**Referral – Bradford Behaviour Hub - Off-Site Behaviour Support**

Referrals are accepted for young people at Range 3 of SEMH guidance.

*Before completing this form, click on file, then “save as” into your own area. Complete the form by typing into the grey boxes (the “choose” boxes have a dropdown menu for you to select from).*

Once complete, print and then ensure Head or SLT signature is in box 1 and parent/carer signatures on each page and box 9. **Forms without full signatures will not be accepted.** Please scan and email to [exclusions](mailto:exclusions)team@bradford.gov.uk using the secure email process GalaxKey. Ensuring you tick notify so you will then receive a read receipt when we have seen your email.

If your school doesn’t have GalaxKey please request an invite to the above email address.

Bradford Behaviour Hub (BBH) are a group of four primary phase settings providing off-site inclusion support to schools for students with Social, Emotional and Mental Health Special Educational Needs. These settings include:

Silver Birch Hub based at Long Lee Primary School

The Horizons Centre based at Holybrook Primary School

The Phoenix based at Carrwood Primary School

The Willow based at Beckfoot Heaton Primary Academy

Bradford’s High Needs Block continues to base fund these places. This means the subsidised cost to schools referring pupils for support are as follows:

|  |  |
| --- | --- |
| **Programme of support** | **Cost** |
| 12 week support place | £3,600 |
| 4 week extension request to placement for reintegration | £1,200 |
| Additional 14 week assessment place | £4,200 |

By submitting this referral your school is agreeing to funding charges.

***1. School information***

|  |  |  |  |
| --- | --- | --- | --- |
| School:  Address:  Postcode: | | | |
| School Telephone:  School email contact: | |  | |
| ***Referrer details:***  Who is the main contact for this referral:      Position in school:  Email contact: Telephone: | | | |
| SENCo name:  SENCO email: | Head name:  Head email: | | Other contact: |
| **Head /SLT School Signature**­­­­­­­­­­­­­ ------------------------------------------------------- Date:--------------------------  Post title  **You are signing to confirm that you agree that relevant data can be shared with other professionals as appropriate.** | | | |

***2. Pupil information***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Pupil First Name: | | | | Pupil Family Name: | | | |
| DOB: | Gender: Male  Female  Mx | | | | | | |
| UPN: | | | Year Group: | | | Date of Admission: | |
| Ethnic Origin: Other: | | | | | | | |
| Is the pupil in Public Care/ Looked after child (LAC) | | | | | Yes  No | | |
| Is the pupil eligible for Free School Meals | | | | | Yes  No | | |
| Traveller family – highly mobile | | | | | Yes  No | | |
| Language spoken at home:  Interpreter needed? | | | | | Yes  No | | |
| Please give details of any diagnosed health related difficulties: | | | | | | | |
| Is there a Child Protection concern? Has this been discussed with all the parent/carer: | | | | | | | |
| Date of last review: | | | | | Date of next review: | | |
| Is the pupil attending school full time? If no give details | | | | | | | |
| Please list exclusion history details in chronological order starting with the most recent first. | | | | | | | |
| Date/s | | Primary reason for exclusion | | | | | Comments |
|  | |  | | | | |  |
|  | |  | | | | |  |
|  | |  | | | | |  |
|  | |  | | | | |  |

***3. Previous Schools***

|  |  |  |  |
| --- | --- | --- | --- |
| School name |  | Authority |  |
| School name |  | Authority |  |
| School name |  | Authority |  |
| School name |  | Authority |  |
| School name |  | Authority |  |

***4. Parent/carers information (letters will be sent to both the below)***

|  |  |
| --- | --- |
| Name of primary parent(s)/carers: | Name of other parent(s)/carers: |
| Current address:    Postcode: | Current address:    Postcode: |
| Tel no: | Tel no: |
| Who does the child live with and their relationship? | |
| Siblings, ages and current schools: | |

***5. Details of current issues, concerns and/or support requirements (Teacher to complete)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Reason for referral:***  Please give a brief description of your concerns and the challenges being presented in your setting, including; progress/levels/on track; attendance; exclusions; SEMH; access to learning opportunities; behaviour, etc.   |  | | --- | |  |  |  |  |  |  | | --- | --- | --- | --- | | ***Area(s) of difficulty:*** | ***Mark with x*** | ***Specify*** | ***Provision in place (ie MSP or EHCP)*** | | Speech, Language & Communication Needs |  | Range |  | | Cognition & Learning Difficulties |  | Range |  | | Physical & Medical |  | Range |  | | Hearing Impaired |  | Range |  | | Visual Impairment |  | Range |  | | Multisensory Impairment |  | Range |  | | Communication and Interaction (including Autism Spectrum) |  | Range |  | | Speech, Language & Communication Needs |  | Range |  | | Social, Emotional & Mental Health |  | Range |  | |
| Short summary/history of pupil (LAC, family trauma, family break-up, new school, etc) |
| Please comment on learning skills and abilities, levels of achievement and strengths of the pupil |
| What is currently the greatest concern? |
| What strategies have been tried so far to support the specific challenges presented and what was the outcome? |
| What outcomes are you hoping to achieve from a placement at a BBH? |
| Pupil’s views about support needs: |
| Parent/Carer’s views about support needs: |
| What do you know of the pupil’s behaviour at home i.e. family relationships and general wellbeing? |

***6. History of Inclusive Education Services (IES) (previously known as specialist teacher team involvement / other agencies)***

|  |  |  |
| --- | --- | --- |
| ***Agency*** | ***Professional*** | ***Dates: from - to*** |
| IES Team: Social Emotional Mental Health (SEMH) |  |  |
| IES Team: Learning & Cognition Team |  |  |
| IES Team: Physical & Medical |  |  |
| IES Team: Sensory Team  **Hearing Impaired**  **Visual Impairment**  **Multi-Sensory Impairment** |  |  |
| IES Team: Early Years SEN Team |  |  |
| IES Team: Portage |  |  |
| Communication and Interaction (including Autism Spectrum) |  |  |
| Education Psychology Team |  |  |
| Education Social Work Team |  |  |
| Early Help |  |  |
| Children’s Social Care |  |  |
| SALT |  |  |
| Other relevant agencies |  |  |

***7. Please attach and mark the boxes to confirm that the school has attached copies of the following to the referral:***

|  |  |
| --- | --- |
| Reception referrals information around the prime areas of learning should be included in place of the range guidance. |  |
| Provision Map/My Support Plan |  |
| Copies of most recent review minutes that parent/carer attended |  |
| Attendance Data |  |
| Relevant professional educational reports and medical reports |  |
| CAF/Early Help/signs of safety plan |  |
| Relevant educational assessments |  |
| Care & Control Plans/Risk Assessment |  |
| Other Health Report |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **8. Parental consent for:** | | | |
| Dear Parent/Carer  In order to continue to support your child’s learning needs we are submitting a request to the Primary Panel for further specialist off-site support. The Panel, made up of Local Authority Officers and other primary Headteachers from Bradford schools, will review the information to ensure that school has supported at range 3 of Bradford SEMH guidance. If the referral is successful the most appropriate provision will be identified and will work closely with us and your child directly to ensure their learning needs are met and assessed.  The request cannot be processed without you signing the parental consent section and each page of this document before we submit it.  By signing you also give your consent for those involved in the BBH and this referral to contact other professionals who may already be involved with your child as detailed in this referral. This is to enable a holistic level of support and targeted actions as new professionals become part of the support team.  If you wish to discuss the matter further before signing below, please do not hesitate to contact me and we can talk further.  Yours sincerely,  SENCo/Headteacher | | | |
| **9. Parental Statement** | | | |
| I agree to the involvement of specialist services and understand that this may involve specialist staff working directly with my child, family and school/setting staff, with my knowledge.  I understand that some of the information about my child may be shared with other professionals who are already involved with them and I give consent for this to happen.  I understand that further consent will be sought from me should a professional from another service, who is not already involved with my child, requires additional information.  I understand that both paper and electronic records may be kept as a result of this involvement. I understand that these records will be kept securely by Bradford Council and destroyed safely, according to the Council’s document and deletion schedule.  Under the General Data Protection Regulation (GDPR), I have the right to request a copy of the information the Council holds about me and my child. For more information I can contact the Data Protection Officer. To see Bradford Council’s Privacy Notice, please visit [www.bradford.gov.uk/privacy-notice](http://www.bradford.gov.uk/privacy-notice)  **Please sign below to give your parental consent.**  ***Please note you must have parental responsibility for the child or young person named on this form.*** | | | |
| Relationship to pupil/young person |  | **Print name** |  |
| Email (optional) |  | **Signature** |  |