**Request for Education, Health and Care Needs Assessment for**

*Name:*

*Date of Birth:*

**SEN Team – Privacy Notice**

Information is collected by the Special Educational Needs (SEN) Team on behalf of the City of York Council (CYC). When we use your personal data, City of York Council (CYC) complies with data protection legislation, and is the registered ‘Controller’. Our data protection notification is registered with the Information Commissioner’s Office (ICO) – reference **Z5809563**.

**Why do we collect and use your personal data?**

The information you provide to the Special Educational Needs (SEN) team helps us to support children, young people and families and we are required to use the information in order to meet our legal responsibilities in accordance with the Children and Families Act 2014.

The information you provide enables us to fulfil our duties including:

* statutory advice to the Local Authority as part of an education, health and care needs assessment
* monitoring of provision and outcomes as part of the annual review process for children and young people who have an Education, Health and Care Plans (EHCPs)
* monitoring of the quality of provision for children and young people with special educational needs.

The information you give us ensures that we can offer an appropriate assessment of need and make decisions on whether a child or young person needs additional support through an Education, Health and Care Plan and to make decisions regarding special educational placement.

We will use it to:

* ensure that services and practitioners understand how they can best help you.
* support our work with your child in his/her school or setting, or in your home or another setting for those children who are unable to attend school because of ill health.
* complete the detail needed in an Education, Health and Care plan to describe your child’s needs, the provision, outcomes and actions from planning meetings.
* consult education settings to ask if they can meet your child’s needs, prior to naming a school, early years setting or college in an Education, Health and Care plan.
* keep photographs and / or video recordings of your child for record keeping and assessment arrangements. These would be used in relation to your child’s assessment. They will not be used for any other purpose without asking for your additional explicit and informed consent first
* provide the child or young people with appropriate services
* ‘sign post’ the child, young person and family to appropriate support
* help inform which services and interventions require commissioning across the City of York to support families and communities.
* create statistics that are anonymous and cannot be linked back to you or your family for the purposes of local and national surveys.
* measure whether our services are improving lives for children, young people and families
* help us develop and improve our services
* administer and protect public funds.

**What personal data do we collect?**

We will collect your child’s personal data e.g. names, contact details, why the referral has been made, any special educational needs, school history, progress, attainment, attendance, any exclusions, medical information, and any relevant information relating to social care and health needs. It will also include the details of other professionals working with your child at the point of referral including the details of the SENCo in setting or their counterpart.

**How do we collect your personal data ?**

Information about each child or young person is collected through:

* completion of the Request for Statutory Assessment either electronically or a paper copy
* gathering of information in a My Support Plan or My Agreed Outcomes
* meetings with you, and your child/young person
* consultation with other professionals
* professional/relevant service reports or CYC databases
* post, email and telephone conversations as appropriate

When we ask you for personal information, we will:

* ensure you know why we need it
* only ask for what is necessary for the work we are undertaking
* ensure access is only given to authorised staff on a need to know basis

We ask that you:

* give us accurate information
* inform us of any changes
* tell us as soon as possible if you notice mistakes in the information we hold about you/your child.

**Who we share personal data with**

We share information about you/your child with other relevant professionals who are already involved, or who become involved, to ensure support is co-ordinated and to improve multi-agency working.

Below is a list of parties with whom we regularly share information:

* Educational settings
* CYC SEND Specialist Services
* Professionals from Health, Social Care and Early Help teams
* DfE and other government departments

We are required by law to pass on some personal child data to the DfE including numbers of children and their primary need, for example for the SEN 2 data.

Information is shared with our partner organisations, and it is used to help inform:

* policy development
* service delivery
* performance management
* funding
* the development of good practice

Where required, we will discuss with you the reasons for sharing information and ask for your explicit consent. However, we may be required or permitted under data protection and privacy legislation to disclose your personal data without your explicit consent e.g. if we have a legal obligation to do so such as crime prevention or in some circumstances, when we feel that you or others are at risk.

We will use the information to create statistics that are anonymous and cannot be linked back to you or your family or individuals. For example, we could use these statistics to see how the Council and its partners are supporting families and individuals, to help design better services and to contribute to national surveys and government returns e.g. to the Department for Education (DfE).

**How do we store your personal data and how long do we keep it for**

We will store your personal data securely and confidentially and when we no longer have a need to keep it we will delete/destroy securely.

We only keep your personal data up to the age of 25 years for non-statutory files and 35 years from closure for statutory (EHC Plan)

Where required or appropriate to, at the end of the retention period, we will pass onto the City Archives any relevant information

**Further processing**

If we wish to use your personal data for a new purpose, not covered by this Privacy Notice, then we will provide you with a new notice explaining this new use prior to commencing the processing and setting out the relevant purposes and processing conditions. Where and whenever necessary, we will seek your prior consent to the new processing, if we start to use your personal data for a purpose not mentioned in either this Privacy Notice

**Your rights**

To find out about your rights under data protection law, you can go to the Information Commissioners Office (ICO) <https://ico.org.uk/for-the-public/>

You can also find information about how the council uses your personal data and about your rights at <https://www.york.gov.uk/privacy>

If you have any questions about this privacy notice, want to exercise your rights, or if you have a complaint about how your information has been used, please contact us at [foi@york.gov.uk](mailto:foi@york.gov.uk) or on [01904 554145](tel:01904554145) or write to the

Data Protection Officer

City of York Council

West Offices

Station Rise

York

YO1 6GA.

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| **I confirm that I have read and understood the Special Educational Needs Privacy Notice that describes how my personal data and/or the personal data of my child will be used.** | | |
| **Name of child/young adult** | **Date of birth** | **Date** |
|  |  |  |
| **Name** | **Signature** | **Date** |
| **Parent carer** |  |  |
| **Young person if over 16** |  |  |
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**Lead Practitioner has confirmed that signed consent has been given and will be stored safely and securely in accordance with Data Protection legislation and their organisations own information sharing protocol (please tick)**

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| **Lead Practitioner Name** | **Signature** | **Date** |
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| Date of this Submission to Local Authority |  | |
| Name of Person Completing this Request and involvement with young person |  | |
| Is this the first request for assessment that has been submitted to the Local Authority  If No please indicate when the last submission was made | Yes | No |
| Why is the request for an assessment being made **now**?  Are there exceptional circumstances surrounding this request for assessment? |  | |

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|  | Signatures | Date |
| Signature of person submitting the request |  |  |
| Signature of parents/carer agreeing to the request being submitted to the Local Authority |  |  |
| Signature of young person (as appropriate) |  |  |

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| 1. **Section 1 – Basic Details** | | | |
| 1. **Details of child/young person** | | | |
| Family Name: |  | | |
| First Name |  | | |
| I like to be known as: |  | | |
| Date of birth: |  | Gender: |  |
| Ethnicity: |  | First Language |  |
| Home address: where I live for most of the time |  | | |
| Telephone number:  e-mail:  Preferred method of contact:  Language used at home: |  | Social Care | Not Applicable  Child In Need (CIN)  Child Looked after (CLA)  Care Leaver  Responsible Local Authority |
| UPN: |  | NHS No: |  |
| Current school/setting: |  | Current Year Group |  |
| **Parent/Carer Details** | | | |
| Title: |  | | |
| First name: |  | Surname: |  |
| Home address: |  | | |
| Telephone: |  | E-mail: |  |
| Does this person have Parental Responsibility? | | Yes  No | |
| Preferred method of communication: | | Letter  Email  Telephone | |
| First Language: | |  | |
| Please complete for all parent/carers if living in different households | | | |
| Title: |  | | |
| First name: |  | Surname: |  |
| Home address: |  | | |
| Telephone: |  | E-mail: |  |
| Does this person have Parental Responsibility? | | Yes  No | |
| Preferred method of communication? | | Letter  Email  Telephone | |
| First Language: | |  | |

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| Does the family need any support to fully participate in this process? |  |

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| **GP Details** | |
| GP Name |  |
| GP/Surgery Address |  |

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| **Social Worker Details if applicable** | |
| Social Worker Name |  |
| Social Worker Contact Number |  |
| Social Worker Address |  |
| Local Authority & Team |  |
| Does the Local Authority have parental responsibility? | Yes  No |
| Is the child/young person currently part of a FEHA? | Yes  No |
| Is the child/young person currently on the Dynamic Support Register? | Yes  No |
| Does the child/young person have an Individual Health Care Plan? | Yes  No  If yes please enclose a copy as an appendix |

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| **Section 2 - Summary of Special Educational Needs** | |
| Strengths and Achievements | |
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| What primary category of need has been identified? |  |
| **Describe the nature, extent and context of the child or young person’s SEN** | **What is the impact of this on their education?** |
| Communication and Interaction | |
|  |  |
| Cognition and learning | |
|  |  |
| Social Emotional and Mental Health | |
|  |  |
| Physical and Sensory Needs (Vision / Hearing) | |
|  |  |
| Developing independence; preparing for adulthood from Y9 | |
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| Description of any Social Care needs related to the child/young person’s Special Educational Needs | |
| *Needs*  *Type of support*  *From when*  *Frequency* | |

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| **Description of any Health needs related to the child/young person’s Special Educational Needs**  As part of the statutory assessment process for an Education, Health and Care Plan (EHCP) the local authority is required to seek medical/ health advice. This is to consider whether any health need may impact on the progress of learning. |
| **Medical History** Please provide a brief medical history and summary of health needs (please describe any health interventions required, medical diagnoses and allergies). | |
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| Please describe briefly how health needs may impact on learning or affect outcomes |
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| **Section 3 - Education and Support** | |
| **Education History** | |
| *If the child is pre-school please indicate if they are in receipt of the Early Years Inclusion Fund* | Yes/No |

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| **Educational settings/schools attended (including current provision)** | **Date from** | **Date to** |
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|  |  |  |
| **Attendance** | | |
| Academic year | Attendance percentage | |
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| Have there been significant periods or patterns of absence? | Yes  No  If yes please explain: | |
| **Exclusion** | | |
| Type of exclusion | Date of exclusion | Duration (if fixed term) |
|  |  |  |
| Have there been any significant patterns of exclusion? | Yes  No  If yes please explain: | |
| **Educational Offer** | | |
| Does the child/young person currently access full-time education? | | Yes  No |
| If no, please describe what the current arrangements are:  What is the timeframe for securing full time provision? | |  |

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| **Current and Previous attainment – insert or attach** | | | | | | | | | |
| EYFS |  |  |  |  |  |  |  |  |  |
| Key stage 1 and 2 |  |  |  |  |  |  |  |  |  |
| Key stage 3 and 4 |  |  |  |  |  |  |  |  |  |
| Post 16 |  |  |  |  |  |  |  |  |  |

Please ensure all data is explained in terms of age related expectations and progress over time.

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| **Additional school provision** | | |
| What actions have already been taken to meet the CYPs SEN?  Include:   * Quantification - how much, for how long, since when? * Specificity – what and by who? * Evidence of the impact of these actions/interventions over time | | |
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| **Professionals/other services** | | |
| What other agencies and community support services have been involved?  (Such as Specialist Doctors, Educational Psychologists, School Nurses, Mentors, short breaks etc) | Involvement Dates | Report Included? Yes/No |
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| **Section 4 – Views of child/young person and family** |
| **Views of the child/young person for whom the request for an assessment is being made** |
| If alternative forms of communication are used – please include views in that format |
| What do I like about nursery/school/college/ What am I good at? What are my hobbies? |
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| What do I not like about nursery/school/college What do I find difficult? |
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| Who are you friends with? |
|  |
| What can others do to help me learn? |
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| **Views of the Family** |
| What do you think your child/young person is good at and enjoys? |
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| What do you think are the main barriers to their learning? |
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| What do you hope will be achieved as a result of an Education Health and Care Assessment? |
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| Who would you like the Local authority to seek any additional information from to assist with the request for an Assessment; *It is helpful if those listed here have current involvement, or in the last 18 months to 2 years* |
|  |
| Please provide any additional information you want the Local Authority to consider as part of this request. You can use this space to tell us anything you feel we need to know, this might include:   * What life is like at home or outside of school? * What do good or bad days look like? * What impact does this have on daily life? |
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| **Section 5 – Outcomes** | | | | |
| What are the outcomes the family, young person, school and setting would like the child/young person to achieve, and how will these be achieved? | | | | |
| Outcomes Framework | **What?** | **By When?** | **By Who?** | **How?** |
| I am healthy |  |  |  |  |
| I have a choice and I am heard |  |  |  |  |
| I am included |  |  |  |  |
| I achieve my goals |  |  |  |  |
| I am becoming independent |  |  |  |  |
| I am safe |  |  |  |  |
| I can overcome challenges and difficulties with or without support |  |  |  |  |

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| **Section 6 – Additional Evidence** |
| Is there anything else the Local Authority needs to know in order to consider this request for statutory assessment? |
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| Please list all documents attached as supporting evidence for this request |
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**Requests should be submitted to the local authority via secure email (DOQEX) to** [**SENdept@york.gov.uk**](mailto:SENdept@york.gov.uk)