***ENABLE INCLUSION TEAM (EIT): REQUEST FOR SUPPORT FOR A CHILD WITH EHCP***

The Enable Inclusion Team (EIT) uses evidence-based psychology to support the wellbeing and educational inclusion of children and young people. Further information about our service can be found at: [Enable Trust - Enable Inclusion Team](https://www.enabletrust.org.uk/page/?title=Enable+Inclusion+Team&pid=84). The psychological model used by EIT Psychologists is the DNA-V model (Hayes & Ciarrochi, 2015, see [DNA-V Model of Psychological Flexibility | DNA-V International (dnav.international)](https://dnav.international/) for more information). The DNA-V model is designed to help young people clarify and connect with their personal values and to develop an open, skilful and flexible relationship with their thoughts and feelings.

Within EIT, we use a range of service delivery modes, including training, supervision, coaching, direct work with children and adolescents, observation and assessment. Depending upon the specific context of a child/young person with whom we are working, we can work within schools, with the young person and family at home, within the community, or in a combination of these settings.

To request involvement from the EIT to support an EHCP placement at risk of breakdown, please complete the following sections and email it to EIT@enabletrust.org.uk.

***Name of child/young person:***

***Date of birth:***

***School:***

***Name and role of referrer:***

1. ***Information about early/emergency annual review process***

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| *PLEASE INCLUDE A BROAD OVERVIEW OF WHAT’S GOING WELL, WHAT IS PROVING A CHALLENGE, PARENTAL VIEWS, YOUNG PERSON VIEWS, ATTENDANCE, WHAT NEEDS ARE BEING MET AND WHAT NEEDS MAY NOT BE BEING MET.* |

1. ***Information related to placement vulnerability***

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| *PLEASE INCLUDE INFORMATION ABOUT NUMBER AND DURATION OF SUSPENSIONS, REASONS FOR SUSPENSIONS, BEHAVIOUR INCIDENTS (E.G. TYPE, SEVERITY, FREQUENCY ETC.), AND ANY RELEVANT DIAGNOSIES AND/OR MENTAL HEALTH CONCERNS.*  |

1. ***Evidence for graduated processes implemented to address the placement vulnerability***

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| *PLEASE INCLUDE INFORMATION ABOUT WHAT HAS BEEN DONE TO ADDRESS THE PLACEMENT VULNERABILITY SO FAR WITHIN A GRADUATED RESPONSE PROCESS DETAILING THE RELEVANT INTERVENTIONS, THE AGENCIES INVOLVED, THEIR DURATION AND CURRENT STATUS, AND THE REPORTED OUTCOMES.*  |

1. ***Any other information***

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1. ***Please list any other documents you have included in your referral below***

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1. ***Please ensure you have sort consent from parents and, when over age 13, the young person to share the above information with the EIT:***

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| *By signing the below, you are indicating that you have read & understood the information in this form and that you consent to involvement from the Enable Inclusion Team (EIT) and to EIT sharing information with other services & professionals currently involved with you/your child*: |
| **Role** | **Name** | **Signature** | **Date** |
| Parent/carer/person with Parental Responsibility (PR) |  |  |  |
| Social Worker (essential for Children in Care. Note that staff will need to seek advice from the young person’s allocated social worker if they are unsure who currently holds parental responsibility). |  |  |  |
| Child/Young Person (note that informed consent from the young person is essential from age 13 and assent is considered best practice for all children younger than this age, where possible). |  |  |  |