

CONFIDENTIAL

This document must be completed in full. If a section does not apply, please mark n/a otherwise we may need to contact you to supply this information which could delay the referral

APPENDIX 1 OUTREACH AND INCLUSION PANEL REQUEST FOR SUPPORT

Child/Young Person's details					
Legal Surname				Legal Forename(s)	
Also known as (if applicable)				Also known as (if applicable)	
D.O.B				Gender	
Home language				Spoken language	
Ethnic group				Religion	
UPN/ULN				Year Group	
Offset?	Yes		No		Date commenced at setting
Address (include post code)					

Parent/Carer details (consent declaration and signature required at the end of the referral)								
Parents/Carers names								
Relationship to child								
Home Language								
Spoken Language								
Do they require an interpreter?	Yes		No		Yes		No	
Do they have Parental Responsibility?	Yes		No		Yes		No	
Address (include post code)								
Email Address								
Tel/Mob no.								
Other persons with parental responsibility (if applicable)								
Name								
Address (include post code)								
Relationship to child					Tel/Mob no.			
Email Address								

<u>Setting details</u>			
Educational setting (if applicable)			
Address (include post code)			
<u>Details of person making the referral</u>			
Name		Position/Role	
Contact Number		Email Address	
Authorised by Head teacher/Manager		Date	

<u>Category of Referral</u>			
EY	Primary	Secondary	Post 16

<u>Details and Nature of the Request</u>		
Type of support that may be appropriate (please put X in all boxes that apply)		What will the impact of the support be? How would this benefit the child/young people?
Whole setting training		
Targeted training		
Observation and feedback		
Assessment in the child's current setting	x	
Direct Intervention (group and/or individual)		
Equipment and Resources		
Short term placement outside of current setting: e.g. Assessment/ Alternative Provision		
Home and Hospital Teaching		
Portage (pre-school only)		
If you are not sure, indicate here and the panel will advise on an appropriate service based on the information provided, ensure you have included as much information as you can		
Please detail the reason for the above giving as much detail as possible		

<u>Attendance</u>							
<u>Early Years Only</u> How many hours are funded by							
NEG (15 or 30)		A2YO (15)		Parent:		Other:	

Days Attending	Monday	Tuesday	Wednesday	Thursday	Friday
Times Attended					
Term Time only?	YES		NO		

Current %	
Previous year %	
Offsite %	
Detail of any EWO Involvement	
Have attendance proceedings been instigated?	

<u>Details of any part time timetable</u>		
Dates	Reason	Impact (if any)
<u>Details of any Fixed Term exclusions</u>		
Dates	Reason for Exclusion	Total days lost
<u>Details of any Managed Transfers</u>		
Dates	Details of transfer	Reason

<u>Additional Child/Young Person Information</u>									
Free School Meals	Yes		No		Pupil Premium	Yes		No	
Is the child in the care of the Local Authority? CLA	Yes		No		Child Protection Plan	Yes		No	
Child in Need	Yes		No		Child is vulnerable to exploitation, becoming missing or being trafficked? (VEMT)	Yes		No	

Open to Early Help	Yes		No		Early Help Referral considered?	Yes		No	
Current safeguarding concerns	Yes		No		Young Carer	Yes		No	
Child is open to Youth Offending Service	Yes		No		Young Parent	Yes		No	
Early Years Only Are you claiming disability access funding for this child?	Yes		No		Does the child receive Disability Living Allowance?	Yes		No	
SEN Support Plan (must be attached)	Yes		No		Date of plan				
					Date of last review				
EHCP (must be attached)	Yes		No		Date of plan				
					Date of last review				
Does the child have a diagnosis?	Yes		No		Details and dates of all diagnoses				
Specific medical information (please include if the child is currently on a diagnostic pathway)									
Does the child have any allergies	Yes		No		Details of allergies (including severity):				
Does the child require medication during school hours?	Yes		No		Details				

<u>Who lives in the family home and details of any siblings</u>			
Name	D.O.B	Relationship to the child	If a sibling, what school/setting do they attend?

<u>Attainment Record</u>			
Progress towards Early Years Milestones			
Key Stage 1 SAT Results (if applicable)			
Reading			
Writing (TA)			
Mathematics			
Phonics			
Key Stage 2 SAT Results (if applicable)			
Reading			
Writing (TA)			
Spelling, punctuation and grammar			
Mathematics			
Science			
Key Stage 3 Current Assessment Results (if applicable)			
English			
Mathematics			
Science			
Key Stage 4 GCSE Results (if applicable)	Predicted	Actual	
English			
Mathematics			
Science			
Key Stage 5 & Further Education			
Name of Qualification/ Study Programme		Level	
English (as applicable)			
Mathematics (as applicable)			

Additional assessment data					
Reading age		Comprehension age		Spelling age	
Other (please detail):					

<u>School History</u>					
Nursery	From	To	Primary	From	To
Secondary	From	To	Post 16	From	To

<u>Safeguarding</u>	
Please provide full details of any safeguarding concerns/ reports:	
Safeguarding lead contact details:	

<u>External agency and Key Worker involvement</u> (Including Educational Psychologist, Home & Hospital Teaching, Social Services, Stronger Families, CAMHS, Speech and Language Therapist, Occupational Therapist, Health Visitor, School Nurse etc.)			
Name	Service	Contact details (email preferable)	Dates involved

<u>Funding and Resources</u>							
Early Years only: Has a request for Inclusion Development Fund been submitted?	Yes		No		Date of request	Amount received	Outcome/Impact

Has a request for High Needs Funding been submitted?	Yes		No		Level descriptors	Amount received	Outcome/Impact

<u>Family, Social and Environmental Factors</u> Family history, functioning and wellbeing, wider-family, housing, employment and financial considerations, social and community elements and resources, including education. Please note where any other pupils are impacting on behaviour (if applicable).	
Strengths	Identified Needs

<u>Main Area of need and Evidence of Graduated Response</u>				
Child/Young person's main area of need (delete as appropriate)		Cognition and Learning/ Physical and Sensory/ Social, Emotional and Mental Health/ Communication and Interaction		
Child/ young person's needs and actions taken to address these needs				
Area of Learning	Strengths	Areas of concern	Strategies / Interventions Trialled	Impact of Strategies / Interventions (positive or negative)
Self-Help and Independence skills	•	•	•	•
Physical & Sensory Development	•	•	•	•
Communication and Interaction skills	•	•	•	•
Social & Emotional Wellbeing (including any mental health needs and behavioural difficulties)	•	•	•	•
Thinking and Learning skills	•	•	•	•

<u>Pupil's View of the Request for Support</u> (to be completed as appropriate)
Does this capture the school's views and give a way forward?

<p><u>Parent / Carer's Views of the Request For Support</u></p> <p>Does this capture the school's views and give a way forward? How would you like to be included in the ongoing provision of support for your child?</p>

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<u>Supporting Documentation</u>					
Pupil Support Plan (PSP) /Behaviour Support Plan (BSP)		Education Attainment/Assessment Record		Attendance Record	Exclusion Record
SEN Support Plan		SEN Support Plan Reviews		Individual Education Plan (IEP)	Draft or Final EHCP
Other Assessments (e.g. SALT OT, ASQ for Early Years)		Behaviour log		Plans from other agencies (e.g. health or care)	Emotional wellbeing assessment
Pen Portrait		Educational Psychologist Report		My Family Plan	Home and Hospital Teaching [HHT] Referrals – must provide evidence of medical need
Other (please detail)					

Pupil Support Plan (PSP) /Behaviour Support Plan (BSP)		Education Attainment/Assessment Record		Attendance Record		Exclusion Record	
SEN Support Plan		SEN Support Plan Reviews		Individual Education Plan (IEP)		Draft or Final EHCP	
Other Assessments (e.g. SALT OT, ASQ for Early Years)		Behaviour log		Plans from other agencies (e.g. health or care)		Emotional wellbeing assessment	
Pen Portrait		Educational Psychologist Report		My Family Plan		Home and Hospital Teaching [HHT] Referrals – must provide evidence of medical need	
Other (please detail)							

At this point, if nothing else changed for the child/young person, how would you rate the risk of permanent exclusion in your opinion?										
At this point, in your opinion, how effectively are the child's needs being met in your setting?										
At this point, if nothing else changed for the child/young person, how likely are they to require an Education, Health and Care Plan in your opinion?										
At this point, if nothing else changed for the child/young person, how likely are they to require a more specialist provision in your opinion?										

BEHAVIOUR (RISK ASSESSMENT)								
Is there evidence of a risk of:	None	Low		Medium		High		If you have ticked any boxes (1-6) please provide detailed examples of the pupil's behaviour including frequency and timeline.
		1	2	3	4	5	6	
Harm or physical aggression towards other children/pupils								
Harm or physical aggression towards staff								
Threats towards other children/pupils (including cyber bullying)								
Threats towards members of staff								
Harm or physical aggressions towards members of the public								
Name calling or verbal abuse (including racist, sexual, discriminatory language)								
Refusal to follow instructions								
Destruction/damage to property/environment								

VULNERABILITIES								
Is there evidence of a risk of:	None	Low		Medium		High		If you have ticked any boxes (1-6) please provide a detailed explanation of the pupil's vulnerabilities.
		1	2	3	4	5	6	
Absconding - leaving the premises/classroom								

Being bullied including cyber bullying								
Domestic Violence								
Radicalisation								
Risk taking behaviour								
Self-harm or causing injury to self								
Vulnerable to Sexual exploitation								
Vulnerable to Criminal exploitation								
Vulnerable to going missing								
Vulnerable to being Trafficked								
Substance misuse								
Other								

Privacy Notice and Consent – Inclusion and Outreach Service

Who are we and what do we do?

Local Authority Service for early identification, assessment and intervention for children aged 0-4 years with special educational needs and/or disabilities. The EYSSS provides Outreach Support (for staff) & Inclusion Support (for children) in mainstream early years settings as well as training. The EYSS Service includes the Cleveland Unit, Child Development Centre (CUCDC) which provides identification and assessment, specialist teaching, intervention and therapy for children with the most complex special educational needs as well as support for their families.

What type of personal data do we collect and how do we collect it?

Initially the data we collect comes from the referral form which you complete to access our service for your child. Over time, as we work with your child, we will work with you to add to this data with assessments, observations and other records to enable us to ensure your child gets the best support possible.

We may collect:

- Personal information (such as name, date of birth, gender, address)
- Personal characteristics (such as ethnicity - you do not have to give this information if you do not want to)
- Information relating to a child's special educational needs and/or disability
- Where necessary, information relating to episodes of being a child in need or looked after (such as referral information, assessment information, Section 47 information, Initial Child Protection information and Child Protection Plan information).

Whilst the majority of information you provide to us is essential in order for us to perform our duty to identify, assess and meet your child's special educational needs/disabilities, some of it is provided to us on a voluntary basis. In order to comply with the data protection legislation, we will tell you whether you are required to provide certain information to us or if you have a choice in this.

How the Law allows us to use your personal data

We collect and process information about children to whom we provide services under the following legislation:

- Children Act 1989
- Section 3 of the Children & Families Act 2014 regarding children with special educational needs
- The Equality Act 2010
- Section 3 of the EYFS Statutory Framework
- SEND Code of Practice 2015
- Section 5.2 of the Government guidance on high needs funding [here](#)

We may also process special categories of your personal information if you choose to provide us with this information. Processing of this special category data is helpful to us carrying out our obligations under the legislation as detailed

All referrals should be submitted to sen@middlesbrough.gov.uk

above and in the course of our legitimate activities as a Local Authority. This may include your race, ethnicity, religion, health, genetics.

What is your personal data used for?

- To identify, assess and support children's SEN/D and monitor their progress
- To support other early years settings to do this
- To identify the support your child will need in full time school
- To provide children with pastoral care
- To assess the quality of our services
- To evaluate and improve our policies and practices

Will your personal data be shared?

Information may be shared with (and we receive information from) other organisations who are involved with your child. We may also enter into specific information sharing arrangements with partners such as Local Authorities where it would support our statutory functions. Any information sharing is managed in accordance with relevant privacy and data protection legislation and is usually anonymised for such purposes.

- Department for Education (DfE)
- National Health Service (NHS)
- Public Health Services

We need to share information about your child in order to make sure the service or support provided meets your child's individual needs and is of a high quality.

How do we keep your personal data secure?

Access to your information is governed and restricted. Only those who work with you and your families, where appropriate, will have access to your information.

How long will we keep your personal data?

Details of how long we retain records, can be found within the document 'Middlesbrough Council's retention periods for children's records'.

Is your personal data processed overseas?

Your information would only ever be transferred should you move or be transferred to an overseas provider, this would be upon request and under strict governance and security measures in order to maintain the integrity and security of your information and only ever to safeguard you. Marketing - we will not direct any marketing to you, we may direct you to support services which you would then engage with, should you so wish to.

What are your information rights?

Under data protection legislation, parents, carers and children have the right to request access to information about them that we hold. To make a request for your personal information contact <https://www.middlesbrough.gov.uk/open-data-foi-and-have-your-say/data-protection>

You also have the right under Data Protection Legislations to:

- To have any inaccuracies corrected;
- To have your personal data erased;
- To place a restriction on our processing of your data;
- To object to processing; and
- To request your data to be ported (data portability).

If you would like to discuss anything in this privacy notice, please contact the Data Protection Officer.

If you have a concern about the way we are collecting or using your personal data, you should raise your concern with us in the first instance: Data Protection Officer, Middlesbrough Council, PO Box 500 Middlesbrough TS1 9FT
Tel: 01642 245432

You may also go directly to the Information Commissioner's Office at <https://ico.org.uk/concerns/>

**I understand and agree that my son/daughter is being discussed at the Outreach and Inclusion Triage Panel and information will be shared with relevant partners including Health and Social Care.
By signing this form you have accepted the terms of our Privacy Statement**

Parent/Carer/Guardian name	Parent/Carer/Guardian signature (Verbal or typed consent will not be accepted)	Date

TO BE COMPLETED AT 3 MONTH REVIEW**Completion date:****Impact Assessment – Must be completed for all pupils**

Likelihood (1 being very unlikely 10 being extremely likely):	1	2	3	4	5	6	7	8	9	10
How would you now rate the risk of fixed term exclusion in your opinion?										
How would you now rate the risk of permanent exclusion in your opinion?										
At this point, in your opinion, how effectively are the child's needs being met in your setting?										
How likely is the child to now require an Education, Health and Care Plan in your opinion?										
How likely is it that the child will now require a more specialist provision in your opinion?										

ATTENDANCE

% attendance at time of referral	
% attendance now	

PART-TIME TIMETABLE

If the child was on a part-time timetable at the time of the referral, have their hours now increased?	Yes/ No
Hours at the time of referral	
Current hours	
Date part-time timetable ended	

EXCLUSION

EXCLUSION		
Has the child been subject to any fixed term exclusions since the referral was made?		Yes/ No
Dates	Reason for Exclusion	Total days lost
Has the child been subject to a permanent exclusion since the referral was made?		Yes/ No
Dates	Reason for Exclusion	Total days lost

Has the service made a difference to you? Rating 1-5 (1 being poor, 5 being excellent)	
Overall, how satisfied are you with the service you received? (1 being poor, 5 being excellent)	
Additional comments and feedback	

TO BE COMPLETED AT 6 MONTH REVIEW**Completion date:****Impact Assessment – Must be completed for all pupils**

Likelihood (1 being very unlikely 10 being extremely likely):	1	2	3	4	5	6	7	8	9	10
How would you now rate the risk of fixed term exclusion in your opinion?										
How would you now rate the risk of permanent exclusion in your opinion?										
At this point, in your opinion, how effectively are the child's needs being met in your setting?										
How likely is the child to now require an Education, Health and Care Plan in your opinion?										
How likely is it that the child will now require a more specialist provision in your opinion?										

ATTENDANCE

% attendance at time of referral	
% attendance now	

PART-TIME TIMETABLE

If the child was on a part-time timetable at the time of the referral, have their hours now increased?	Yes/ No
Hours at the time of referral	
Current hours	
Date part-time timetable ended	

EXCLUSION

EXCLUSION		
Has the child been subject to any fixed term exclusions since the referral was made?		Yes/ No
Dates	Reason for Exclusion	Total days lost
Has the child been subject to a permanent exclusion since the referral was made?		Yes/ No
Dates	Reason for Exclusion	Total days lost

Has the service made a difference to you? Rating 1-5 (1 being poor, 5 being excellent)	
Overall, how satisfied are you with the service you received? (1 being poor, 5 being excellent)	
Additional comments and feedback	