p>2. _____ 4.</p>	
<p>I am happy for correspondence to be conducted by secure email, (alternatively the local authority will use Recorded Delivery for secure communication).</p> <p>Professionals should use this email address:</p>	
<p>I agree for any parental advice provided as part of the EHC needs assessment request to be shared with the agencies that the local authority will be seeking advice from.</p>	
<p>I agree to notify Lewisham SEN of any change of address to prevent letters going to the wrong address.</p>	

I am satisfied that this Request contains all the appropriate written evidence I wish to submit and agree for the local authority to consider this Request at the next available SEND Panel.

I, hold parental responsibility.

Signature:Date:

Section 5: My views, interests and aspirations – this is My World!

**My
World**

Children and young people should be supported to provide their views in whatever way they feel most comfortable and with support from school/college staff, their parent/carer, or an independent supporter where necessary. Some children or young people may wish to communicate their views by alternative means such as drawings, discussion with a trusted adult, using the computer, signing or something else. In this case, their views should still be summarised here and their drawings etc. attached where possible. If it is not possible for the child/young person to complete this form themselves, please record their views for them and indicate that you have done so in the relevant section below.

My/ <<CYP's name>> (delete as appropriate) aspirations

My community, my friends and family; my education & employment; my independence; my good health. Include both short and long-term aspirations.

My desired outcomes for the coming year and future e.g. end of key stage

Things that I/ <<CYP name>> (delete as appropriate) like and help me to succeed

Things that I/ <<CYP name>> (delete as appropriate) dislike and cause me difficulty

People who are important to me/ <<CYP name>>

How I/ <<CYP name>> (delete as appropriate) communicate and how you can communicate with me

My parent(s)/carer's views and aspirations for me

My journey so far

Date	Event	Comments

Please add rows if required.

How was this My World completed?

Section 6: Evidence of Special Educational Needs

<p>Special Educational Needs and how they impact on learning</p> <p><i>Describe any learning, communication, language, emotional, behavioural, physical or medical needs that your child has that you believe affects their education.</i></p> <p><i>Please give details of any agencies or professionals (for example Social Care, Health Services, Educational Psychologists, Speech and Language Therapists, Occupational Therapists, etc.) that are currently involved with your child. Please attach most recent reports if possible.</i></p>
<p>Identified Health Needs and how they impact on learning</p>
<p>Identified Social Care Needs and how they impact on learning</p>

Section 7: Reasons for asking for an EHCNA

Why do you think this CYP's needs cannot be met at SEN Support and from the resources normally available?

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Section 8: Outcomes

If an EHC needs assessment is agreed and an EHC plan may subsequently be issued, please indicate possible relevant outcomes.

Outcome		
Steps towards the outcome		
What needs to happen?	What resources might this need?	

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Section 9: Evidence Check List

Bold documents are essential.

Please clearly reference any additional documentation alphabetically and attach in order listed.

Ref	Document Name	Date	No of pages	Please tick
A	Fully completed EHCNA Request Form			
A	Signed consent form (Section 4)			
A	Completed My World (Section 5)			
	Diagnostic Reports			
	Professional Reports			
	Care Plans			

Section 10: Signatures

I confirm that I have read and regarded all points set out in Sections 1 and 2 and that I have completed the EHCNA request fully and comprehensively. I believe the nature, severity and complexity of the needs of this CYP meet the requirements for a statutory EHC needs assessment. I understand that the information included will be regarded as statutory assessment advice.

Name of parent/carer/advocate completing request:		Email address and contact number
Date:		

The completed EHCNA request form and any supporting evidence should be sent by secure email to ehcp@lewisham.gov.uk