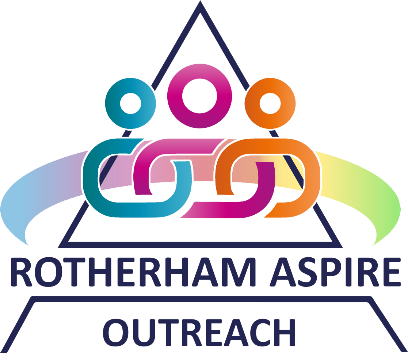
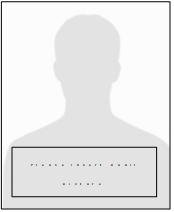
**ASPIRE SEMH OUTREACH**

**RERERRAL FORM**

**Pupil Details**

|  |  |
| --- | --- |
| **Pupil Name** | Click here to enter text. |
| **D.O.B.** | Click or tap to enter a date. |
| **Gender** | Click here to enter text. |
| **Year Group** | Click here to enter text. |
|  | Click here to enter text. |

****

|  |
| --- |
| Office Use:  **Eval /Further support** |
| Date for Panel:  Click here to enter text. |
| Panel outcome:  Click here to enter text. |

Please insert a current picture

**Details of person completing this form**

|  |  |
| --- | --- |
| **Date Referred to Outreach** | Click here to enter text. |
| **Referring School** | Click here to enter text. |
| **Trust Name or LA Maintained** | Click here to enter text. |
| **Referrer - Full Name** | Click here to enter text. |
| **Job Roll** | Click here to enter text. |
| **Contact Number** | Click here to enter text. |
| **Contact E-mail** | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Checklist of Information from Referring School** | Mandatory for Referral | Developed through Observation |
| **Please Complete parts 2-8 to secure referral as part of the** [Aspire SEMH Outreach ‘Flow of Support’](https://www.rotherhamaspire.org/resources)   |  |  |  |  | | --- | --- | --- | --- | | *Green sections are evidence to universal sections for SEMH* | *Blue sections identify further investigation, advice and guidance.* | Orange sections are evidence of targeted SEMH support | Pink sections provide evidence of specialist SEMH/SEND support | |  |  |
| **Part 1** **-** **Service Level Agreement (SLA)**  *(Signed by the Headteacher of the referring school following circulation of the observation report)* |  |  |
| **Part 2** **-** **Signed Parental Consent**  *(No direct SEMH work can begin without a signed and scanned document attached)* |  |  |
| **Part 3 - Details for the child and the parent/carer**  *(Key categories of support/vulnerability with SEND Coding required)* |  |  |
| **Part 4 - Contact details for key school staff and professionals involved**  *(Key contacts to enable response to be quality assured and collaboratively linked within schools)* |  |  |
| **Part 5** **-** **‘All about me’**.  *(Understanding the child’s context, this will be developed in the introductory sessions of intervention)* |  |  |
| **Part 6** **-** **Reflection of School support and graduated response**  *(Understanding the school’s context and stage of support)* |  |  |
| **Part 7 - One-Page Profile & Assessment (School SEND Support Plan or similar to be attached)**  *(Informs SEMH Outreach Team planning and support the current needs within school)* |  |  |
| **Part 8 -**  **Attendance & Timetable (attach current & up to date info, registration certificate for 21/22 & 22/23)**  *(Allows earliest connection with support in SEMH specialists diary for allocation)* |  |  |
| **Part 9 -**  **Risk Assessment in communication with allocated SEMH specialist**  *(Outline key considerations of the student and SEMH specialists interaction on school site)* |  |  |
| **Part 10 – Outcomes**  *(Agreed during observation meeting and circulated to Referrer and SLT/SENDCo link)* |  |  |
| **Part 11 - Review and Evaluation** |  |  |
| **Part 12 - Aspire SEMH Outreach One-Page Profile** |  |  |

|  |  |
| --- | --- |
| **Part 1 (sample document complete following observation)**  **Aspire SEMH OutReach SLA** | |
| Service Level Agreement between  1. School and  2.Aspire SEMH Outreach | |
| Placing School Details | |
| Headteacher: Name **(Child Initials - Year)** | |
| Service Provider Contact Details | |
| Aspire SEMH Outreach **c/o Rockingham Professional Development Centre**  **Roughwood Road**  **Rotherham**  **S61 4HY** | Contact: Adam Taylor **Tel: 07931 714405**  **E-mail:** [**outreach@rotherhamaspire.org**](mailto:outreach@rotherhamaspire.org) |
| Service Description | |
| The Aspire SEMH Outreach Team (AOT) provide bespoke SEMH outreach support for children and young people who attend a Rotherham School, aged between 5 and 16 years of age (Key Stages 1, 2, 3 and 4), within an agreed 12 week period. The AOT provide a service in schools to observe, support, assess and adapt provision for both students and the school staff.  Following the recent observation by Name, SEMH OutReach Specialist, we can confirm that we will begin a 12 week intervention programme commencing Date. | |
| **Services provided** | |
| * Free in-school service for an agreed max. 12 week period. * SEMH Interventions and therapeutic support as appropriate for the child and no less than 1 hour per week. (inclusive of reports, feedback and planning) * Regular weekly (unless otherwise amended) liaison with Placing School referrer including attendance, safeguarding communication and welfare up-dates as necessary and appropriate. * Half-termly (6 week) review in the form of email communication. * Written initial observation and evaluation report with updated one-page profile. * Opportunity to discuss further support throughout the process. * Off site visits where applicable and appropriate to support SEMH Interventions and therapeutic activities (agreed through Strat. SEMH Lead/Headteacher). * Home based mentoring for SEMH to connect relationship (agreed through Strategic Lead/Headteacher). | |
| **Obligations & Responsibilities** | |
| **Our Obligations:** | |
| **The AOT will:**   * Provide a high quality child centred intervention period, bespoke to each student dependant on assessment suggestions, these could be for example;  1. Recommended Intervention 2. Recommended Intervention 3. Recommended Intervention  * Promote the welfare of the child or young person. * Support with graduated response documentation so the child has SEMH needs explored and met in a progressive, time appropriate manner. * Provide the school with training and support with Boxall profiling and reports, Attendance and Behaviour strategies to ensure key performance indicators are improving. * Where necessary feedback with regards to the child, young person or family into any necessary services as communicated to the home school. * To have honest, open dialogue with schools, build positive relationships and work in partnership to ensure the child has the best possible outcome. * Establish supportive and consistent links to secure Parental engagement * Manage all agreed Off-site visits according to the Aspire off-site visits policy which is supported by the EVOLVE MIS system. * Carry out risk assessments for all planned off-site visits. * Follow the Aspire lone working policy to manage all home visits with students. * Inform schools of all planned off-site visits and home mentor sessions one week in advance, providing: times, dates and planned venues. * Ensure all staff leading off-site visits are qualified to do so and have undergone first aid training and risk assessment training. * Ensure all staff have current business insurance to transport students. * Have a prime duty of care for students and will provide schools with policy documents as they pertain to this agreement: DBS, Health and Safety, Safeguarding – Young People, GDPR confidentiality, Lone Working, Off-Site Visits, Equality and Diversity. | |
| **Your Obligations:** | |
| **The placing school will:**   * Ensure that all information in relation to the child or young person is shared with AOT. * Inform parents a referral has been made for additional support and return the signed consent form (within the referral document) * School’s take full responsibility of all Safeguarding regarding the child, and will act on the information provided by the AOT staff. * Liaise regularly with a named person from the school and AOT to monitor progress of interventions. * Advise and inform AOT both in writing and verbally of any changes arising with regards to COVID cases that are directly linked to school staff or students that the team may encounter. * Ensure that all statutory processes in relation to attendance, attainment, safeguarding and academic progress are adhered to. * Ensure that the child is present for interventions in an agreed safe space, if there are three consecutive missed appointments we will notify you of our concerns and review with the Head Teacher. * In the event of cancellation this needs to be done with 24hours notice where possible, if this is due to illness or unforeseeable absence then sessions can be re-booked.  If there is a COVID related event or FTE/Suspension then we would also ask for some formal written details. * With regard to off-site visits and home mentor sessions obtain and provide written consent from parents one week prior to planned visits. * Provide the AOT with written consent from the school allowing the AOT to supervise students on off-site visits and home mentor sessions. * Inform the AOT with 24 hours’ notice of a visit cancellation. | |
| **Acceptance and Signatures** | |
| Please indicate your acceptance of the SLA for beginning the 12 week support in school commencing on  w/c date: …..……………………. and a completion on a w/e date: …..…………………….  Placing School: Head Teacher Signature: ………………………..  **For office / panel review info:**  Date forwarded to Inclusion Panel …………………………………….  Aspire SEMH Outreach Team …..………………………….. | |

**Part 2**

Version 5 – Autumn 2023

**Part J: Parental/ Carer Consent** (No referral will be accepted without consent)

|  |  |
| --- | --- |
| **PARENTAL CONSENT FORM**  Any information included within this referral will be used by the Primary/Secondary Rotherham Inclusion Pathway teams to help us tailor services for your child. Information will be treated as confidential, and stored in a secure way. It will only be shared with other council services and partner organisations to ensure our records are kept accurate and to help us identify other services your child may be entitled to. The staff from the team working with your child will report on assessment and or intervention findings and discuss with you, and your child/ young person’s school/nursery. In order to work effectively, the team liaises with other services working with a child/ family and shares any written advice with professionals involved in the Team working Around the Child or young person. | |
| **I confirm I understand why you want my information and I have had the opportunity to consider this.** | **Please highlight as necessary:**  **Yes No** |
| **I agree that the information presented within this referral may be shared with other professionals who are already involved with my child, or other agencies that may become involved in the course of any support offered to my child.** | **Please highlight as necessary:**  **Yes No** |
| **I give consent for you to record and hold my information for the purposes explained to me.** | **Please highlight as necessary:**  **Yes No** |
| **I consent to my child receiving the services provided by the Primary/Secondary Rotherham Inclusion Pathway Team** | **Please highlight as necessary:**  **Yes No** |
| Information Sharing and Consent  I understand that the information I have provided to Rotherham Metropolitan Borough Council regarding my child and family will be recorded and used for the purpose of providing services, support, advice and guidance to my child and family. I agree to my family’s personal information being processed and shared by Rotherham Metropolitan Borough Council with appropriate partners and organisations to enable them to provide us with services, support, information, advice and guidance in order to achieve a positive outcome for me and my family. Rotherham Metropolitan Borough Council is the Data Controller for the processing of my personal information and that will process all personal information in accordance with the Data Protection Act and GDPR.  **Signature: Date:**  **Printed name:** | |

**Part 3** Details for the child and the parent/carer:

|  |  |
| --- | --- |
| **Student Details** | |
| Address | Click here to enter text. |
| Ethnicity and Language | Click here to enter text. |
| SEND Code (K or in school monitoring) | Click here to enter text. |
| SEND Need | Click here to enter text. |
| EHCP (Yes /No / In process) | Click here to enter text. |
| Medical Information (ongoing assessments or known e.g.epilepsy/allergies) | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Vulnerable Groups** | | | |
| Early Help Referral made (Date) | Click here to enter text. | Young Offender | Click here to enter text. |
| Child in Need | Click here to enter text. | Young carer | Click here to enter text. |
| Child Protection Register | Click here to enter text. | School Refuser | Click here to enter text. |
| Looked after Child | Click here to enter text. | Traveller | Click here to enter text. |
| If so by which authority | Click here to enter text. | Asylum seeker | Click here to enter text. |
| Free School Meals | Click here to enter text. | CSE / CCE Risk | Click here to enter text. |
| Pupil Premium | Click here to enter text. | SAMP in place (Date) | Click here to enter text. |

|  |  |
| --- | --- |
| **Parent/ Carer with parental responsibility (SEMH Outreach Specialists will communicate with families throughout support)** | |
| Name of Parent/ Carer | Click here to enter text. |
| Relationship to the child | Click here to enter text. |
| Address | Click here to enter text. |
| Telephone number / Email | Click here to enter text. |

**Part 4** Contact details for key school staff and professionals involved:

**(Please attach reports as evidence of graduated response to education, health, social care, voluntary etc.)**

|  |  |  |  |
| --- | --- | --- | --- |
| Role/Designation | Name | Contact Details | Last involvement / advice & report date |
| Referrer  (direct email & phone) |  |  |  |
| 2nd contact SLT Link  (cc’d email referral) |  |  |  |
| SENCO  (direct email) |  |  |  |
| Headteacher |  |  |  |
| Key contact/s at school (Inclusion/Safeguarding etc) |  |  |  |
|  |  |  |  |
| Social Worker/ Early Help Worker |  |  |  |
| Youth Offending Team |  |  |  |
| External SEND support  (SiT, OT, Fusion etc) |  |  |  |
| CAMHS Assessment |  |  |  |
| Educational Psychologist |  |  |  |
| EHC Ass.Coordinator  (HUB Allocation) |  |  |  |
| Other voluntary organisations or referral |  |  |  |
|  |  |  |  |

**Part 5** ‘**All about me’**:

This section requires input from **parent/carers** and the **child prior to the initial observation and intervention period.**

(If necessary this should be facilitated by an identified person known to the parent/carer who regularly works with child).

Itwill help promote a ‘Tell it Once’ approach; identifying information about strengths and the challenges that need to be addressed to better support educational outcomes.

|  |  |  |
| --- | --- | --- |
| **I Like:** | **I don’t like:** | **How I like being supported:** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **What people like about me:** | **What’s working for me:** | **What’s not working for me:** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **What makes a good day:** | **What makes a bad day:** | **This is important to me:** |
|  |  |  |
|  |  |  |

**Part 6 ‘How’s it going, what’s changed?’:**

This section requires input from **School staff, Teachers, Mentors and SENDCo.** It should identify the changes for the child in relation to the periods of Assess, Plan, Do, Review (APDR). It should provide some reflection of the current school support and graduated response to SEMH Need

Guidance for this can be found within the SEND Online resource [SEND Online Graduated Response](https://sendcorotherham.co.uk/wp-content/uploads/2021/08/Graduated-response-July-2021.pdf) pg’s 25-27. This section can be adapted and differentiated to meet the needs of schools in terms of format secured from their monitoring systems for students.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| As a school in relation to the SEND graduated response please **Tick** **below** where you currently feel the support is for this child. | | | | | | | |
| APDR Cycle: Universal  Early adaption & support  e.g. Internal review with SENDCo |  | APDR Cycle:  Advice & Guidance following identification  e.g. Referral to Trust/LA service |  | APDR Cycle: Targeted  Adaption & Intervention to students  e.g Bespoke SEMH support |  | APDR Cycle: Specialist  Evidence gathering  e.g.EPS or external assessment |  |
| Based on available information, assessments and evidence of graduated response to SEMH need:  What are the child’s strengths within your setting? (S*ubjects, activities, people, routines*) | | | | | | | |
| i.  ii.  iii. | | | | | | | |
| 1. How has the child changed in their learning behaviours? (*What has triggered a need for support, SEMH, Learning needs*) | | | | | | | |
| i.  ii.  iii. | | | | | | | |
| 1. What’s the response of the school to support the child? (*What’s working well, strengths, positives)* | | | | | | | |
| i.  ii.  iii. | | | | | | | |
| 1. What needs support to change? *(challenges / needs)* | | | | | | | |
| i.  ii.  iii. | | | | | | | |

**Part 7a One Page Profile** (Please attach similar Student Support Plan, Stencil etc) or complete the following framework. Please add any existing detail for SEMH/Learning Assessment to inform the Outreach Team’s planning on pg 11. There may be successive reviewed documents please attach them all to evidence impact and/or adaption with the returned referral document.

|  |  |  |  |
| --- | --- | --- | --- |
| **Pupil Name:** | Yr Group: | Category of SEN: | Author: |

|  |  |  |
| --- | --- | --- |
| Latest Reading Age/date: | SEN Support Date Commenced: | Last Updated: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strengths/Capabilities | | Triggers | Recommended Teaching/Support Strategies  (identify who this has been communicated to) | |
| Difficulties | |
| Schools Overview for desired outcome for pupil (e.g- support with developing need impacting on learning. Using professional opinion based on knowledge of the child) | | | | |
| Agreed Priorities to achieve progress towards the outcome for the pupil: | SMART Targets related to priorities (linked to SEMH Assessments) | | | Review date |

**Part 7b SEMH Assessment**

Please add information if this available and indicate any existing info in relation to learning behaviours, attach supporting documents as necessary via return.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Social, Emotional and Mental Health Assessments**  **(Please attach any evidence to the end of this document)** | | | | | | | | | | |
| **Pupil name:** | | **Yr Group:** | | | **Category SEN:** | | | **Author:** | | |
|  | | | | | | | | | | |
| **Assessment** | **YES**  **(✓)** | | **NO**  **(✓)** | **Assessor Name** | | **Result** | **Date Completed** | | **Evidence provided?** | |
| **YES**  **(✓)** | **NO**  **(✓)** |
| **Boxall Profile** |  | |  |  | |  |  | |  |  |
| **SDQ’s** |  | |  |  | |  |  | |  |  |
| **Other SEMH Ass. used** |  | |  |  | |  |  | |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please specify if the pupil has any difficulties with the following:**  **(Please attach any evidence to the end of this document)** | | | | | | | | | | | | | | | | | | | | |
| **Reading** | | | | **Spelling** | | | | | **Handwriting** | | | | **Maths** | | | | **Language** | | | |
| **Yes (✓)** |  | **No (✓)** |  | | **Yes (✓)** |  | **No (✓)** |  | **Yes (✓)** |  | **No (✓)** |  | **Yes (✓)** |  | **No (✓)** |  | **Yes (✓)** |  | **No (✓)** |  |
| **Organisation** | | | | | **Co-Ordination** | | | | **Memory** | | | | **Sequencing** | | | | **Concentration** | | | |
| **Yes (✓)** |  | **No (✓)** |  | | **Yes (✓)** |  | **No (✓)** |  | **Yes (✓)** |  | **No (✓)** |  | **Yes (✓)** |  | **No (✓)** |  | **Yes (✓)** |  | **No (✓)** |  |

**Part 8** Attendance and Current Timetable (Please attach similar or update the grid with the most recent and accurate timetable for pupil

**Overall attendance in 21/22: Current Attendance for 22/23: Current Suspension 22/23 (days):**

**Date of Timetable in action: (Please circulate any updates directly to the SEMH specialist to avoid impact to intervention times)**

|  |  |  |
| --- | --- | --- |
| **Is the pupil Full-Time or Part-Time?** | **FT (✓)** | **PT (✓)** |
|  |  |

|  |
| --- |
| **Please complete with current timetable:**  **(Insert own copy or use the template below)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **AM** |  |  |  |  |  |
| **Lunch Time** | | | | | |
| **PM** |  |  |  |  |  |
| **Current Interventions in School** |  |  |  |  |  |

**Part 9** Risk Assessment (To be complete in conjunction with the observation meeting discussion)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk Assessment**  Presenting behaviour | Hazard  (potential for harm)  1 rare,  2 occasional  3 frequent  4 persistent | Probability  (likelihood of harm)  1 impossible  2 possible  3 probably  4 likely | Level of Risk  (level of hazard x probability = the level of risk score  1= low  16= high) | Frequency  (potential for harm)  1 rare  2 occasional  3 frequent  4 persistent | Intention  D deliberate  A accidental  I involuntary | Is this your opinion or is it known to you?  K known  O opinion |
| Self-harm |  |  |  |  |  |  |
| Bullying |  |  |  |  |  |  |
| Violent/aggressive behaviour |  |  |  |  |  |  |
| Impulsive/dangerous behaviour |  |  |  |  |  |  |
| Substance/alcohol misuse |  |  |  |  |  |  |
| Offensive on the basis of race/gender/religion/disability |  |  |  |  |  |  |
| Absconding |  |  |  |  |  |  |
| Damage to property |  |  |  |  |  |  |
| Offending |  |  |  |  |  |  |
| Sexually abusing/ inappropriate behaviour |  |  |  |  |  |  |
| Carrying/using a weapon |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
| What are the times greatest risk- eg, have any flash points been identified; | | | | | | |
|  | | | | | | |
| Actions required to control/ minimise risk | | | | | | |
|  | | | | | | |

**Part 10 Outcomes** This part of the plan should be reviewed and updated at the initial observation, it may require adaption and review depending on response to interventions and progress made with the SEMH Specialist.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Name: | DoB: | Year Group: | Start date: | Review due date: |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agreed outcomes** | **What will we do?**  **Include allocated resources or attach Individual provision map** | **Who will?** | **By when?** | **What will success look like?**  **Can the difference made be recorded?** |
| Outcome 1. |  |  |  |  |
| Outcome 2. |  |  |  |  |
| Outcome 3. |  |  |  |  |

**Part 11 Review and Evaluation (xx SEMH Specialist Name xx)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Name: | DoB: | Year Group: | Start date: | Review due date: |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **No. of Outcome** | **Progress towards Outcomes** |
| Outcome 1. |  |
| Outcome 2. |  |
| Outcome 3. |  |

**Part 12 Aspire SEMH Outreach One-Page Profile** – COMPLETED BY ASPIRE SEMH OUTREACH FOLLOWING EVALUATION MEETING

|  |  |  |  |
| --- | --- | --- | --- |
| **Pupil Name:** | Yr Group: | Category of SEN: | Author: |

|  |  |  |
| --- | --- | --- |
| Latest Reading Age/date: | SEN Support Date Commenced: | Last Updated: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strengths/Capabilities | | Triggers | Recommended Teaching/Support Strategies  (identify who this has been communicated to) | |
| Difficulties | |
| Schools Overview for desired outcome for pupil (e.g- support with developing need impacting on learning. Using professional opinion based on knowledge of the child) | | | | |
| Agreed Priorities to achieve progress towards the outcome for the pupil: | SMART Targets related to priorities (linked to SEMH Assessments) | | | Review date |