**Mayfield - Chestnut Centre September 2020**

**‘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 service 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 be required to complete the attached pre service assessments. Children at level 2 of behaviour threshold will initially be offered an observation and recommendations, in line with the behaviour thresholds.

When a referral is accepted 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 if there is a need to make further referrals for support. **Please be aware we are obliged to report to the LA on the implementation of any recommendations made.**

Outreach support will be offered depending on the needs of the child.

**Form A**

Outreach Support: Referral Form A

Please send this form via email to Amanda Cotton: [amanda.cotton@mayfield-special.torbay.sch.uk](mailto:amanda.cotton@mayfield-special.torbay.sch.uk)

*CONFIDENTIAL*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | | | | | | | **School:** | | | |  | | | | | | | |
| **Pupil:** |  | | | | | | | | | | | | | | | | **D.O.B:** | |  |
| **Parent:** |  | | | | | | | | | | | | | | | | | | |
| **Other family members:** | | | | | | |  | | | | | | | | | | | | |
| **Address:** | |  | | | | | | | | | | | | | | | | | |
| **Who has PR:** | | |  | | | | | | | | | | | | | | | | |
| **Phone number:** | | | | | | | | | | | | | | | | | | | |
| **Year group:** | | | |  | | | | | **Class Teacher:** | | | | | |  | | | | |
| **Does the child have SEN?** | | | | | | | | | | | **A.R.E. in -**  **Reading:**  **Writing:**  **Maths:**  **Spoken Language:** | | | | | | | ***EHCP Y / N***  ***Main area of need:*** | |
| **Child Protection Plan?**  **CIN**  **Targeted Help** | | | | | | | | | | *yes* | | | | *No* | | *Worker* | | | |
| **Multi-agency involvement:** | | | | | | | | | | *If yes, please attach most recent report* | | | | | | | | | |
| **EP**  **CAMHs**  **Paediatrics**  **Other** | | | | | *Yes* | *no* | | | |
| **Diagnosed medical conditions:** | | | | | | | | | | | |  | | | | | | | |
| **Recent bereavement/ family trauma:** | | | | | | | | | | | | |  | | | | | | |
| **What support are you requesting? (ASC Outreach, SEMH Outreach or Learning Support)** | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Main Areas of Concern (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 separate sheet if necessary)** | | | | | |
|  | | | | | |
| **With reference to the Behaviour Thresholds document please comment below on strategies implemented:** | | | | | |
| **Please identify where the child is in relation to Behaviour Threshold Level:**  **1 2 3 4**  **Please circle** | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Strategies Tried |  | StartDate | EndDate | Brief Details | Successful? | | |
| Small group learning support | ☐ |  |  |  | *Yes* | *No* | |
| Small group behaviour  support (e.g. social skills) | ☐ |  |  |  | *Yes* | *No* | |
| Individual behaviour support  (e.g. anger management) | ☐ |  |  |  | *Yes* | *No* | |
| Individual reading programme | ☐ |  |  |  | *Yes* | *No* | |
| Individual reward system | ☐ |  |  |  | *Yes* | *No* | |
| Individual counselling / mentoring | ☐ |  |  |  | *Yes* | *No* | |
| 1:1 in-class support | ☐ |  |  |  | *Yes* | *No* | |
| Alternative provision at break /  lunchtimes | ☐ |  |  |  | *Yes* | *No* | |
| Home / school liaison | ☐ |  |  |  | *Yes* | *No* | |
| Other | ☐ |  |  |  | *Yes* | *No* | |
| Pupil’s strengths/interests | | | | | | |
|  | | | | | | |
| Other relevant background information | | | | | | |
|  | | | | | | |
| **Parents’/Carers’ response to school’s concerns** | | | | | | |
|  | | | | | | |

Please also complete a 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 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.**

**If you do not want us to contact or share information with a particular agency/professional, please advise the person referring your child.**

The only exception to this is if there are concerns about a child’s safety, when we have a duty under the Children Act (2004) to pass on our concerns to the appropriate authority.

**Signed…………………………………………………………… Parent / Carer**

**Print Name………………………………................... Date………………..……**

**(TA/LSA to complete)**

**Mayfield** **Chestnut**

**Pre Outreach Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Adult:** | **Name of Child:** | | **Date:** |
| **School:** | | **Post:** | |
| 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?** | | | |

**(*Class Teacher to complete)***

**Mayfield Chestnut**

**Pre Outreach Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
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| **School:** | | **Post:** | |
| 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?** | | | |