Warwickshire **SEND** Information, **Advice and Support Service**



Advice on Completing the Family Conversation

The Family Conversation is a parent, family or carer's opportunity to contribute to an Education, Health and Care plan (EHCP) needs assessment request. The term 'Family Conversation' is used for both the document (also called the Family Conversation Record) and the meeting itself.

The Family Conversation is sometimes completed in a meeting with the school and other professionals as part of gathering evidence to submit the EHC needs assessment request. Often parents are provided with the form, asked to complete it and return to school. If you need support to complete the form you can request a meeting with the school.

Section 19 of the Children and Families Act sets out the general principles that local authorities must have regard to when supporting disabled children and young people and those with SEN under Part 3 of the Act. Local authorities must pay particular attention to:

- the views, wishes and feelings of children and their parents, and young people;
- the importance of them participating as fully as possible in decision-making and providing the information and support to enable them to do so; and
- supporting children and young people's development and helping them to achieve the best possible educational and other outcomes.

This advice can be used before your Family Conversation meeting so that you are prepared or to help you to complete the form yourself. If you have not been provided with the Family Conversation document you can find it on Warwickshire Local Authority website here https://www.warwickshire.gov.uk/sendocs

- Before you start
 Young People over 16 can complete this form themselves or their parents/carers/family can complete it for them. Throughout the form we will refer to 'child' but this will include young people aged 16-25
 - The first part of the form is factual, complete this to the best of your understanding but don't worry about being wrong. The second part is your opinion, which can't be wrong!
 - Be as honest as you can about what is working well and what you feel could improve for your child.
 - Don't worry about using professional terms or language.
 - Do not worry about which section you should write something in, it is more important to get the information somewhere on the form.
 - If completing the form digitally, the form should expand to allow you to write as much as you want. If completing a paper form, feel free to continue on a separate sheet, mark that you have done so and number the additional sheets so information is not lost.
 - Try to be to the point and factual. It may help to write in bullet points.
 - If you are submitting the family conversation yourself remember to include any reports you have referenced in section 5 'Key professionals and agencies involveď
 - This form will be read by the panel who have never met your child, therefore when answering the question think of your child on their worst day.



Family Conversation Record

(SEN05)

| Name of child / young person | |
|---|---|
| Current school | |
| Name of key worker | |
| Key worker's profession and contact details | The key worker is the person leading the Family Conversation meeting and/or submitting the EHC Needs Assessment request. If you don't have a named key worker leave this blank. |
| Other people contributing to this form | |
| Family Conversation meeting date(s) | |
| Interpreter Needed | Yes/No |





1. Education details

School will share with you the educational support as detailed on the school referral form. Have you engaged the support, assessments and/or advice from any other educational professionals in a private capacity, for example an independent educational psychologist?

| Service | Name of professional and contact details | Date of visit or examination | Outcome (e.g. treatment package, further referral/discharge) |
|---------|---|------------------------------|--|
| | rivate professionals work wit lexia Tutor? If not leave blan | | s an independent Educational |
| | | | |
| | | | |

2. Health details

| GP's name: | GP's address: | |
|------------------------|---------------|--|
| GP's telephone number: | | |
| Health Authority: | NHS number: | |

| Disability / diagnosis / known condition(s) | Details eg name of clinician, when |
|--|---|
| | diagnosed |
| List your child's disability, diagnosis and conditions under investigation note this; for example 'suspect investigation' and note the clinician involved. If you also note this here. | red Autism' or 'genetic condition currently under |
| | |

| Current medical treatment: | |
|---|--|
| Medication(s) taken: (include what for) | |
| Health issues that may pose a risk to the child/young person or others: | Here they are looking for information on the impact that a certain condition may have on a child, peers or adults working with them. An example of a health issue that may post a risk to a child or young person could be; 'has epilepsy'. An example of a health issue that may pose a risk to others could be; 'struggles to self-regulate emotions and can become very angry, which can be directed towards other children'. |
| Family health history: | Note here any conditions present in siblings, parents or other close relatives, focusing on SEND. For example; 'brother has a diagnosis of ASD' or 'paternal grandfather has bipolar disorder'. Paternal means on the father side and maternal means on the mothers side. |



Past and current health and other support:

Check through this list of professionals and see if any are or were involved with your child. If you can't remember the name or contact details of the professionals, note anything you do remember (e.g. the team they were from). If you can't remember the dates of involvement, estimate when it happened (e.g. around April 2017). If you are on the waiting list for a service, note this too. If you can't find certain services or are not sure which heading they would come under, note them in 'other'.

| Medical service | Name of professional and contact details | Date of visit or examination | Outcome (e.g. treatment package, further referral/discharge) |
|------------------|--|------------------------------|--|
| Audiology | | | |
| CAMHS | | | |
| Child | | | |
| Development | | | |
| Service | | | |
| General | | | |
| Practitioner | | | |
| Health Visitor | | | |
| Occuptional | | | |
| Therapy | | | |
| Opthalmology | | | |
| Paediatric | | | |
| Consultant | | | |
| (Community | | | |
| and/or Hospital) | | | |
| Physiotherapy | | | |
| Portage | | | |
| School Nurse | | | |
| Speech and | | | |
| Language Therapy | | | |
| Other | | | |

| | Date: | Who / where carried out | Outcome: |
|--------------------|-------|-------------------------|----------|
| Hearing test* | | | |
| Eye / vision test* | | | |

^{*}A recent (last 12 months) hearing and vision check would be advisable

3. Social Care details

Your child may not be known to social care or Early Help, if they are note details below.

| Statutory / legal measures in place: | Refers to things such as Special Guardianship Orders or Foster Care. |
|---|---|
| CAF history / in place: | CAF is now called Early Help. Note if you have had or currently have either. |
| Name and contact details of Social Worker/CAF Officer | CAF officers are now called Early Help officers. Note the most current Social Worker or Early Help officer involved if you know who this is. This can also be a Children With Disabilities (previously SEND Social Care) Social Worker. |
| CareFirst number: | This is a number assigned to children or Young People who are open to social care. Do not worry if you don't know this number. |
| Other plans: (e.g. CIN, Transition to Adulthood) | This can refer to Child In Need plans (CIN), Child Protection plans (CP) or Transition to Adulthood. |



4. Family composition

| Who lives at the home address with the young person? | | | |
|---|--------------------------|---|--|
| Name | Parental responsibility? | | |
| Note everyone who lives at the same address as the child or young person, including siblings and people not related | | Parental responsibility is assigned to biological mothers and fathers of children, unless the courts have decided to remove this or award it to another adult (i.e. step parent). | |

| • | Other family members / significant others | | | |
|---------------------------------------|---|--|----------|--|
| Name Address Relationship to Parental | | | Parental | |
| young person responsibility? | | | | |

Note everyone who is important to your child but who does not live at the same address, this could be grandparents or maybe a close family friend who plays a significant role in their life. Biological parents who live elsewhere should be noted along with other siblings if there is contact between them. You do not have to provide the address of the person if you do not feel it is relevant, except for biological parents (who have parental responsibility).

5. Key professionals and agencies involved

Please provide details of any agencies / services that currently have contact with the family, and the nature of their involvement. Please also attach copies of current reports / assessments.

| Name | Service / | Name of | Contact details | Report provided |
|------|-----------|--------------|-----------------|-----------------|
| | agency | contact | | Y/N? |
| | | practitioner | | |

You have listed the health professionals in an earlier section, however if you are providing current reports list them again here. List any education professionals involved with your including any you have listed in section 1 if you are including a report. List anyone else involved with your family even if there is no report from them, an example may be an out of school activity leader.

6. Information about the young person

- If certain times in a child's life did not present any particular difficulties, quickly reference this time and focus on when the difficulties occurred, for example 'my child's birth and early years did not present any problem however he started to struggle with school work in year 4'
- For each of these sections you consider the following questions:
 - o Did any problems occur? Where there any key events that happened at this time?
 - O When did you or professionals start to notice any problems?
 - O Which professionals were involved? What support was provide?

Early years (relevant information regarding birth / general development / history / schooling)

- Breaking the information down into the following sections relevant to the age of your child and their needs:
 - Pregnancy and birth
 - Early years
 - Preschool or Nursery
 - Transition to Primary School
- Primary School
- Transition to
- Secondary SchoolSecondary School
- Transition to Post 16

Post 16

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- ii) Your child now (include what the young person finds difficult, what they enjoy, what is important to them and their strengths. You may want to include details about their friendships and social skills, independence and self-care, medical / sensory and their general mental well-being):
- When answering this question, consider all areas of need relevant to your child:
 - Cognition and Learning
- Social, emotional and mental
- Health needs (including medical
- (how they learn)

 Communication and

 Physical and sensory (including of Social care needs self-care) friendships and social skills)

- - For each relevant area of need you could consider: What your child or young person finds difficult in this area
 - What they are able to do in this area
 - What they enjoy doing and what is important to them
- For example:

'Charlie struggles to interact with new people or with lots of people at once, if confronted with lots of people he will avoid eye contact or want to stand in the corner. Charlie does have a close relationship to his TA Mrs Williams and has recently made one friend in his class who also has SEND. He likes to play with the cars with this child which Mrs Williams supports them to do.'

iii) Hopes and aspirations for the future

(Include details about the CYP's aspirations and goals for the future. Consideration should be given to the CYP's aspirations for paid employment, independent living and community participation if

- Note any aspirations that your child has, for example where they would like to go to school or college, if they would like to attend university or do an apprenticeship, what they want to do for a job, where they want to live, who they want to be friends with or what sports team they would like to play for.
- This may seem more difficult to answer if your child is younger, however they may still express that they want to go to the same school as their brother or work with horses for example
- When it comes to children or young people's aspirations, there is not such things as a silly answer! It can be tempting to censor their responses into 'reasonable' answers, however it is important to hear their voice. A child stating that they want to be a fairy when they grow up for example, shows their sense of magic, their imagination and whether they have age appropriate understanding.
- There is a section further down the form to note parents, carers and families' aspirations

What do the family/carers think?

What is working well at the moment?

Consider what is working well home, school or any groups that your child or young person attends. Think about why this is working well compared to things that aren't. If something was recently working well but it either has stopped or has been taken away consider mentioning this too.

What are your hopes / aspirations for your child in the short / long term?

Short term could mean around a year. For long term think about the end of the key stage they are in. You could also consider longer term, such as in adulthood, this is especially important when a child reaches 14 and planning for adulthood begins. You should consider what you would like your child to have achieved in this time frame.

What helps your child? eg how best to approach and communicate, engage in decision making, reduce anxieties

How do they communicate best, do they need information broken down or visual prompts? Would they better express their views to someone they know rather than a stranger? Would it help if you were present?

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Signatures:



Are there any other things you would like us to know about your family?

Any other comments you wish to make?

Include anything you think is relevant in these two sections. Remember these are your opinion's and can't be wrong.

| Parent / Carer: | Date: | |
|-----------------|-------|--|
| Parent / Carer: | Date: | |
| Key worker: | Date: | |

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You can also find more information on our website www.warwickshiresendias.co.uk Use Facebook? Like our page @warwickshiresendias