

## Independent Support Criteria and Service remit

- Parent's / carer's of a child or young person with a Special Educational Need (SEN).
- Children or young people with a Special Educational Need (SEN).

As well as meeting one of the following criteria;

- An Early Help Record has been completed and additional Special Educational Needs has been identified beyond what the school can provide as 'reasonable adjustments'/'best endeavours'
- The child has an existing Statement of Special Educational Need and is currently in the transfer year for the Education Health and Care Plan (EHCP). Please see attached conversion schedule.
- A young person has a Learning Disability Assessment (LDA) and is expected to remain in education beyond 2016.
- A young person has an LDA and additional needs have been identified that are not being met.

### Remit

- During the Education Health and Care Plan process we can work with BOTH parents and young people to:
  - help you to understand the local referral process and local offer;
  - act as a named contact person throughout the EHC assessment and planning process;
  - focus on the main task of helping you to transfer a Statement of SEN or Learning Difficulty Assessment (LDA) to an EHC plan (transfer reviews);
  - help you to put together the one page profile for your child or young person;
  - work with you if you are new to EHC referrals or if you have had a LDA under the old system;
  - liaise across a range of local services and help you to gather the information required for an EHC plan;
  - provide you with information to help you understand personal budgets;
  - signpost you to Information Advice and Support Services (IASS) when the issue is outside the remit of an Independent Supporter

## Independent Support Enquiry Form

<b>Child or Young Person's Details:</b>		
Name:	Date of Birth:	Male/Female
Is there a current Statement in place? Yes / No	If No, has an Early Help Record been completed? Yes / No	
Please tell us about the child / young person's support needs, including any formal diagnosis.		
Address (if different to parent/ Guardian):		
Postcode:		
Tel No:		
Email:		
'Looked After Child' Yes/No		
<b>Education Provider:</b>		
Name:	Organisation:	Year Group:
Address:		
Postcode:		
Tel No:		
SENCO Lead:		
Email:		
Head of Year:		
Date of next Annual Review (if known):		
<b>Parent's/Guardian's Details (If not the Referrer):</b>		
Name:	Relationship:	

**Independent Support**  
**Data Protection, Consent and Risk Assessment**

Child or Young Person's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

**Data Protection:**

In accordance with the Data Protection Act 1998, all information provided on the referral form and in any further dealings with Swindon Advocacy Movement will be treated as confidential and will not be disclosed to any third party without express consent from the client. In order to support you to convert to or request an Education Health Care Plan we will need to share information with or request information from the following;

- Swindon SENAT team
- Your child's education provider
- Relevant Health Professionals
- Relevant Social Care Professionals
- SENDIASS

Signing this form gives consent for us to share and request information with the above listed agencies. Should the need arise to share with any other party this will be discussed with you.

**Lone Working :**

Please inform us about anything we need to know in order to work with you and your child/ young person safely. If possible please give the name of a professional who knows your family well who we can contact for further information.

Signed (Client) \_\_\_\_\_

Date \_\_\_\_\_

Signed (Referrer) \_\_\_\_\_

Date \_\_\_\_\_

'Swindon Advocacy Movement is committed to safeguarding and promoting the welfare of children, young people and adults. Swindon Advocacy Movement expects all staff and volunteers to share that commitment"