**HIGH RISK GROUP REFERRAL FORM**

**~ A funding & advice panel for young people at imminent risk of Permanent Exclusion or those who experience dysregulated episodes leading to risks in school & multiple suspensions** **~**

**Request for Funding & Advice / Request for Advice *(please delete as appropriate)***

Requests for funding can be made to the HRG panel when all other strategies and support provision on the **Graduated Response for Children and Young People at Risk of Exclusion flowchart** (Document 3.2, Appendix B) have been explored AND with **evidence of between £3000- £6000 SEND spend from the start of this academic year**, as well as **Pupil Premium Grant**, if applicable.

Please complete the referral form fully to support the triage process and to allow professionals opportunities to consider cases prior to the panel.

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| **Contact details of** **referrer**  | **Name & role in school:****Email:** |
| **Contact details of** **finance point of contact** | **Name:****Email:** | **Date of** **referral** |  |

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| **Name of** **student**  |  | **Age**  |  |
| **School**  |  | **Year Group**  |  |
| **Previous school (s)**  |  | **SEND Cluster** |  |
| **Cluster lead/SENDCo****recommended HRG triage** *(Y/N)* |  | **Attendance****Number of sessions missed**  | **21-22:** |
| **22-23:** |
| **Ethnicity** |  | **Receipt of Pupil Premium Grant** (Y/N) |  |
| **Sex** |  | **Gender** |  |
| **Primary SEN Need***Cognition & learning/Communication & Interaction (SLCN/ASD)/ SEMH/ Sensory and Physical* |  | **SEN Level** *SEND Support or N/A* |  |
| **Parental permission to make referral to HRG** (Y/N)***\*Include signed HRG Information Sharing Consent form \**** |  | **Number of days exclusions** **(Suspensions)**  | **21-22:**  |
| **22-23:** |
| **SEN Info/Assessment Results** *e.g**individual assessment results**(Diagnosis/ EP scores/ SALT scores/ Boxall/ SDQ/ Thrive* |
| Cognition & Learning |  |
| Communication & Interaction |  |
| Social Emotional and Mental Health |  |
| Sensory and Physical/ Medical |  |

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| **Confirmed Adverse Childhood Experiences (ACES) affecting CYP** | **Y** | **Extent to which the ACE was experienced** **0-10** **(1: Rare exposure –** **10: Sustained & extreme)** |
| Physical Abuse |  |  |
| Emotional Abuse |  |  |
| Sexual Abuse |  |  |
| Mental Illness of parent or carer |  |  |
| Domestic Abuse  |  |  |
| Split Family/ Bereavement |  |  |
| Police Involvement |  |  |
| Substance Misuse |  |  |
| Physical Neglect |  |  |
| Emotional Neglect |  |  |
| Total |  |  |
| **School perspective of impact on the child** |
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| **Readiness scale for reintegration for CYP with social, emotional, and behavioural difficulties**  | *Completion date:*  |  |
| ***Ready for Reintegration Diagnostic development profile***  | **Score** | **Out of**  | **%** |
| Self-Control and Management of behaviour  |  | **52** |  |
| Social Skills |  | **72** |  |
| Self-Awareness and Confidence |  | **52** |  |
| Skills for Learning |  | **84** |  |
| Approach to Learning  |  | **44** |  |
| **Total**  |  | **312** |  |

*\*To support the completion of this table, please complete the Ready for Reintegration (RfR) Diagnostic Profile (Document 6.23 - Appendix H). Following successful bids and the culmination of the intervention(s) funded, the RfR profile should be completed once more to track progress & a measure of impact of the intervention(s)/ provision- this should be reported to the panel through the evaluation interview process\**

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| *.* **Professionals’ involvement (Include dates and brief summary of advice/actions/impact)** |
| SEND Cluster  |  |
| Education Inclusion Officer (EIO) |  |
| Inclusion Support |  |
| ART referral; CIN or CP plan or known to Social Care) |  |
| Families in Focus |  |
| EHAP/TAC/Internal EHAP |  |
| Youth Offending Team (YOT) |  |
| Violence Reduction Unit (VRU) |  |
| Other agency or charity (Barnardos, Julian House, Southern Brooks etc) |  |
| Other (please detail) |  |

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| **Health Professionals involvement (Include dates and number of reviews)** |
| **Professional** | **Diagnosis/ summary of advice** | **Case remains open or date closed** |
| Paediatrician |  |  |
| PMHW |  |  |
| CAMHS |  |  |
| SALT |  |  |
| OT/Sensory checklist  |  |  |

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| **Alternatives to exclusion used** | **Date**  | **Summary or action & impact** |
| SEND assessments completed  |  |  |
| Adapted timetable  |  |  |
| Access to alternative Provision / school resource base/ nurture provision |  |  |
| Managed Move  |  |  |
| Temporary placement within alternative MAT school |  |  |
| Therapeutic/Counselling support |  |  |
| Inclusion in school-based project to reduce exclusion (school MAT LA or Cluster funded)  |  |  |
| Previous referral/ discussion at HRG |  |  |
| Other (please detail) |  |  |

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| **Pupil Pen Portrait** *The information you share will support the panel in understanding the needs of the CYP & will be used by the Chair to summarise the case you’re bringing to panel****You should refer to,*** * *Brief description of current presentation in school including CYP strengths & any barriers to learning/ engagement as demonstrated on ABCC charts and personalised risk assessments*
* *Summary of at least one reviewed cycles of EHAP action plan (or other type of supportive plan)*
* *CYP & Parent voice*
* *Current academic assessments (note any significant changes to historic achievement)*
* *SEND factors contributing to lack of academic progress/ behaviour/attitudes to learning*
* *Relevant interventions/support and strategies in place and impact/ progress of interventions SEND assessments inc. Ed. Pysch or relevant specialist assessments and details of any assessments still pending.*
* *Reasonable adjustments that have been made for the student in terms of the school’s approach to managing behaviour and supporting pupil needs (referencing guidance from The South Glos Way Inclusion Toolkit Graduated Approach documents 2.5 – 2.8 Appendix A)*
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| **Please use this section to show costed provision/ interventions already used by your school to date this academic year***Please include potential reasons why these were/weren’t successful****This should demonstrate use of £3000 - £6000 of this academic year’s notional SEN funding*** ***& PPG where appropriate.*** |
| **Intervention** | **Start date** | **Completion date** | **Cost and****staffing** | **Outcome/Impact**  |
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| **Please summarise the support you are requesting from the HRG Panel below &, where funding is being requested a costed plan should also be submitted via the High Risk Group Costed Provision Plan document** (Document 3.2 - Appendix C) |
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| **Therapeutic Coaching in Schools is a new service model for children and young people at risk of exclusion from schools in South Gloucestershire. It is designed to support children with a complex combination of SEND, trauma and social Emotional & Mental Health Needs who are at high risk of exclusion. It is based upon a psychological model that has been used successfully to support care leavers in Bristol. It provides coordinated support for the children and young person, their family and their school. The pilot will begin in Spring ‘23. Do you feel this young person would benefit from this support as a potential alternative to the support requested in your costed plan? *(Please tick)***

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**Facilitators of the pilot project will contact you to discuss the project in more depth and triage the case for suitability.** |

**What documents are needed for HRG triage?**

* A signed **HRG Data Sharing Agreement** (Document 3.2 - Appendix C)
* A completed **High Risk Group Referral 22-23 document** 6.21 (Appendix D)
* A completed **HRG Costed Provision Plan document 6.22** (Appendix E) *(the costed plan will not be required where no funding is being requested)*

Referral applications for both advice only and funding with advice should be submitted for triage to HRGreferrals@southglos.gov.uk no later than the Monday in the week prior to the HRG panel.

If the referral is accepted, you will be invited to a future HRG panel; an agenda as well as TEAMs meeting invites will be sent out to you prior to the panel.

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