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| **Sheffield My Plan and Whole Family Assessment (FCAF):****Education led** |

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| **SECTION A** | **My Plan**This section should be completed for children and young people with Special Educational Needs or Disabilities who require provision to be made to support their needs. Where the assessment and plan is only in relation to wider family needs this section does not need to be completed though it may be relevant to do so, particularly in identifying needs of an individual child. |
| **SECTION B** | **Whole Family Assessment (FCAF)**This section should be completed for families where there is a need to assess and support wider family needs. Where the assessment and plan is only in relation to an individual child’s Special Educational Needs this section does not need to be completed though it is good practice to consider the whole family. |
| **SECTION C** | **Support Plan**This is an annual plan that should be completed to detail individual support in place to meet needs for an individual or family. |
|  |
| Date of issue of first Assessment / Plan |  |
| Date of issue of this version of Assessment / Plan  |  |
| Version Number |  |
| Name and contact details of lead person completing this Assessment / Plan |  |





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| **Section A: Sheffield My Plan** |

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| **Child/Young Person’s Full Name** |
|  |
| **I like to be known as** |
|  |
| Date of Birth |  |
| Gender |  |
| Address |  |
| Contact Number |  |
| Languages spoken |  |
|  |  |
| Current Education Provider |  |

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| **PART 1: PARENT/CARERS AND INVOLVED SERVICES**  |
|  |
| Name of person with parental responsibility (1) |  |
| Address (if different from child) |  |
| Contact number |  |
| Email |  |
| Name of person with parental responsibility (2) |  |
| Address (if different from child) |  |
| Contact number |  |
| Email |  |
| Is the young person in public care? (Y/N) |  |
|  |
| **Service** | **Officer, role and contact details (telephone and email)** | **Date of last provided advice/report**  |
| Education Provider |  |  |
| Educational Psychologist |  |  |
| Education Advisory Service (please detail) |  |  |
| Social Care |  |  |
| MAST / Early Intervention |  |  |
| GP |  |  |
| Medical professional (please detail) |  |  |
| Therapy Services (please detail) |  |  |
| Preparation for Adulthood / Careers Guidance |  |  |
| Other  |  |  |
|  |  |  |
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| **PART 2: CHILDNAME’S VIEWS / ONE PAGE PROFILE** |
|  |
| **This is me:** |  | **Things I need help with:** |
|  |  |
| **What others like about me and what I like about myself:** |
|  |
|  |  |
| **What is important to me now:** | **What are the best ways to help and support me?** |
|  |  |
| **What is important to me in the future – my hopes and dreams:** |
|  |

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| **How I communicate** |
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| **When I do this…..** | **We think it means …..** | **People helping me should ….** |
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| **How I’m doing in my learning** |
|  | **Attainment/Level (YEAR)** |
| **Subject** | **Autumn** | **Spring** | **Summer** |
| Reading |  |  |  |
| Writing |  |  |  |
| Spelling  |  |  |  |
| English  |  |  |  |
| Maths |  |  |  |
| Attendance |  |  |  |
| Other subjects |  |  |  |
|  |  |  |  |
| Copy of progress measures if appropriate: |

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| **PART 3: PARENT/CARERS VIEWS ON CHILDNAME** |
|  |
| Our hopes and dreams for CHILDNAME’s future – Our Aspirations |
|  |
| CHILDNAME’s history and background |
|  |
| What does CHILDNAME like and what are they good at? |
|  |
| What’s not working for CHILDNAME? What they need help with |
|  |
| What is working and could be better in the following areas for CHILDNAME: |
| Tell us about | What’s working well | What could be better and do they need help with |
| Physical Health:Health and Wellbeing including areas such as sleep, medical needs and physical needs |  |  |
| What they think of themselves:Personal Identity and self-worth, including managing emotions and behaviours |  |  |
| Self-Care skills:How they look after themselves |  |  |
| How independent they are:Family and social life including how they spend their time in and out of the home |  |  |
| How they get on with others:Friendship and family relationships |  |  |
| Education:What they’re like in education and how they feel about it |  |  |
| Communication:How they communicate and what happens when they try to communicate |  |  |
| What impact does CHILDNAME’s needs have on the family and the home? |
|  |
| What needs to change for CHILDNAME? |
|  |
| Think about CHILDNAME moving towards the next phase of life and education or adult life. What hopes do you have? Do you have any concerns? Plan from age 2, Age 9 (Year 4), Age 14 (Year 9), Age 17 (Year 12) |
|  |
| Who else needs to be involved in discussions about support and progression to the next stage of life and education? |
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| **PART 4: EDUCATIONAL STRENGTHS AND NEEDS** |
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| --- | --- |
| Prime Special Educational Need |  |
| Additional Special Educational Needs |  |
|  |
| Education Strengths and needs – Communication and Interaction |
| Strengths |  |
| Special Educational Needs |  |
| Support in place to meet this need |  |
| Sheffield Support Grid | 1A Communication and Interaction – Speech and Language | Grid level (Need):Grid level (Provision): | Date Assessed:Moderated by: |
| 1B Communication and Interaction – Social Communication | Grid level (Need):Grid level (Provision): | Date Assessed:Moderated by: |
|  |
| Education Strengths and needs – Cognition and Learning |
| Strengths |  |
| Special Educational Needs |  |
| Support in place to meet this need |  |
| Sheffield Support Grid | 2A Cognition and Learning – Learning | Grid level (Need):Grid level (Provision): | Date Assessed:Moderated by: |
| 2B Cognition and Learning – Specific Learning Difficulties | Grid level (Need):Grid level (Provision): | Date Assessed:Moderated by: |
|  |
| Education Strengths and needs – Social, Emotional and Mental Health |
| Strengths |  |
| Special Educational Needs |  |
| Support in place to meet this need |  |
| Sheffield Support Grid | 3A – Social Emotional Mental Health – Emotional Regulation | Grid level (Need):Grid level (Provision): | Date Assessed:Moderated by: |
| 3B – Social Emotional Mental Health – Mental Health | Grid level (Need):Grid level (Provision): | Date Assessed:Moderated by: |
|  |
| Education Strengths and needs – Physical and/or Sensory Needs, including Visual and Hearing Impairments  |
| Strengths |  |
| Special Educational Needs |  |
| Support in place to meet this need |  |
| Sheffield Support Grid | 4A Sensory/Physical – Visual Impairment | Grid level (Need):Grid level (Provision): | Date Assessed:Moderated by: |
| 4B Sensory/Physical – Hearing Impairment | Grid level (Need):Grid level (Provision): | Date Assessed:Moderated by: |
| 4C Sensory/Physical – Physical Impairment | Grid level (Need):Grid level (Provision): | Date Assessed:Moderated by: |
| 4D Sensory/Physical - Medical | Grid level (Need):Grid level (Provision): | Date Assessed:Moderated by: |
|  |
| Developing Independence including preparing for adult lifeThis should include a focus on employment, independence, community participation and health |
| Strengths |  |
| Needs |  |
| Support in place to meet this need |  |

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| **PART 5: HEALTH STRENGTHS AND NEEDS***This may be only relevant where an individual My Plan is needed* |
|  |
| Medical Diagnosis |  |
| Strengths |  |
| Needs relating to SEN |  |
| Support in place to meet this need |  |
| Is a Health Care Plan in Place? | Yes |  | No |  |

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| **PART 6: CARE STRENGTHS AND NEEDS***This may be only relevant where an individual My Plan is needed* |
|  |
| Strengths |  |
| Needs relating to SEN |  |
| Care Needs not related to SEN |  |
| Support in place to meet this need |  |

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| **Section B: Sheffield Whole Family Assessment (FCAF)** |

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| **PART 7: FAMILY LIFE** |
|  |  |
| Family Genogram |
|  |
| People who live in the family home |
|  |
| Type of home - Housing Association / Council tenant / Private rented / Owner occupied / Other (please specify) |
|  |
| Other significant family and friends |
|  |
|  |
| Describe a good day for your family  |
| What’s Working Well? | What Could Be Better and Why? |
|  |  |
| What is important to you as a family? |
|  |
| Please detail anything that has happened in the past that may have impacted on your family |
|  |
| Please detail anything related to housing, work and money for your family that may be relevant |
| What’s Working Well? | What Could Be Better and Why? |
|  |  |
| Please detail anything related to where you live, your social life and interaction with the community for your family that may be relevant  |
| What’s Working Well? | What Could Be Better and Why? |
|  |  |
| Professionals view on life at home – completed by:  |
| What’s Working Well? | What Could Be Better and Why? |
|  |  |

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| **PART 8: HOUSEHOLD AND FAMILY/FRIENDS PROFILE** This table can be copied should there be more relevant individuals that are discussed as part of the assessment |
| **FAMILY ADDRESS:****TELEPHONE NUMBER:** |
| Full Name |  |  |  |  |  |
| Other names (also known as) |  |  |  |  |  |
| Date of birth or estimated due date |  |  |  |  |  |
| Gender |  |  |  |  |  |
| Ethnicity |  |  |  |  |  |
| First language – is an interpreter needed (Y/N) |  |  |  |  |  |
| Name of Education, training or employment establishment |  |  |  |  |  |
| Registered with a GP (Y/N) |  |  |  |  |  |
| Has a disability (Y/N) |  |  |  |  |  |
| Provides care for another family member (Y/N) |  |  |  |  |  |
| Took part in assessment (Y/N) |  |  |  |  |  |
| Lives in the family home (Y/N). Include address if not in home |  |  |  |  |  |
| Telephone number |  |  |  |  |  |

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| **FAMILY ADDRESS:****TELEPHONE NUMBER:** |
| Full Name |  |  |  |  |  |
| Other names (also known as) |  |  |  |  |  |
| Date of birth or estimated due date |  |  |  |  |  |
| Gender |  |  |  |  |  |
| Ethnicity |  |  |  |  |  |
| First language – is an interpreter needed (Y/N) |  |  |  |  |  |
| Name of Education, training or employment establishment |  |  |  |  |  |
| Registered with a GP (Y/N) |  |  |  |  |  |
| Has a disability (Y/N) |  |  |  |  |  |
| Provides care for another family member (Y/N) |  |  |  |  |  |
| Took part in assessment (Y/N) |  |  |  |  |  |
| Lives in the family home (Y/N). Include address if not in home |  |  |  |  |  |
| Telephone number |  |  |  |  |  |

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| **PART 9: SERVICES INVOLVED WITH THE FAMILY**  |
| Agency | Worker | Contact Details (phone and email) | Family Member being supported | Brief details of support provided | Involved in this assessment? |
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| **PART 10: ABOUT THE ADULT’S LIFE***Please repeat this part for other adults assessed under the FCAF*  |
|  |
| Full name (legal name) |  |
| Also known as |  |
| What is important for you? |
|  |
| Physical health |
| What’s Working Well? | What Could Be Better and Why? |
|  |  |
| Mental health and emotional well-being  |
| What’s Working Well? | What Could Be Better and Why? |
|  |  |
| Life style and behaviours  |
| What’s Working Well? | What Could Be Better and Why? |
|  |  |
| Parenting  |
| What’s Working Well? | What Could Be Better and Why? |
|  |  |
| Professionals view on how well things are going  |
| I agree / disagree with this self-assessment |
| What’s Working Well? | What Could Be Better and Why? |
|  |  |

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| **PART 11: ABOUT THE CHILD’S LIFE***Please repeat this part for all children in the family. Where part 2 and 3 of the My Plan have been completed for a child this does not need to be completed.*  |
|  |
| Full name (legal name) |  |
| Also known as |  |
| What is important for you? |
|  |
| What are your hopes and dreams? |
|  |
| Health and well being including identity |
| What’s Working Well? | What Could Be Better and Why? |
|  |  |
| Education and learning |
| What’s Working Well? | What Could Be Better and Why? |
|  |  |
| Self-Care Skills  |
| What’s Working Well? | What Could Be Better and Why? |
|  |  |
| Family and Social Life |
| What’s Working Well? | What Could Be Better and Why? |
|  |  |
| Professionals view on how well things are going  |
| I agree / disagree with this self-assessment |
| What’s Working Well? | What Could Be Better and Why? |
|  |  |

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| **PART 12: FCAF SUMMARY** |
| **Risk Assessment** |
| Any concerns regarding visits to the family home, whether visits should be conducted alone or with workers from other agencies: |
|  |
| **Making a plan to Make a Difference** |
| What are the family still worried about most? What is important to you and your family? |
|  |
| **Summary of Practitioners Views of identified Needs** |
| What are you worried about most? What help and support does the family need? |
|  |
| **Family Action Plan** |
| What actions need to be taken to support the family? |
|  |

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| **SUPPORT PLAN****To be re-set each year and reviewed termly with annual outcomes.**  |
|  |
| Are the following in place? | PEP |  | Child Protection Plan |  | Child in Need Plan |  |
| FCAF |  | Care Act Assessment |  | MyPlan/EHC Plan |  |
| Any other plans in place? |  |
| **Outcome for this year: 1** | By the end of year ? CHILDNAME/FAMILY will be able to ….. so that ….. |
| Steps to meet the outcome: |  |
|  | **What** | **Who** | **How Often / Duration** |
| What is happening in education to achieve this? |  |  |  |
| What is happening outside of education to achieve this? |  |  |  |
| Using advice from: |  |
| **Progress measure (1-5)** | **1.** No progress or deterioration **2.** Limited Progress **3.** Moderate Progress **4.** Significant Progress **5.** Achieved |
| **Term 1** |  | **Term 2** |  | **Term 3** |  |
| **Outcome for this year: 2** | By the end of year ? CHILDNAME will be able to ….. so that ….. |
| Steps to meet the outcome: |  |
|  | **What** | **Who** | **How Often / Duration** |
| What is happening in education to achieve this? |  |  |  |
| What is happening outside of education to achieve this? |  |  |  |
| Using advice from: |  |
| **Progress measure (1-5)** | **1.** No progress or deterioration **2.** Limited Progress **3.** Moderate Progress **4.** Significant Progress **5.** Achieved |
| **Term 1** |  | **Term 2** |  | **Term 3** |  |
| **Outcome for this year: 3** | By the end of year ? CHILDNAME will be able to ….. so that ….. |
| Steps to meet the outcome: |  |
|  | **What** | **Who** | **How Often / Duration** |
| What is happening in education to achieve this? |  |  |  |
| What is happening outside of education to achieve this? |  |  |  |
| Using advice from: |  |
| **Progress measure (1-5)** | **1.** No progress or deterioration **2.** Limited Progress **3.** Moderate Progress **4.** Significant Progress **5.** Achieved |
| **Term 1** |  | **Term 2** |  | **Term 3** |  |
|  |
| **Progress Review Term 1** |
| **Date:** |  | **What’s working** | **What’s not working / Barriers to achievement** |
| Child View |  |  |
| Parent View |  |  |
| School View |  |  |
| Practitioners Views (include who) |  |  |
| **What’s been achieved?** | **What needs to change including any new steps or outcomes and actions to be completed** |
|  |  |
|  |
| **Progress Review Term 2** |
| **Date:** |  | **What’s working** | **What’s not working / Barriers to achievement** |
| Child View |  |  |
| Parent View |  |  |
| School View |  |  |
| Practitioners Views (include who) |  |  |
| **What’s been achieved?** | **What needs to change including any new steps or outcomes and actions to be completed** |
|  |  |
|  |
| **Progress Review Term 3** |
| **Date:** |  | **What’s working** | **What’s not working / Barriers to achievement** |
| Child View |  |  |
| Parent View |  |  |
| School View |  |  |
| Practitioners Views (include who) |  |  |
| **What’s been achieved?** | **What needs to change including any new steps or outcomes and actions to be completed** |
|  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Parental/Young Person consent to Share InformationWe are committed to ensuring the safeguarding of your sensitive data. The information collected on this form will be securely stored. Your information may be shared with services such as Sheffield Council, the NHS and other education providers who may have a direct involvement. This will only be done only where it is appropriate and necessary. It will be used for the assessment of you/your child as part of the Graduated Approach to meeting needs. This means it may be used for the assessment, issuing and maintenance of a SEN Support Plan, My Plan or EHC Plan. It will be used to support the **assessment of needs** by education, health and social care services and enable Sheffield City Council, education, health and care providers **to deliver services** **and support** to you and your family where it is needed. It will also be used as part of the **moderation** by education providers and the Council of the support available to children with special needs (there are strict security procedures governing this moderation activity applying to all staff involved, with no personal information further disclosed). The information may also be used for monitoring and auditing.We will not give information about you to anyone outside of Sheffield City Council and the education provider without your consent. The only times we will share information without consent is if we are required to do so by law. This is where it is part of a statutory function, or if it is necessary for safeguarding children. Any sharing of information will be done strictly in accordance with the General Data Protection Regulation (GDPR) 2018.We will share the minimum necessary information between people and organisations providing services that you, your child or family is using, or is likely to use. The personal information gathered will no longer be shared if a decision is made at a review that this plan should cease.Please indicate your consent by signing below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Signature | Date |
| Parent |  |  |  |
| Child/Young Person  |  |  |  |

If there is any information or advice that the education provider or Local Authority may gather during the assessment and planning process that you wish to remain confidential, please give details below.

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Please see the school and council website for more information on how your information rights are respected and personal information is used appropriately and legally. |

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| **END PAGE AND APPENDICIES** |
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| When sharing this document any appendices should be included. This should include copies of reports gathered as part of the process from involved professionals |