When completing the documentation schools should use the table on the first page as a reference document as this describes what we at Social, Emotional, Mental Health Support (SEMHS) would consider is good practice in terms of the SEMH Graduated Response.

These lists are not exclusive and school may have done other interventions and assessments that do not appear of this documentation. It is simply a guide to help schools to self assess and to offer us some insight into why school feels ‘stuck’ or unable to progress the situation without support.

NB: SEMHS do recognise that sometimes pupils experience sudden onset trauma or Social, Emotional, Mental Health Difficulties (SEMHD) which means that school will not have had sufficient time to follow a graduated response but these cases are few and infrequent.

In this type of situation, it may be more prudent just to give the SEMHS Team Manager a call and explain what has happened and seek advice this way.

If staff are struggling to complete the forms or simply would like to talk through a situation again please feel free to ring and the team will do our best to support you.

**NB: School must ensure the parent has given written permission for the SEMHS referral.**

If you need help with a parental permission form please contact SEMHS who can supply one.

Please send completed form back to the SEMHS manager by email: claire.taylor@oldham.gov.uk

The SEMHS Team Manager Claire Taylor can be contacted by phone / email:

Level 4 Civic Centre

OL1 1UT

Phone: 0161 770 4485

07460 403 463

Registered name of child and preferred name by which s/he is known: Date of Birth: Year Group:

UPN: School: SEN status: ethnicity: Main Contact:

 Date of meeting/ date of referral:

Present at the meeting/ names and roles of staff completing referral form:

The SEMHS Graduated Response – please highlight all the relevant sections on the table below

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **getting advice**

**(Ithrive – Getting help)** | **2. Cause for concern****(Ithrive - getting help)** | **3. Pupil at risk of exclusion****(P.A.R.E)****(Ithrive - getting more help)** | **4. Pupil at Risk of permanent exclusion****(P.A.R.E. PLUS)****(Ithrive - getting risk support)** |
| **Early intervention strategies** * school has initiated a Support plan and reviewed this at least once
* school has trialled interventions at universal and possibly selected support and reviewed impact at least twice
* School has held at least one Person Centred Planning meeting (PCP) and one Person-Centred Review (PCR)
 | **Early intervention strategies plus*** The SENCO has undertaken a series of observations/ consultations with staff, has offered advice and support to help the teacher review and update SEN/ Individual Support Plan?
* The school has widened the circle of support and has trialled and reviewed advice from QEST/ EP.
* The school has where appropriate brought in professional support/ medical advice i.e. from SALT / OT/ Healthy Young Minds etc and reviewed the impact of the advice
* The school has held at least two fully evaluated PCRs
* The school has engaged care services through Mash e.g. Social Care / Early Help
* School has started an application for a statutory assessment.
 | **Early intervention and Cause for Concern strategies plus*** The school has used SEMHD assessment tools and has used these to inform planning.
* School has created and evaluated a risk assessment and Care and Support Plan?
* School has completed at least three cycles of PCP and reviews
* School has escalated all Education, Health and Care concerns, where plans are not improving the situation.
 | **Early intervention, cause for concern and P.A.R.E. strategies plus**School has held a PARE PCR attended by reps from a range of Education, Health and Care settings plus the LA Inclusion and SEND support Teams including QEST and EP Teams.School has trialled and evaluated a PSP? |

Please give more detail about the graduated response to date and why school needs SEMHS support.

Referral reason and main areas of concern are:

Background information including any information pertinent to the referral about developmental trauma or aces.