



Mayfield - Chestnut Centre Outreach Service
'Learning together to be the best that we can be'

The main aim of the outreach service is to enable children to remain in their mainstream school placement, having their needs identified and met. This will be achieved by providing support, advice, guidance, strategies and direct work with children. The Outreach Lead will observe and identify individual needs and barriers to learning. The school will then be allocated an appropriate outreach support worker, focusing on either behaviour, ASC or learning needs. The allocated Outreach Support Worker will then support the school in identifying appropriate strategies and developing specific programmes of work.

Schools may request support from the outreach service via Form A (below), where requests will be analysed by the school, and outreach team, and will be prioritised according to each individual need. All schools will also be required to complete pre-service assessments to help us to better understand the child and how they present in class.

When a referral is allocated, the Outreach Worker will then meet with school staff. They will also meet with the family caring for the child at home, or at school, to assess the most appropriate form of support to provide.

Please be aware, we are obliged to report to the LA on the implementation of any recommendations made.

Form A (CONFIDENTIAL)

Outreach Support: Referral Form A

Please send this form via email to Neil Jordain: njordain@mayfieldtorbay.org

Name of person making the referral		Email address	
School		Date of Referral	
Pupil Name		Date of Birth	
Year Group		Class Teacher	
Full Time or Part Time?			
Parent Name (s)			
Address:			
Phone number:			
Other Family Members			
Who has Parental Responsibility?			

Does the child have SEND? (Yes / No) <small>Please delete</small>	Do they have an EHCP? (Yes / No) <small>Please delete</small>	
Please state their main areas of need:	Academic Progress	Age Expected Outcomes
	Reading	Below / At / Above
	Writing	Below / At / Above
	Maths	Below / At / Above
	Spoken Language	Below / At / Above
Is the child on a Child Protection Plan?	Yes / No	Worker:
Are they on a CIN plan?	Yes / No	Worker:
Is there a Team around the Family?	Yes / No	Worker:
MULTI AGENCY INVOLVEMENT		
Educational Psychologist:	Yes / No	Worker:
CAMHs:	Yes / No	Worker:
Children's Health:	Yes / No	Worker:
Other: (Please state)	Yes / No	Worker:
Diagnosed Medical Conditions:		
Recent Bereavement / Family Trauma?		
What outreach support are you requesting? (ASC, SEMH or Learning Support?)		

Main Areas of Concern (Please circle) Scale: 1= Mild Concern, 5= Extreme Concern

Classroom Conformity	1	2	3	4	5
Attitude to Work	1	2	3	4	5
Acceptance of Authority	1	2	3	4	5
Peer Relationships	1	2	3	4	5
Self-Responsibility	1	2	3	4	5
Emotional Control	1	2	3	4	5
Self-Worth	1	2	3	4	5
Communication	1	2	3	4	5
Learning	1	2	3	4	5

Please comment on area of most concern (continue on a separate sheet if necessary)

With reference to the Behaviour Threshold's document please comment below on strategies implemented:

Strategies Tried:		Start Date	End Date	Brief Details	Successful?
Small group learning support	Y / N				Y / N
Small group behaviour support (e.g. social skills)	Y / N				Y / N
Individual behaviour support (e.g. Anger management)	Y / N				Y / N
Individual reading programme	Y / N				Y / N
Individual reward system	Y / N				Y / N
Individual counselling / mentoring	Y / N				Y / N
1:1 In-class support	Y / N				Y / N
Alternative provision at break / lunchtimes	Y / N				Y / N
Home / School liaison	Y / N				Y / N
Other	Y / N				Y / N

Please identify where the child is in relation to the Behaviour Threshold Level:

1 2 3 4

(Please circle)

Pupil's Strengths / Interests:

Other relevant background information:

Parents' / carers' response to school's concerns

Please ensure you have also completed the Parental Consent form and a Pre-Outreach Service Assessment and return with this document.



PARENTAL / CARER CONSENT

Child/Young Person..... Date of Birth.....

In order for us to provide the best possible service, we may need to undertake assessments and contact other professionals working with you and your family to share relevant information.

Any information we are given will be kept confidential and will only be shared with other people where necessary. You will be kept informed of any progress and invited to take part in discussions as and when appropriate.

Please tick the appropriate boxes below to indicate your consent:

- I give permission for support to be offered from the Mayfield Chestnut Centre. I give permission for any necessary assessments on my child to be undertaken in their school / college / nursery and for my child to be seen by relevant professionals, which may include an educational psychologist.
- I give permission for information to be shared with other agencies / professionals as necessary, which may include psychological services.
- I agree / disagree that the Outreach Worker may take photographs of my child to use in sessions and / or with resources within school. All photographs will be deleted once the service has been completed.
- I have read and agree with the physical interventions used in the safe touch policy.

If you do not want us to contact or share information with a particular agency / professional, please ensure you advise your child's class teacher. The only exception to this is if there are concerns about a child's safety, in which case we have a duty under the Children's Act (2004) to pass on our concerns to the appropriate authority.

Signed..... (Parent / Carer)

Print Name.....Date.....



Mayfield Chestnut Pre-Outreach Assessment (Key Adult to Complete)

Name of Adult:	Post:
Name of Child:	School:
What are the difficulties...	
within the classroom?	
within the school?	
within your role?	
What do you hope to achieve from the Outreach support sessions...	
for yourself?	
for the child?	



Mayfield Chestnut Pre-Outreach Assessment (Class Teacher to Complete)

To be completed by the referring school:

Name of Adult:	Post:
Name of Child:	School:
What are the difficulties...	
within the classroom?	
within the school?	
within your role?	
What do you hope to achieve from the Outreach support sessions...	
for yourself?	
for the child?	

School staff agree to meet the requirements set out in the School Agreement (see separate document).

Signed

Print Name

Date