Education Emotional Wellbeing Practitioner Referral

(EEWP - part of the Education Psychology Team (EPT))

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| * Complete all sections of this form with as much information as possible. * For the referral to be processed by the team, section 2 of the form must be completed by the parent/carer. * Scan all pages and submit this document securely through Galaxkey to: [EdEmotionalWellbeing@bradford.gov.uk](mailto:EdEmotionalWellbeing@bradford.gov.uk) |

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| **Section 1: Referral criteria** |
| The Education Emotional Wellbeing Practitioners (EEWP) support Children and Young People (CYP), aged 0-25, in educational settings, that are currently experiencing mild to moderate Social Emotional Mental Health (SEMH) needs. This referral form must be completed by a member of staff in an educational setting working with the CYP. The information you provide will help the team to triage the referral. Only refer if you do not currently have an NHS BDCT Mental Health Support Team in school or the CYP is not accessing support from an external organisation or in-house counselling service. The CYP must be have good attendance.  For further information, access the BSO page:  [Education based Emotional Wellbeing Practitioners (EEWP) Team | Bradford Schools Online](https://bso.bradford.gov.uk/content/education-based-emotional-wellbeing-practitioners-(eewp)-team) |

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| **Section 2: Parent/carer consent** | | |
| * I give my consent for information about the CYP in my care to be shared with the EEWP team. * I give my consent for members of the EEWP team to work with the CYP in my care. * I give my consent for information and recommendations resulting from the involvement of the EEWP to be shared with the school link in the educational setting. * I give my consent for information and recommendations resulting from the involvement of the EEWP and the wider EPT to be shared with other professionals who are involved with the child/young person in my care. * I give my consent for my data to be stored in accordance with the regulation in section 7. | | |
| Option 1 - Signature (preferred option) | Parent/carer signature:  Parent signature | Date:  13th January 2023 |
| Option 2 - Email consent  The email from parent/carer giving consent **must** be sent with the referral form on the same email via Galaxkey.  You can do this by:   * Scanning in this document and email together (with consent email at the end) * Attached the email consent and this form to one email * Clicking forwarding on the parent reply then attaching referral form. | Name of parent/carer who provides consent:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to CYP:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Section 3: Educational setting details** | | | |
| Educational setting name: | NAME OF EDUCATIONAL SETTING | | |
| Referrer name: | TO COMPLETE | Job role: | TO COMPLETE |
| Referrer email: | TO COMPLETE | Phone number: | TO COMPLETE |
| Mental Health Champion: | TO COMPLETE | | |
| EEWP Link (If known): | TO COMPLETE | | |
| Has the referral been discussed with the CYP? Yes  No | | | |

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| **Section 4: CYP Details** | | | |
| First Name(s): | TO COMPLETE | Surname: | TO COMPLETE |
| DOB: | TO COMPLETE | Gender Identity: | TO COMPLETE |
| Year Group: | TO COMPLETE | Interpreter Required? | TO COMPLETE |
| Accessibility Needs? | TO COMPLETE | Home telephone number(s): | TO COMPLETE |
| Address and postcode: | TO COMPLETE | | |
| CYP’s mobile number (if in secondary school/college setting only): | TO COMPLETE | | |
| CYP’s email address (if in secondary school/college setting only): | TO COMPLETE | | |
| SEN register (delete as appropriate): | | YES | |
| Does the CYP have an EHCP/MSP? | | YES  If Yes, then attach the EHCP/MSP to this referral    MSP ATTACHED TO EMAIL | |
| Are there any known current or historical safeguarding issues? | | NO  If Yes, then offer further details | |

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| **Section 5: Referral information** | |
| Describe in as much detail as possible the reason for the referral | |
| What is the SEMH need that has led you to request EEWP involvement?  *(What does the SEMH need look like? How often does the SEMH need occur? Is there a pattern identified? How does the SEMH need impact the CYP?)* | *EXAMPLE:*  *NAME enjoys learning and challenges himself daily. He enjoys sports and is very happy in his class. Generally, he is a happy child and school are very proud of him and how he conducts himself.*  *During this academic year, NAME has begun to worry about death and relatives that were experiencing health difficulties. NAME has said that this gives him cause to worry as he thinks about losing people and worries how he would cope if this was to happen.*  *NAME has begun to struggle with their emotions and behaviour mainly towards parents has changed. NAME has become more dependent on his iPad. NAME finds it difficult to get motivated with a task. They are reporting not wanting to do this and appears “lazy”. NAME seems to have lost their “get up and go”. They have become snappy. NAME will enjoy an activity once he has become involved.*  *This behaviour has begun to happen 3 – 4 times a week.* |
| When did the SEMH need first start?  *(When was the change in the CYP’s presentation noted? Was there a significant event leading to the CYP’s current presentation? Can you identify any triggers?)* | *EXAMPLE:*  *This issue appeared to develop at the start of this academic year and has become more apparent throughout the summer holidays. It seems the uncertainty is impacting on NAME’S emotions.* |
| What has been tried in school to respond to the issue prior to this referral?  *(Explain how you have followed the graduated approach and response to the intervention in as much detail as possible)* | ***EXAMPLE:***  *NAME attends a 1-1 group with Learning Mentor, Ms B weekly. This started on 02.01.2021/early January. The focus has been to build emotional understanding/understanding feelings. This has made a slight difference to NAME who is now able to label how he is feeling verbally. However, NAME is still struggling to manage his worries.* |
| What is the CYP’s view of their SEMH need?  *(Discuss with the CYP where appropriate)* | *EXAMPLE:*  *NAME describes physical symptoms such as butterflies in stomach. He talks about having constant ‘what if’ worries which make it difficult for him to concentrate during lessons.* |
| What outcomes are you and the CYP seeking? | *EXAMPLE:*  *For NAME to develop better coping mechanisms for managing worries.*  *Name would like to reduce his worrying.* |
| Protective factors (such as: friendships, trusted adults support networks and the CYP’s strengths) | *EXAMPLE:*  *Name is able to approach trusted adults within the school. They have a good friendship group and their attendance remains unaffected.* |

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| **Section 6: Other support** | | | |
| Provide details of **all** other support received by the CYP/family currently or within the last 12 months (including current or past referrals to other services) | | | |
| Organisation | Date from/to | Outcome | Contact details |
| EXAMPLE: No other services involved | N/A | N/A | N/A |
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| **Section 7: Data Security** |
| * As part of our work we keep records, some of which are held on computer. These records contain personal information, such as name, and date of birth, plus the information we collect. * Your data is stored in accordance with Bradford MDC’s Data Protection Guidance. * Full details of this, how your data is used and your statutory rights is found here: * <https://www.bradford.gov.uk/open-data/data-protection/education-and-learning-privacy-notice/> |

Submit this document securely through Galaxkey to: [EdEmotionalWellbeing@bradford.gov.uk](mailto:EdEmotionalWellbeing@bradford.gov.uk)

Direct all queries for this team to the above email address in the first instance.

To contact the service by phone, please call 01274 439444 and state it is for the Education Emotional Wellbeing team.