****

**Family Conversation Record for Education, Health and Care Needs**

|  |  |  |
| --- | --- | --- |
| **Full Name of Child/Young Person (First Name, Surname):** |  | |
| **Date of Birth:** |  | |
| **UPN:** |  | |
| **Current School / College:** |  | |
| **School Address and contact information (if outside of Coventry)** |  | |
| **These are the key people who can support me through this process:** | **Name** | **Contact number and email** |
|  |  |
|  |  |
|  |  |
| **Family Conversation Meeting Date(s):** |  | |
| **Family Conversation Submission Date:** |  | |

1. **CHILD’S / YOUNG PERSON’S DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender:** |  | **Religion:** |  |
| **Ethnicity:** |  | **First language:** |  |
| **Home address:** |  | **Parent(s) / Carer(s) first language:** |  |
| **Contact number:** |  | **Email address:** |  |
| **NHS Number:** |  | **Health Authority:** |  |

1. **HEALTH DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Disability/Diagnosis/ Known Condition(s)** | **Diagnosed By** | **Is medication taken for disability/diagnosis?**  **Y/N** | **Is this medication taken during school hours?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Health issues that may pose a risk to the child/young person or to others:** |  | | |
| **Current medical treatment:** |  | | |
| **Family health history:**  **(Give details of family history that may have a direct impact on the family)** |  | | |

1. **SOCIAL CARE DETAILS:**

|  |  |
| --- | --- |
| **Statutory/Legal measures in place:** |  |
| **Local authority responsible:** |  |
| **Other plans:** |  |

1. **FAMILY COMPOSITION:**

**Please provide details of the child/young person’s family members:**

|  |  |  |  |
| --- | --- | --- | --- |
| **People I live with** | | | |
| **Name** | **Address** | **Relationship** | **Parental responsibility?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Other family member/Significant others** | | | |
| **Name** | **Address** | **Relationship** | **Parental responsibility?** |
|  |  |  |  |
|  |  |  |  |

1. **People who can support me within my family, friends and local community in various aspects of my life as listed below:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Support offered** | **Regularity**  **(Weekly, Monthly, Yearly)** | **Services** | **Employment** | **Education** | **Physical Activity** | **Family and friends** | **Faith and Meaning** | **Arts and Culture** | **Volunteering** |
| e.g. Grandparents (Names) | Look after name at the weekend | Monthly |  |  |  |  | Y |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

1. **WHAT ARE YOUR CHILD/YOUNG PERSON’S STRENGTHS:**



1. **WHAT DO YOU THINK OF YOUR CHILD/YOUNG PERSON’S LIFE:**

(tip: Think in terms of support received, people their child/young person knows and likes, why the things they think are good in their child/young person’s life are working well)



1. **WHAT DO YOU WANT FOR YOUR CHILD/YOUNG PERSON IN THE FUTURE:** (tip: parents’ aspirations, dreams and hopes, try to relate back to strengths and skills)



1. **WHAT DOES YOUR CHILD/YOUNG PERSON FIND DIFFICULT/NEED EXTRA HELP WITH:**

Be mindful that the key person will need to consider all aspects of education, health and care when discussing issues under the following headings. Don’t forget to consider a person’s strengths in each area and how these can be linked to any additional support needs:

**Education and learning - for life and work:**



**Communication and interaction with others:**



**Friendships, relationships and being part of the local community:**



**Social, emotional and mental health needs:**



**Independence and personal care needs:**



**Physical needs:**



**Sensory needs:**



**Health:**



1. **WHAT ADDITIONAL SUPPORT FOR YOU AND YOUR FAMILY WOULD BE HELPFUL?**



1. **ACTIONS:**

A clear explanation of what actions are required, from the point of view of the child/young person/parent/carer to meet your child/young person’s needs. This section needs to identify firstly what is currently being undertaken successfully and should therefore continue (11.1) and secondly what additional action needs to be undertaken because things are not going well or additional action that needs to be undertaken to address gaps in provision identified during the Family Conversation (11.2)

**11.1 WHAT IS WORKING WELL AND NEEDS TO STAY THE SAME**

|  |  |  |  |
| --- | --- | --- | --- |
| **Support currently in place** | **What is this support achieving** | **Who provides this support** | **How often does this happen** |
| e.g. 6 week group work block | Developing expressive language | Speech and Language Therapy | Once per week |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**11.2 WHAT ISN’T WORKING SO WELL - RECOMMENDATIONS FOR ADDITIONAL ACTIONS, ASSESSMENTS OR ADVICE**

|  |  |  |  |
| --- | --- | --- | --- |
| **What my child/young person needs help with** | **What could be put into place** | **Who would provide this (this could include family and friends)** | **What would be the intended outcome** |
| Communicating with peers | 6 week work block | Speech and Language therapy | Developed expressive language |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **KEY CONTACTS:**

Please provide details of any agencies/services that currently have contact with the family, including the nature of involvement. Please also attach copies of current reports/assessments from these workers. Has parental consent been obtained to contact the professionals/ agencies if required? If no, please indicate which professionals/ agencies cannot be contacted with reasons why consent was not given.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Service/ Agency** | **Contact details (Address/ Tel. No/ Email)** | **Report provided Y/N/Awaiting an appointment/ assessment** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**13. KEEPING YOU INFORMED**

As we progress through the Education, Health & Care Assessment process we feel it is important to keep you informed. To enable us to do so please indicate your preferred method of contact below:

Email

Post

Telephone

**If you have any access issues, for example a disability, language or literacy barrier please provide details of any additional support requirements or reasonable adjustments that the LA will need to take into account to support you/your family through this process:**

**14. CONSENT:**

**We agree that this is an accurate record of the family conversation and we understand that the information provided in this document will be used to ensure that the council’s records are correct. It may also be shared with other agencies and service providers to ensure that your child/young person receives an appropriate service.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Carer:** | **Signature:** | **Date:** |  |
| **Parent/Carer:** | **Signature:** | **Date:** | |
| **Key Person:** | **Signature:** | **Date:** | |

The information contained within this record has been compiled from a variety of sources for the purposes of creating an initial overview of your child/young person’s needs. While all efforts have been made to ensure the accuracy of this information, no reliance should be placed upon it for the purposes of specific delivery or resource allocation, as this will be agreed through the EHC Plan if appropriate.