Education Emotional Wellbeing Practitioner Referral

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

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| * Please complete all sections of this form. * Please only refer if you do **not** currently have an NHS BDCT Mental Health Support Team in school. * Ensure evidence of parent’s/carers consent to the contents by asking them to sign section 2 * 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: Information |
| * The Education Emotional Wellbeing Practitioners (EEWP) support children and young people in education settings that are currently experiencing mild-to-moderate emotional wellbeing difficulties. * Please complete this form to enable the EEWP to become involved with an individual child or young person aged 0-25. A consent form will be required for each child or young person referred. * The information you provide will help us to decide the most appropriate way to address the situation. * Ideally this consent form should be completed by school/setting staff and parents/carers working together (and Child/Young Person). * In order to be valid this form must be signed by a parent or carer. |

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| Section 2: Parent / Carer Consent | | |
| • I give my consent for information about the child/young person in my care to be shared with the EEWP and the wider EPT.  • I give my consent for members of the EEWP and the wider EPT to observe and work with the child/young person in my care.  • 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 consent for my data to be stored in accordance with the regulation in section 9. | | |
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| Option 1 - Signature (preferred option) | Parent / Carer Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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:   1. Scanning in this document and email together (with consent email at the end) 2. Attached the email consent and this form to one email 3. Clicking forwarding on the parent reply then attaching referral form. | Name of parent / carer who gave consent:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to young person:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Option 3 - Text consent  The text from parent / carer **must** be sent with the referral form on the same email via galaxkey.  You can do this by:   1. Taking a photograph / screenshot of the text 2. Attaching the picture of text consent to this form to one email | Name of parent / carer who gave consent:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to young person:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Section 3: School Information | | | |
| School: |  | | |
| Referrer Name: |  | Job Role: |  |
| Referrer Email: |  | Phone number: |  |
| Mental Health Champion: |  | | |
| EEWP Link (If known): |  | | |
| Has the young person and parent/guardian been informed that a member of the EEWP Team may be contacting them in relation to this referral? Yes  No | | | |

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| Section 4: CYP Details | | | | | |
| First Name: |  | | Last Name: |  | |
| DOB: |  | | Ethnicity: |  | |
| Gender Identity: |  | | Year Group: |  | |
| Accessibility Needs? |  | | Interpreter Required? |  | |
| Address (Inc. postcode): |  | | | | |
| SEN Register (delete as appropriate): | YES | NO | EHCP / MSP (delete as appropriate):  Please attach a copy with referral. | YES | NO |
| If yes, what support is the child / young person receiving? (details including how much / often) | | |
| Section 4a. Young Person’s contact details (Secondary School Age **Only**)  Indicate preferred contact type by ticking box. | | | | | |
| Home Telephone number: |  | | Mobile Number: |  | |
| Email: |  | |  |  | |

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| Section 5: Parent / Carer Details  Indicate preferred contact type by ticking box. | | | |
| First Name: |  | Last Name: |  |
| Relationship to CYP: |  | Phone Number: |  |
| Email: |  | | |
| Address (Inc. postcode) **if different from above.** |  | | |

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| Section 6: Referral Information  *REMINDER: CRITERIA FOR EEWP REFERRALS.*   * Mild-to-moderate emotional wellbeing needs. * No current offer from the NHS BDCT Mental Health Support Team or other external service. * Is currently attending school. | | |
| Please describe in as much detail as possible the reason for referral. | | |
| What is the particular issue that has led you to request EEWP involvement?  *(What does it look like? How often does it occur?)* |  | |
| When did the issue first start?  *(When was the onset? Can you identify any triggers?)* |  | |
| What has been tried in school to respond to the issue prior to this referral?  *(Please explain how you have followed the graduated response).* |  | |
| What is the CYP’s view of the presenting issue?  *(Please discuss with the CYP where appropriate).* |  | |
| What does the CYP need to happen to improve things? | Reduce loneliness or isolation  Build & maintain positive relationships  Increase confidence, self - esteem | Self – manage emotional wellbeing  Other (please describe below) |
| What are you hoping will be the outcome from involving the EEWP team? |  | |
| Any additional or relevant information? |  | |

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| Section 7: Other Support | | | |
| Please give 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 |
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| Section 8: Risk Assessment and the management of risk (current and relevant historical risk) | | |
| Have there been any concerns about the child/young person? (substance use/ self–harm/suicidal intent/self–neglect/risk to others/risk from others) | YES | NO |
| If yes, please describe and detail actions taken: (include dates) | | |
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| Protective/mitigating factors: | | |
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| Section 9: 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)

Please direct all queries for this service 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.