



Somerset Sendias
Special Educational Needs and Disability
Information, Advice and Support (0-25)

A free impartial service for children and young people with SEND (aged 0 – 25) and their parent/carers

Referrals Policy

Introduction

Somerset SENDIAS is an impartial and confidential service for all children and young people with SEND (aged 0 to 25), and their parent/carers. It has a separate identity to the local authority. Any information shared with the service is treated in confidence and is regulated in accordance with the General Data Protection Regulations (GDPR) (2020).

The role of Somerset SENDIAS is to ensure that children, young people and their parent/carers have access to confidential and impartial information, advice and support so they can make informed decisions about their own or their child's SEND. This is achieved by working in partnership with children, young people, their parent/carers and other services involved in providing SEND support.

In implementing this service, procedures are in place to ensure best practice when referrals are made to the service. SENDIAS is a young person and parent/carer self-referral service. This policy identifies those procedures-and how they will be implemented.

Section 1 – Referrals

A referral to the service must be made by young people or parent/carers. However, schools, support services, other agencies and voluntary organisations can support a child, young people and/or a parent/carers to complete the form.

Children, young people or their parent/carers can request support from Somerset SENDIAS by:

- telephone;
- email
- on-line
- text
- What's App
- Home visits

A 'Referral' form (Annex A (i and ii) must be completed before any comprehensive support can be offered by Somerset SENDIAS staff.



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A 'Referral' form for a young person and for a parent/carer is available. On receipt of the 'Referral' form the Somerset SENDIAS Manager will allocate a member of staff to support the child, young person or parent/carer.

The Administrator will send an introductory letter/email to the young person or the parent/carer informing them which member of staff will be supporting them and when contact will be made. An email will also be sent to the Education setting (with young person/parent/carers consent) to inform them that SENDIAS is involved with supporting the family.

After the introductory email has been sent, initial contact with a young person or parent carer by the Somerset SENDIAS member of staff will be as follows:

- telephone call (leave a message if unanswered);
- introductory email
- text
- whats app
- Video call

At least three attempts must be made initially, to contact the young person or parent/carer. If a young person or parent/carer hasn't responded to the initial contact within 10 days, the Administrator will send an email/text/phone call suggesting they contact Somerset SENDIAS if they still wish to receive any support from the service. If a response hasn't been received within a week, SENDIAS will assume that support is no longer required.

The service will endeavour to acknowledge all referrals, within 10 working days.

Children, young people and their parent/carers can access Somerset SENDIAS as many times as they wish.

The service will endeavour to attend meetings as requested by children, young people and/or their parent/carers however, this may not always be possible.

There is no limit to the length of time that Somerset SENDIAS can support a family.

Casework may include but is not limited to:

1. Face to face or virtual meetings. These may include Child in Need or Team Around the Child meetings.
2. Meetings in the home of children, young people and their parent/carers must be time-limited and not exceed more than 1 hour 30 minutes. Another meeting can be arranged if required.
3. Support to prepare amendments for a draft Education, Health and Care (EHC) Plan;

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01823 355578 SomersetSENDIAS@somerset.gov.uk www.somersetsend.org.uk



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4. Support to collate information for Send processes.
5. Support to prepare/attend meetings relating to SEND.
6. Support to prepare for an appeal through the SENDIST Tribunal system.

Section 2 - Monitoring and Supervision of Casework

Line Management and supervision of staff is undertaken on a 6 - weekly basis. Provision is in place to support with casework as and when required if a need arises.

Recording information

Any records will be held on the electronic database and are held in accordance with the GDPR (2020) and Somerset SENDIAS Confidentiality Policy (2021).

Records of involvement will be closed when an outcome is reached.

A feedback form is sent to children, young people, their parent/carers or practitioners at this stage.

Section 3 – Contact details

Somerset SENDIAS
The Hollies Children's Centre
South Road
Taunton
TA1 3AG

01823 355578
sometersendias@somerset.gov.uk
www.sometersend.org.uk

Section 4 – Administration

Date written: May 2023
Review date: May 2024

To request this Policy in Easy Read, Braille, Large print or Translated into other languages, please contact Somerset SENDIAS on 01823 355578 or email somersetsendias@somerset.gov.uk

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Section 5 - References

GDPR (2020)

Annex A

- i) Referral Form – Young Person
- ii) Referral Form – Parent/Carer

Annex A i) Young Person Referral

https://secure1.somerset.gov.uk/forms/azureShowForm.asp?fm_formalias=SENR

Young Person's Referral Form

This form is for a young person (aged 16 to 25) with SEND.

Use this form to ask for information, advice and support.

Young Person's Referral Form

This form is for a young person (aged 16 to 25) with SEND.

Use this form to ask for information, advice and support.

Young person's details



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Your name:	Do you have an EHCP?
Date of birth:	Gender:
Ethnicity:	Home language:
Your address:	Your home number:
Postcode:	Your mobile number:
Your email address:	
Name of your school / college:	Year group:

As a young person (aged 16 to 25), you can choose for your parent carer(s) to be part of your support or not.

Or you can choose to have someone to represent you. This person would be known as an **advocate** (see page 2 for more info).

Circle your choice below.		
I do / do not want my parent carer(s) to be part of my support	or	I want an advocate to represent me

Meanings

Advocate	<p>An advocate would talk to you about your thoughts and wishes and would share these with the people supporting you on your behalf.</p> <p>The advocate you choose could be someone you know and trust already. Or you could choose someone from an advocacy</p>
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	service.
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My parent carer(s) or advocate details (Circle as appropriate)	
Name(s):	
Address:	Home number:
	Mobile number:
Postcode:	

Email address:	
Relationship to you:	Parental responsibility: Yes / No

What are your special educational needs or disability?
How would you like SENDIAS to help you e.g. college meeting, Education, Health and Care process?

What other services are helping you?
<input type="checkbox"/>
<input type="checkbox"/> School/College
<input type="checkbox"/> Social Worker
<input type="checkbox"/>



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Solicitor

Health Professionals

IPSEA

Other.....

How did you hear about Somerset SENDIAS?

- I am happy for Somerset SENDIAS to let my school/college know I am being helped by your service Yes
- I understand that information about me will be kept on a database.
I can ask for this information.
- I understand that everything I tell Somerset SENDIAS will be kept confidential. My information will not be shared outside Somerset SENDIAS unless I agree.*

**If you tell us something about a risk of harm to you or other people, we will have to share this information.*

When possible, we will get you to agree to this information being shared.

Signed:..... **Date:**

Consent Form

I give permission for Somerset SENDIAS to contact Somerset County Council SEND INC Casework Team and other services or agencies that I am accessing, on my behalf:



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Young Person's Name.....

Date of Birth.....

Signature

.....

Date

.....

Please return this form to Somerset SENDIAS via email only.

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Parent/Carer Referral Form with Consent

You can request free information, advice and support from Somerset SENDIAS for your child (0-16yrs) with special educational needs or a disability with this form.

Young People (16-25yrs) can complete a Young Person's Referral & Consent Form at: <https://secure1.somerset.gov.uk/forms/azureShowForm.asp?formalias=YPSR>

Child's Name:



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Child's Date of birth:		Gender:	Male/Female
Ethnicity:		Home language:	
Name of early years setting / school / college:		Year group:	
Child's Home Address:			
Post code:			

Referring Parent/Carer name and title:	
Address:	Preferred phone number:
Post code:	Additional phone number:
Email address:	
Relationship to child/young person:	Parental responsibility: Yes / No
Additional Parent/Carer name and title:	
Address (if different to above):	Preferred phone number:
Post code:	Additional phone number:
Email address:	
Relationship to child/young person:	Parental responsibility: Yes / No



What support would you like:

- Information, advice and signposting for general SEN concerns
- Exclusion advice
- School meetings
- Advice regarding SEN at school
- Help applying for an EHCP
- Help with appealing a refusal to assess/issue an EHCP
- Help and advice with a draft EHCP
- Help appealing an EHCP
- Advice regarding annual reviews
- School transport
- School admissions and appeals
- Transitioning into school
- COVID19 concerns

- Other.....

Please briefly tell us about your child's special educational needs or disability, including any deadlines you are working towards:

What other services are helping you?

- FIS – Family Intervention Service
- PFSA – Parent, Family Support Advisor
-
- Social Worker
- Nursery/School/College
-
- Health Professionals
- Solicitor
-

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How did you hear about Somerset SENDIAS?

IPSEA

None

Other.....

- I am happy for Somerset SENDIAS to contact my child's educational setting to let them know I am being supported by your service

Yes

No



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- I understand that records will be kept on a database and that I have the right to ask for this information.
- I understand that everything I tell Somerset SENDIAS will be kept confidential. My information will not be shared outside Somerset SENDIAS without my agreement, except in exceptional circumstances * (see below). Even in these circumstances, when possible, Somerset SENDIAS will ask for my agreement.

*Exceptional circumstances: if there is a risk of harm to you or other people or to stop a serious criminal act.

Consent

I give permission for Somerset SENDIAS to contact Somerset County Council SEND Casework Team and other agencies that are working with me, on my behalf regarding:

Child's Name:

Child's Date of Birth:

Signed:

Date:

Parent/Carer's Name:

Please do NOT post, but email this form to somersetsemdias@somerset.gov.uk

END

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