

**Parental Request for an
Education, Health and Care Needs Assessment
Guidance Notes**

All advice is in purple writing

[Name of person making request]

[Address]

[email address of person making request]

[contact number of person making request]

[LA Department Name]

[Local Authority name]

Sent by email to: [Local Authority EHCP assessment request email address]

[date letter sent]

Dear Sir or Madam,

[Child/young person's name], DOB [xx/xx/xxxx]: Request for EHC needs assessment

I am writing as the [parent/carer] of the above-named child to request an assessment of their Education, Health and Social Care needs under section 36(1) of the Children and Families Act 2014.

[Child/young person's name] currently attends [name of school/education setting/is home educated]

I understand that the test that the LA must apply in considering this request is contained in section 36(8) of the Children and Families Act 2014 and has two parts.

Part one of the test is that the child or young person has or may have special educational needs.

[Child/young person's name] has needs in [list areas of need] - *Add in an overview of needs and any diagnoses the child/young person has, as well as needs not yet identified, reference the appendices which include diagnostic reports of the identified SEN -*

[child/young person's name] needs are detailed in full in the attached form.

Part two of the test is that it may be necessary for special educational provision to be made for the child/young person through the issuing of an EHC plan.

[Child/young person's name] needs an EHC plan because - *List any reasons you have which show why you think that an EHC plan may be needed to support the child or young person in education or training. If you can, it would be helpful to provide evidence that the school may not be able to provide the support the child or young person needs out of their own resources. Examples include a need for specialist teaching, individual support beyond what the school can provide, therapies from external specialists, or specialist equipment. Evidence could include reports from professionals or the school/college recommending particular support, and/or evidence that the child or young person is not making progress despite the school or college putting interventions in place.*

It will simply not be possible for [Child/young person's name] to fully access the curriculum or, for an education setting to meet [Child/young person's name] special educational needs without the additional resourced provisions that an EHCP would provide.

Further information is detailed in full in the attached document.

The following are included with this request for an EHC Needs Assessment:

- **[list appendices and attachments: Appendix number – name/title of document, author/professional who wrote it, date document received/written]**

The two-part test outlined above is the only test to be applied under the law. I understand that it would be unlawful for a local authority to apply a higher threshold for accessing an EHC needs assessment. We believe that the local authority should carry out an EHC needs assessment to determine the full extent of needs and the provisions required to meet those needs.

I understand that you are required by law to reply to this request within six weeks, and that if you refuse, **I/we** will be able to appeal to the First-tier Tribunal (Special Educational Needs and Disability).

Yours faithfully,

[Name of person/persons making the request for an assessment]

Consent for Education, Health and Care Plan Assessment

- I would like you to consider carrying out a statutory assessment of my child's special educational needs, and I give you permission to contact my school/college, health services, social care or other professionals as necessary.
- I agree for relevant professionals to seek and to share information with agencies regarding my child for Education, Health and Care Plan assessment.
- The consent will be valid for information sharing for the duration of the EHC plan assessment and, if an EHC plan is issued, for the duration of the plan.

Name:

Relationship to the child/young person:

Signed:

Date:

Please accept a typed signature as consent.

Parental Request for an Education, Health and Care Needs Assessment

Child/Young Person's Details

| | | | |
|---|--|---------------------------------|----------|
| Child's surname: | | Child's forename/s: | |
| Child's preferred name: | | Child's date of birth: | |
| Child's preferred pronouns: | | Child's gender at birth: | |
| Ethnicity: | | Religion: | |
| First language: <i>Inc. British Sign Language, Makaton etc.</i> | | Interpreter needed? | Yes / No |

| | | | |
|--|--|-------------------------------------|--|
| Is the child looked after: <i>Please state if child is adopted or fostered</i> | | Care status: | |
| | | Responsible Local Authority: | |

| | |
|--|--|
| Child's primary address: | |
| Child's primary special educational need/s: | |

Parent/Carer Details

| | | | |
|---|--|---------------------------------------|----------|
| Full name of parent/carer: | | | |
| Preferred pronouns | | Special needs of parent/carer: | |
| Relationship to child: | | Parental responsibility? | Yes / No |
| Parent/carer's address: <i>If different from child/young person</i> | | | |
| Contact Number: | | Email address: | |
| First language: <i>Inc. British Sign Language, Makaton etc.</i> | | Interpreter needed? | Yes / No |

| | | | |
|---|--|---------------------------------------|----------|
| Full name of parent/carer: | | | |
| Preferred pronouns | | Special needs of parent/carer: | |
| Relationship to child: | | Parental responsibility? | Yes / No |
| Parent/carer's address: <i>If different from child/young person</i> | | | |
| Contact Number: | | Email address: | |
| First language: <i>Inc. British Sign Language, Makaton etc.</i> | | Interpreter needed? | Yes / No |

School/Education Setting Details

If your child is home educated, please state this and use your own contact details.

| | | | |
|---|---|--|--|
| Name and address of the school/setting your child attends: | | | |
| Year Group | <i>Note if they are out of their chronological year group</i> | UPN: <i>Provided by school</i> | |
| Name of school SENco: | | | |
| SENco/School contact details? | Phone number: Email address: | | |

Professional Involvement

Include details of any professionals who have been involved with the child at any time in their life. Delete those listed and add others as appropriate; reports are not essential but please attach any you have as your evidence.

| Service: | Name & Address of professional: | Report enclosed? |
|--------------------------------------|--|-------------------------|
| Educational Psychologist | | |
| Advisory Teacher | | |
| GP | | |
| Paediatrician | | |
| Speech and Language Therapist | | |
| Occupational Therapist | | |
| Health Visitor | | |
| CAMHS | | |
| Social Worker | | |
| | | |
| | | |
| | | |

The child/young person's journey so far

This section is for you and your child/young person to tell your story. There are some prompts below to help you provide this information. Please do not worry about repeating yourself!

General History: *Birth, developmental milestones, attitude, behaviour growing up etc.*

This section is for you to tell the history of your child and the details of how their conditions and needs are affecting them on a daily basis. Go back as far as you need to; to when you first started to notice that they were developing differently to their peers or siblings. You can also mention if there were issues at the birth or during the pregnancy. You need to show that these are long term, ongoing issues.

Family History/Situation: *How is your family situation impacted by your child's SEN. This section is optional and does not need to be completed if it does not relate to your situation.*

This section is for you to address how your family situation may be impacted by or may be impacting your child.

- *Does your child have siblings who also have SEN?*
- *Are they missing out on their own activities or struggling to cope with your other child's SEN?*
- *Do any of the other people in your household have SEN and are they being impacted?*
- *Is your child's behaviour causing harm or upset in the home?*
- *How are these family situations impacting your child and their access to education?*
- *Have you had to miss work or leave work to support your child because they are not accessing their education every day?*
- *Are you a single parent, blended or separated family and how does this impact your child?*
- *Are there non-residential family members who need to be considered?*

Medical History: *Please include any medication your child/young person is or has been on, medical treatments and/or how your child/young person has coped with these.*

Once you have mentioned about when you noticed they were developing differently talk about what happened next; Which doctors you saw (Paediatrician, Surgeon, CAMHS), what they said and who they referred you to, e.g. SALT, OT, Physio etc. This will give a summary of the medical history up to today. You just need a brief summary of who they have seen and any diagnoses they have received. You can also talk about their eating and sleeping habits if these are an issue.

Education History: *Please include all education settings so far, ESMA, EOTAS, Nursery etc., the dates attended and how the setting/placement worked for your child/young person.*

Again, think back to when you first started getting spoken to about your child's behaviour and when you were first told that they were behind their peers (if they are).

- *Did they attend pre-school, nursery and then start at school?*
- *What were the transitions like between settings?*
- *What did the setting notice about your child and what adjustments did these settings put in place for them?*
- *Did they work?*
- *How does your child transition between years and settings?*

Bring this section up to date with how they are now at school. If they are experiencing Emotional Based School Avoidance (school refusing) be sure to mention how long this has been going on for. Talk about your child's general attitude to school and what specific areas they may be struggling with (briefly, you will detail this later)

The child/young person's needs

Detail the weaknesses and difficulties that the child experiences in all the Broad Areas of Need. Below are some questions that might help you focus your thoughts. These are just some of the questions you may want to think about, you may have other issues that you need to mention. You will need to expand your answers to give detail.

Communication and Interaction

- *Does your child have/did they have a speech delay?*
- *Do they have difficulty expressing themselves verbally, do they mix their words up, use words incorrectly, do they have limited vocab, or have a big vocab but use it incorrectly?*
- *Do they sound very scripted and just seem to be echoing what they have heard without really understanding what they are saying?*
- *Do they use visuals, Makaton, BSL, SSE, PECS or any other forms of communication to communicate?*
- *Any difficulty understanding what others say? Do they need time to process verbal information? Do instructions and questions need to be broken down and issued one at a time in order for them to process and remember them? Do they need visual support to help them understand?*
- *Do they interact with their peers? Do they understand the rules of society? Are they blunt and have no filter? Do they interact appropriately with adults? Do they understand the hierarchy of society and educational settings?*
- *Do they struggle to initiate a friendship, maintaining/repairing a friendship?*
- *Do they understand the rules of friendships? Are they overfriendly and do they tend to get obsessed with people and try to force friendships on people?*
- *Taking turns in games/work, waiting for their turn.*
- *Do they have playdates with other children? Are they excluded from parties?*

Cognition and Learning

- *Do they struggle to work together in a group?*
- *Do they struggle following whole class instructions or remembering a list of instructions?*
- *Do you need to use simple language and break things down into small chunks?*
- *What are their difficulties with reading, ie are they behind their peers, do they have difficulty understanding?*
- *Do you have any idea generally about how far behind they are (if they are) in relation to their peers in all subjects?*
- *Writing – do they have physical difficulties eg holding pencil properly, writing legibly, or with writing their ideas, or all these?*
- *Do they struggle to record their thoughts and ideas?*
- *Do they struggle in getting their thoughts down on paper?*
- *What is their attention span like? Are they easily distracted and need to be brought back onto task regularly?*
- *Do they need regular movement breaks, or do they need to be able to fiddle or fidget?*
- *What are their listening skills like? Do they respond to their name?*

Social, Emotional and Mental Health

- *Do they have depression? Are they self-harming? Are they under CAMHS?*
- *What is their self-esteem and Mental Health like?*
- *Do they experience anxiety? Are they unable to attend school? Do they hate the school environment?*
- *Do they mask their issues at school and then meltdown when they get home?*
- *Social skills – playing with other children, or alongside them, or on their own?*
- *Are they socially/emotionally vulnerable, easily manipulated? Easily teased or picked on?*

- *Any difficulties in the playground? Do they end up controlling the play? Do they have a strong sense of justice and keep 'tattling' on their friends?*
- *Understanding others, eg that they have their own feelings and thoughts*
- *Not understanding the impact of their words/behaviour/actions on others*
- *Emotional regulation – understanding their own feelings and not being able to express them appropriately, in acceptable ways?*
- *Do they respond to small trivial upsets in the same way as larger triggers? Is there a set behavioural response to upset regardless of the cause?*
- *Do they get frustrated, upset, anxious? If so, are there specific triggers for this? Does it happen at similar times of the day every day?*
- *Are they able to accept praise and compliments or do they find this difficult? Do you have to use indirect praise or other methods to raise their self-esteem?*
- *What kind of things make them anxious – could be lots of things, eg too much sensory input (noise, movement, smell etc), too much language, not understanding, something changes, feeling unsafe...*

Sensory and Physical Needs

- *Any physical issues with both fine and gross motor skills? Do they struggle to use cutlery or pens appropriately? Can they jump and ride a bike and other age-appropriate activities?*
- *Any medical conditions that can manifest physically like Hypermobility, EDS, epilepsy, diabetes, Microcephaly, Down Syndrome, Cerebral Palsy.*
- *Do they require the use of walkers and/or wheelchairs?*
- *Food Issues*
 - *How do they eat? Do they use cutlery or eat with their hands? Do they have special plates that they will only eat off?*
 - *Do they overstuff? Do they hoard food? Does their food need cutting into small pieces? Do they need to be encouraged or reminded to take small bites, chew, swallow? Do they have a sense of when they are full?*
 - *Do they fidget at the table? Do they mess around? Do they have to get up and leave? Do they need to eat in a separate room?*
 - *Do you have to persuade them to start or carry on eating? Do they take a particularly long time to eat? Do they bolt their food down?*
 - *Do they make a lot of mess that needs cleaning up afterwards?*
 - *Do they have a special diet that needs specific preparation? Are they brand specific? Do you have to shop around to ensure you have favourites in stock? Do they have a restricted diet due to sensory issues?*
 - *What happens if you introduce new foods?*
 - *Do they drink too much? Not enough?*
- *Sensory difficulties – are they over or under sensitive, if so, what to?*
- *What would trigger them? What senses do they struggle with?*
 - *Vision (bright lights, do they seek dark, small spaces?)*
 - *Hearing (are they sensitive to crowds? Loud noises? Certain pitches of sounds?)*
 - *Taste (Are they picky eaters? Do they tend to favour certain textures? Can the food touch other food or do they need to be separated?)*
 - *Smell (are they sensitive to certain smells, air fresheners, bleach etc. Do they appear to sniff people, especially if they are strangers?)*
 - *Touch (Do they hate certain fabrics and clothing? Do they hate being touched? Do they like big, deep pressure hugs?)*

- Proprioceptive Issues (muscles and body awareness) (Are they moving constantly? Do they appear to be very clumsy and uncoordinated? Do they slam doors or apply too much pressure when writing, or not enough?)
 - Interoceptive Issues (awareness of internal bodily functions) (Do they know when they are hungry or thirsty? Do they know when they are full? Can they feel their heartbeat? Are they aware when they hurt themselves? Do they register pain appropriately?)
 - Vestibular Issues (Awareness of self in space, this works very closely with the proprioceptive system) (Do they appear to be dizzy and all over the place. If they fell into a swimming pool, would they know which way was up?)
- What behaviours do these over or under registrations produce?

Self Help and Independence/Preparing for Adulthood

The area should focus on the child or young person's ability to manage self-care tasks and how independent they are. This should look at their level of these skills in comparison to a typical child of that age. Some questions you can take into consideration are;

- Is the child toilet trained or still in nappies?
- Do they need assistance with dressing and undressing?
- Do they need someone to help feed them or are they tube feed?
- Can they use cutlery age appropriately?
- Do they need assistance with washing and personal cleanliness, including prompting to use shower gel or flannels?
- Can they manage money?
- Can they organise their own lives and maintain their social diary or timetable?
- Can they travel safely on their own or do they need to be escorted?
- Are they vulnerable in their environment, e.g. lacks a sense of danger, understanding of stranger danger, road safety etc

Provision

Include details of any provisions that have been made for your child/young person; were those provisions successful? What worked well? What didn't work? What provisions might be required to support the child?

Current Provision: What has worked well? What has helped your child and made a difference to their learning/attitude? What hasn't worked? Do you know why it hasn't worked? Include any attempts made.

This section needs to show evidence of the action already being taken to meet the child or young person's SEN and evidence that where progress has been made, it has only been as the result of much additional intervention and support over and above that which is usually provided. This should include information from both school and home. You should mention all strategies that have been tried whether they have worked or not. Has any support been put in the place that worked well previously, and that you feel would be helpful now? Is there anything that really hasn't or doesn't work well – be specific, examples are fine. Use the settings APDR (Graduated Approach)

What kind of support is being put in place for them at school, e.g.:

- Physical adjustments, have they installed ramps or visuals to accommodate wheelchairs or visual impairments?
- Have they implemented additional adult support, could be 1:1 or just extra classroom teaching assistant support
 - If yes, what kind of thing does the TA do, e.g. prompting, keeping on task, explaining, breaking info down into small chunks, facilitating interaction with other children?
- Visual aids, e.g. timetable, in class/at home; reward charts

- Any additional work outside of the class, e.g. extra group work for literacy, numeracy
- Any additional support in the playground, dining room, assembly
- Additional time to transition into school, into classroom from the playground, from one task to another
- Anyone additional to talk to about their worries
- Anything additional to the rest of the class
- Any input from other professionals, could be autism advisory teacher, EP, SALT, OT (and what strategies have been recommended)

Any additional support you put in at home,

- Do they need more help than typical peers in attending clubs/activities?
- Do you have to have set routines?
- Do they have to be in control in the home environment?
- Can you attend new places?
- Can you have whole family days out?
- Can siblings have friends round without incident?
- Do you have to do social stories for new places and prepare them for new experiences and locations?

Possible Provisions: What provision do you feel would help the child/YP? Have professionals made any recommendations?

- Detail any recommendations from professional reports
- Mention any strategies that you think might work and any support that is not currently being offered

How is best to communicate with the child/young person and involve them in decision about their lives?

How is it best to communicate with your child/young person; what steps should be taken to allow them to feel safe and able to communicate and engage?

This section is all about communication. How is it best to communicate with your child? When the Professionals go in to do their assessments, under what circumstances will they get the best from your child? What do they need to be able to contribute when making decisions about their lives?

- Does it need to be in a quiet environment with no distractions?
- Will there need to be trusted adults there, is it best to use open or closed questions?
- Do they need to be offered choices?
- Will they need instructions and questions broken down into chunks and presented one at a time?
- If you needed to find out about an event that had happened, how would you go about getting this information from your child?
- Do they respond better when you are side by side rather than face to face, maybe when they are playing a computer game or maybe they communicate better in writing and/or texting? Would it be better to start a conversation about their latest interest or obsession?
- Do they talk to you in more detail when you are driving?
- What are their visual signs of distress? How you know they are starting to get agitated?

Why are you applying for an EHCP assessment?

One key reason would be that they are not making adequate progress (or is making poor progress or no progress), despite the support that is being put in place for them. Progress can in be terms of all of the Broad Areas of Need mentioned above, not just their academic progress. Think about their cognition and learning (e.g. numeracy, literacy etc), communication and interaction, social and emotional wellbeing, and physical (fine/gross motor skills) and/or sensory. What do the professionals say about their progress in these areas? Have they highlighted concerns in their reports?

If the child is failing to make progress in any one or more of these areas, then they require a full assessment of their educational, health and care needs to ensure the correct support is put in place to enable them to access the curriculum.

Below is a useful summary of the legal criteria for assessment which is that the child MAY have SEND and MAY need a special educational provision in line with an EHCP. You can include this in your application adjusting it accordingly.

X requires a full assessment of **his/her** education, health and care needs to ensure the correct support is put in place to enable **him/her** to access the curriculum.

The legal criterion for a statutory assessment is detailed in Section 36(8) of the Children's and Families Act 2014. This states:

The local authority must secure an EHC needs assessment for the child or young person if, after having regard to any views expressed and evidence submitted under subsection (7), the authority is of the opinion that—

- a) the child or young person has or may have special educational needs,
- and
- b) it may be necessary for special educational provision to be made for the child or young person in accordance with an EHC plan.

The attached evidence not only shows that **X** "may" have SEN (Special Educational Needs) but that **he/she** does have SEN; thus part one of the legal test is satisfied.

It is clear that **X** will require Special Educational provision be made for **him/her** to access the curriculum. The school have shown that they have accessed all the support available to them and **X** is still struggling in the school environment.

To conclude, I feel after reading the above a reasonable LA (Associated Provincial Picture House Ltd v. Wednesbury Corp. [1948] 1 KB 223) would be of the opinion that the legal test for an EHC needs assessment has been satisfied.

The child/young person's views, wishes and feelings

This section should be completed by the child where possible. As parents you will have a better idea of how much your child will be able to contribute to this section. They don't have to write it, they could draw or do a PowerPoint presentation, or you could ask the questions and then scribe their answers. Just ensure that it is their words and truly reflect what the child thinks about themselves (even if it is negative)

This is designed to get an insight into the child and their mind-set. To get an idea of what motivates them (if anything) and how they feel about their place in the world.

Likes:

- *Detail what your child likes and what motivates them.*
- *Do they have obsessions?*
- *If so, what are they?*
- *Do they change regularly?*

Dislikes:

- *Detail what your child doesn't like and what may trigger anxiety, upset or a meltdown.*
- *Think about what they don't like.*
- *Think about their triggers.*
- *Not being in control, crowds, other sensory issues, the word No, changes to routine, new places, new foods etc.*
- *What happens when faced with something they dislike?*

Goals and aspirations

Child/young person's goals and aspirations:

This part should detail what the child says their aspirations are (no matter how weird, wonderful and unrealistic they are!) This shows the child's motivation and their view of the world and how they will fit into it. Let us know what your child would like to do when they grow up, what they want to achieve, what they are looking forward to. If your child/young person doesn't know, include that information. If your child is unable to answer this question, then just say that and add a 'but we think he/she would like to be a'. Just make it clear who is speaking when.

Parent/Carer comment:

What are your aspirations for them? Do you want them to improve their communication skills? To make friends? To live independently? Go to university, have a career, manage money and other life skills?

Things I am good at:

Let us know how your child feels about themselves and those around them, this can include negative thoughts and feelings too; your child can answer for themselves or, you can answer on their behalf. Please make it clear whose voice is being included.

Things I like/admire about myself:

The important people in the Child/Young Person's life: *This may include family, friends, pets etc.*

Name:

Relationship:

Health and Medical needs of the child/YP

Tick those areas where you have a concern and use the comments box to tell us more about how this affects your child

| | No | Yes | Impact on everyday life |
|---|----|-----|--|
| General physical health | | | <i>How is your child generally? Have they had any medical procedures? Do they have any ongoing illnesses or treatments?</i> |
| Airway and breathing, including chest infections | | | |
| Pain | | | <i>This includes whether or not your child has a high or low pain threshold.</i> |
| Seizures | | | |
| Eating, drinking, swallowing, drooling | | | |
| Behaviour issues related to food - Choices / Attitude | | | <i>Is your child a picky eater and will only eat a limited number of foods? Do they have to be a certain brand or served in a certain way?</i> |
| Acid reflux / vomiting | | | <i>This includes historic issues with reflux, anxiety induced vomiting or forced vomiting for any other reason.</i> |
| Dental Health | | | <i>This includes if your child is reluctant to brush their teeth due to sensory issues, toothpaste preferences, access to dentistry etc.</i> |
| Growth, Weight gain/loss | | | <i>Both historic and current.</i> |
| Mobility, getting around | | | <i>Danger awareness when out and about should also be mentioned in this section.</i> |
| Hand function/writing | | | <i>Include details here if your child is struggling with handwriting. They may struggle to keep it neat and on the line, they may struggle with holding the pen appropriately. Handwriting can have sensory issues for some children. Also mention if they tire easily when writing and suffer from fatigue. Mention if they struggle with using cutlery, doing buttons and zips or threading beads.</i> |
| Personal care (self-feeding, washing, dressing, toileting etc.) | | | <i>Mention here if you are having to prompt or remind them about personal care more than you would for a typical child of that age. Do you need to remind them to use shampoo or shower gel or will they just get in the water and be done? You can describe their routine if this helps illustrate the difficulties you or they experience.</i> |
| Bowel and bladder e.g. wetting, constipation | | | |
| Vision (eyesight) | | | <i>Are they sensitive to bright lights or are they hypervigilant? Do they need glasses?</i> |
| Hearing | | | <i>Do they have a hearing impairment or do they over- hear? Can they hear things others can't, do they struggle to filter out crowds?</i> |

| | | | |
|---|--|--|---|
| Speech or other methods of communication (which ones) | | | <i>Mention any issues with their speech, including if your child sounds very scripted or seems to have a high level of vocabulary but doesn't always understand what they are saying.</i> |
| Understanding | | | |
| Attention & listening | | | |
| Sleep | | | <i>Does your child need to follow a bed-time routine? Does your child need extra support to settle at night-time? Are they sleeping through the night or sleeping too much? Do you have to stay with them until they fall asleep?</i> |
| Behaviour, emotions, feelings, managing emotions | | | <i>What does your child do when they are overwhelmed? Are they able to self-soothe? Does your child know what they are feeling? Do they react to their feelings appropriately?</i> |
| Puberty Issues | | | |
| Fatigue / Stamina | | | <i>Does your child tire easily or are they constantly on the go with seemingly endless stamina? Does your child have both?</i> |
| Does your child have a health care plan? If so, please attach it. | | | |
| Are you waiting for any further Health Assessments/Appointments? What for/with whom? | | | |

Social Care Needs

This is the Social Care section. This section looks at the family as a whole, and the impact that this child's condition(s) is having on the family. It also looks at their ability to access their community. All Local Authorities are required to provide respite for those with additional needs. Please check your LA Local Offer to see what is offered in your area.

| |
|--|
| Describe the Child/Young Person's disability |
| |
| Personal Care: Does your child/young person need lots of help with personal care, which you may need support with? EG. bathing, dressing, toileting |
| <i>Are there any particular difficulties such as mobility, health or behaviour to consider when undertaking personal care?</i> |
| |
| Social development: Does your child/young person need help accessing activities or joining in friendships in a safe and meaningful way? |
| <i>Is 1:1 support or lots of supervision required to remain safe or take part?</i> |
| |
| Family time: Do you feel that time together is shared equally with other members of your immediate family? |
| <i>Are there other children in the family who may miss out on parental time or activities?</i> |
| |

Parent/carer needs: As a parent/carer is there anything to consider that can make parenting more difficult?

Are there any personal health issues, disabilities or other caring responsibilities?

Support networks: Do you have family/friends/other forms of support who offer you help with your parenting role?

(Is there anyone who can go to for regular and ongoing support at home or community?)

