

Emotional Health and Wellbeing Panel – Summary 2019-20

This paper aims to summarise the data from the first year of operation of the Emotional Health and Wellbeing Panel (EHWP) so that this can be used to both support schools in finding the correct pathway to support young people and also to help make the panel more effective in future.

The Emotional Health and Wellbeing Panel held its first meeting in November 2019, 10 panel meetings have been held and 93 cases heard. Initially there were some teething problems with the system for recording the recommendations of the panel, so of the 93 cases heard we only have access to the records for 82 of these. The following analysis relates to those 82.

1. Presentations

There were over twice as many presentations from Primary Schools as from Secondary Schools

Phase	Number of presentations
Primary	56
Secondary	26
Grand Total	82

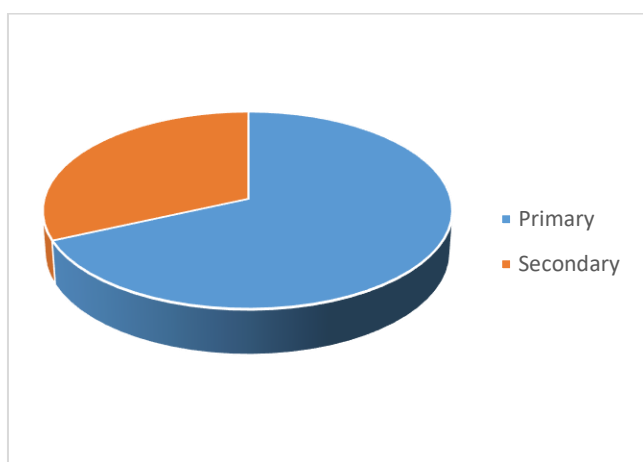


Figure 1 – Phase of cases presented

There is no particular pattern to the age of the young people presented, other than there are fewer cases presented in the youngest year in that phase, which is not surprising as the school will need time to get to know the pupil. There are then slightly higher numbers of cases for the year or years above the lowest, this may well indicate the focus from the schools on getting the support as early as possible.

Year Group	Number of presentations
R	3
1	9
2	11
3	10
4	7
5	7
6	8
7	1

8	9
9	4
10	6
11	6
12	1
Grand Total	82

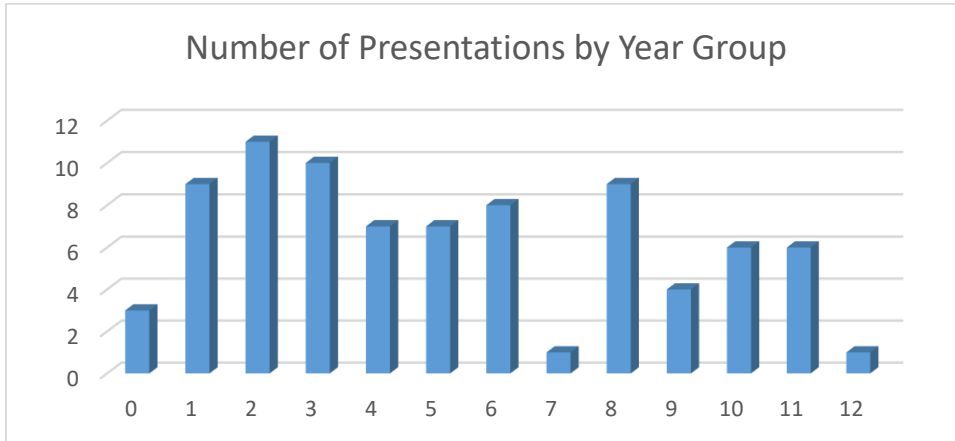


Figure 2 – Age of cases presented

Over half of all primary schools presented at least one case and all but 2 secondary schools presented at least one case. The initial rule that no school could present more than one case at any one panel was relaxed, mainly due to concerns from some schools that they couldn't present all of the young people they needed to. However, 6 was the maximum number of presentations by any one primary school and 3 by any one secondary school, so with 10 meeting in any academic year, there are enough slots for all schools to present their cases with a maximum of 1 per meeting.

Whilst part way through the year there was a waiting list with some schools having to wait 2 months for a case to be heard, by the end of the year all cases were programmed in, although for various reasons, schools were unable to present 3 cases in the last meeting of the year and therefore these 3 will be carried forward to the next academic year.

It should be noted that this was not a 'typical' year, if there is such a thing. Firstly as the panel was introduced this year, schools will be presented cases where they have had concern for some time but no panel to refer to for support. Secondly, with school closures from March, it may well be that there would have been more cases presented in the second half of the year, however, the closures didn't prevent schools from referring.

School	Number of presentations
Apley Wood Primary	2
Burton Borough School	2
Captain Webb	3
Charlton	3
Coalbrookdale	1
Dawley	5
Donnington Wood Infants	1
Dothill Primary	2
Elective Home Education	2
Ercall Wood	3

Grange Park	2
Haberdashers Abraham Darby	3
High Ercall	1
HLC Primary	2
HLC Secondary	3
Holmer Lake	2
John Randall Primary	2
Ladygrove	6
Lightmoor	2
Linden Centre (Secondary)	1
Linden Mini School	2
Linden Primary	1
Madeley Academy	2
Meadows Primary	1
Moorfield Primary	1
Newdale	1
Newport Girls High School	1
Newport Infants	1
Old Hall	1
Priorslee	2
Queenswood	1
Randlay Primary School	1
Redhill	1
Sir Alexander Fleming	3
St Lukes	1
St Peter & Paul	1
St Peter's Bratton	1
Telford Langley	1
Telford Park	1
Telford Priory School	3
Thomas Telford	1
William Reynolds	2
Wrekin View	1
Wrockwardine Wood Junior	3
Grand Total	82

Figure 3 – Number of cases presented by school

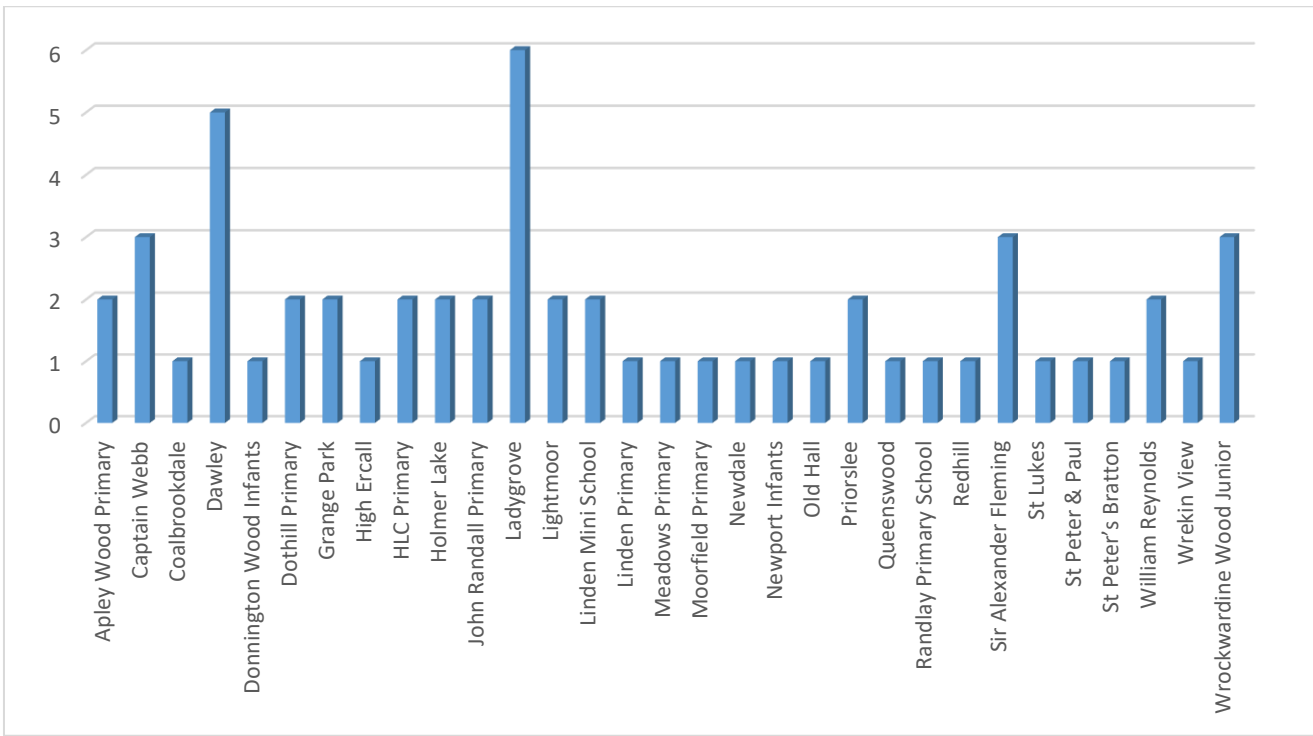


Figure 4 – Number of cases presented, primary schools

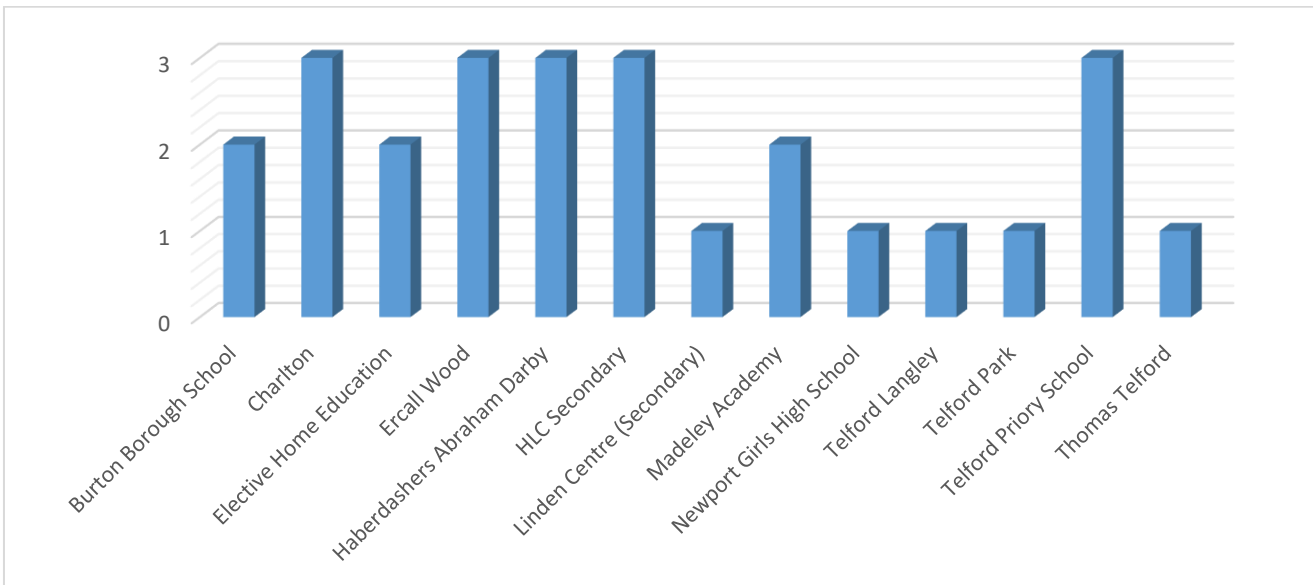


Figure 5 – Number of cases presented, secondary schools

2. Recommendations from the panel

There were two key objectives in setting up the EHWP, these were (in order of importance):

- i. To provide early help and support to young people displaying emotional health needs
- ii. To reduce the number of inappropriate or unnecessary referrals to the BeeU (CAMHS) Service

In analysing the outcomes, it is therefore important to look at the number of cases that are then referred to the BeeU service, but this shouldn't be taken as the sole key indicator.

Referred to BeeU	Number of Cases	Percentage of total
No	57	70%
Yes	25	30%
Grand Total	82	100%

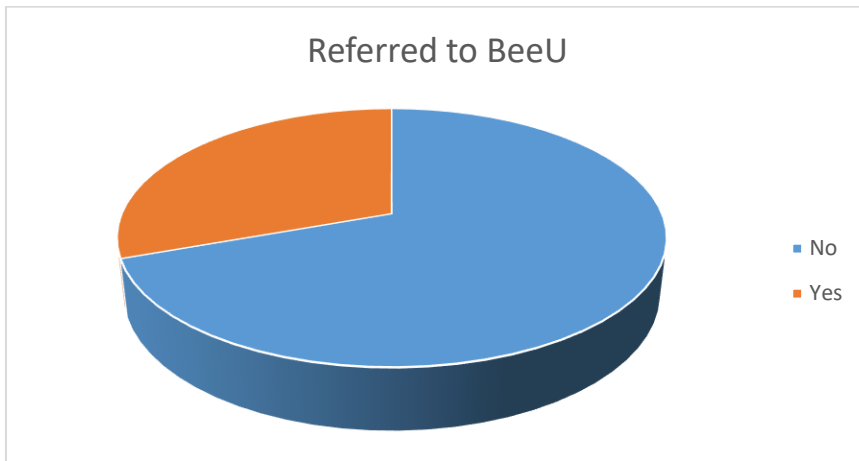


Figure 6 – Number of cases referred to BeeU Service

All referrals into the Bee U service will undergo assessment, so at the stage of referral, it isn't possible to say precisely which pathway each young person referred will be on. However, we have recorded the panel's initial thoughts as to which pathway might be the most appropriate.

Possible Pathway	Number of Referrals
ADHD	3
ASD	9
ASD/ADHD	1
Assessment	7
Core	4
Assessment (Tics)	1
Grand Total	25

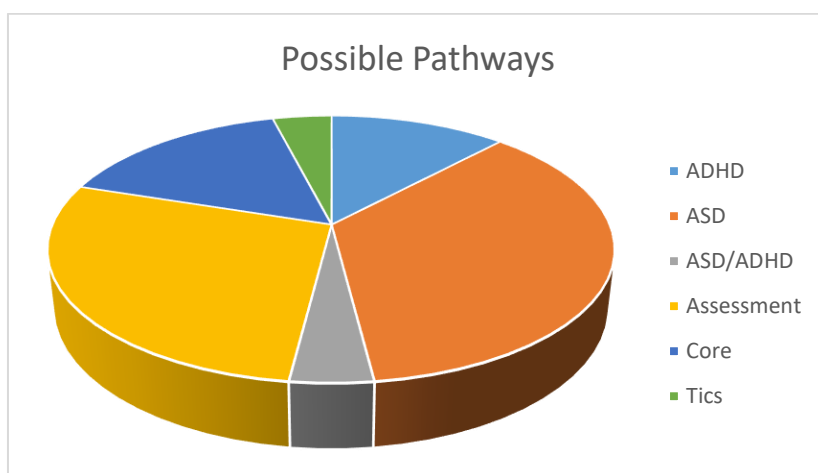


Figure 7 – Possible Pathways

3. Examples of Recommendations and Resources available

Everybody, and therefore every case presented, is different, therefore the following examples of recommendations shouldn't be taken as absolute solutions for any young person's difficulties, however, it might support schools in looking for ideas to support the needs of young people in their school.

Pre-requisites to presentation of a case:

There aren't any specific pre-requisites to the panel, however, as always, schools are expected to demonstrate the support they have provided through a graduated response to the needs of the young person. Where this isn't evident, the panel will signpost some of the elements of this. As part of this graduated response, schools should consider whether an assessment by an Educational Psychologist, Occupational Therapist or Speech and Language Therapist would be appropriate. Evidence from referrals to these agencies will make it easier for the panel to decide whether a BeeU referral is appropriate.

Where a young person has had an assessment from one of these agencies and there have been recommendations for the school to follow, the panel will expect to see evidence that these recommendations have been followed.

Example of recommendations made:

Presenting Difficulties	Panel Recommendations
Lethargic / Tired Truancy Defiance	Ride the Storm Parenting Programme Step-Up Parenting Programme Referral for Drug/Alcohol Support Sleep Therapy / Sleep Training Young Carers referral (if appropriate to situation)
Provocative behaviour towards peers Lack of understanding of the impact of those behaviours Poor social skills	Cognitive Behaviour Therapy Speech and Language Therapy Solution Focussed Scaling SCERTS (through EP)
Over reaction to incidents Low mood / mood changes Lack of compliance Possible low self-regulation	Whole School Attachment Awareness Sleep Therapy Occupational Therapy referral If appropriate – Family Group Conference through social care
Difficulty understanding cues/ friendships Heightened response to noise Needs time to process change	Whole School Attachment Awareness Occupational Therapy / Speech and Language Therapy / Educational Psychology referrals Visual timetable and introducing a 'change card' into this.
Dangerous behaviours (aggression) at home affecting self and family members Behaviour in school largely OK Maybe poor concentration / poor memory	Strengthening Families referral Emotion Coaching Book – My Hidden Chimp Solution Focussed work Educational Psychology referral Incredible 5 Point Scale Cygnet Training (BSATs)
Constant moving Repeated noise making Worse at home than in school	Sleep pathway EP working with family on structure and routines
Tics Tourette's	GP referral (then possible specialist support from Alderhay hospital)
Refusal to engage Physical and verbal aggression	Positive activities eg Bright Star Boxing Building resilience work

Poor self-regulation of emotions	Creating opportunities to fail in a safe environment Play therapy Emotion Coaching
High level of anxiety Historic trauma related to abuse Hyper-vigilance Possible sexualised behaviour Possible violence towards peers	Positive activities eg Bright Star Boxing for 1 to 1 work Referral to 'Bikers Against Child Abuse' Family Group Conference Emotion Coaching Referral to New Start Programme
High level of anxiety Self-harm as form of punishment for self Aggression towards self Lack of self-regulation Eating issues	If safeguarding concern, ring Family Connect Attend Beam Baseline blood tests – school nurse, health review GP referral – BMI testing BSAT work on relationships, including 'Re-tracking' Give control over food, eg preparing food for others
Anxiety around own health Washing hands constantly until they bleed Can get angry quickly	Attend BEAM Book, 'What to do when my brain gets stuck' Cognitive Behaviour Therapy
High level of anxiety Sleep difficulties Low self-esteem Sensory issues	Speech and Language Therapy Educational Psychology Calm Brain approach (maybe in small group or 1 to 1) Sleep therapy
Significant bereavement / loss Use of threatening and dark language Refusal to engage Not sleeping	Specialist bereavement support Future in Mind resources – Self Harm, Emotion Coaching and Bereavement Emotion Coaching through BSAT

Resources Available:

Resource / Approach	Details	Contact / Access
Step-Up Parenting Programme	An Australian programme of support to aid parents who are afraid of their child or being controlled by their child, not allowing parents to actually parent them. The sessions are ran separate between parent and child with some sessions ran jointly.	Darren Lennon BSAT
Drug / Alcohol Support	Supporting those affected by drugs and alcohol in Telford & Wrekin. The service is free and confidential, serving both children and young people 10+ and adults 18+. Telford STaRS is led by Inclusion (part of Midlands Partnership NHS Foundation Trust) working with Aquarius and Willowdene	https://www.telfordstars.org/ For enquiries, call on: 0300 456 4291
Sleep Therapy / Sleep Training / Sleep Hygiene / Sleep Pathway	Sleep Champion Training – Children's Sleep Charity	All FIM delegates for 2018-2019 have a staff member who is an accredited trainer-able to deliver CPD to pupils, parents and staff. All materials provided.
Young Carers		http://www.telfordyoungcarers.org.uk/ Tel: 01952 458044 or 07878 457141

Speech and Language Therapy	The Children's Speech and Language Therapy (SLT) Service in Shropshire provides assessment and treatment of speech, language, communication and/or swallowing difficulties for children and young people from birth to 16 years old (or to 19 years if in full time education).	https://www.shropscommunityhealth.nhs.uk/childrenspeechlanguagetherapy Tel: 01952 567300
Solution Focused	BRIEF Solution Focussed Therapy. Gives a way of talking proactively from the starting point and opens up a way of questioning with a solution based approach – for use with Primary and Secondary aged children.	Darren Lennon BSAT
Attachment Awareness	L1 – BSAT Whole school awareness L2- EPS Individualised training on attachment and becoming attachment aware L3- BSAT A deeper understanding of attachment and how schools can become attachment friendly.	L1 – Darren Lennon BSAT L2 – EPS L3 – Darren Lennon BSAT
Occupational Therapy	The role of the occupational therapist is to enable children and young people to function to the best of their ability. Occupational Therapists provide advice for children whose ability to carry out functional skills is compromised. Our service is available for children aged between 0-18 (19 years in full time education) who are registered with a GP within either Shropshire or Telford and Wrekin geographical boundaries. The service is offered to all children and young people regardless of ethnic, cultural, spiritual, gender, and disability backgrounds.	https://www.shropscommunityhealth.nhs.uk/childrens-occupational-therapy
Emotion Coaching	An approach to help problem solve emotions and support through co-regulation with a view for children to learn the skills to self-regulation.	Darren Lennon BSAT All FIM delegates have a copy of Emotion Coaching – A resource bank for parents, carers, professionals by Dr Tina Rae and Amy Such
My Hidden Chimp - book	Available both online for schools to use or via small group work as BSAT. My Hidden Chimp helps children understand the way that their brain develops and works. It unpicks their emotions inside of them and is described as a hidden chimp inside of us.	Darren Lennon BSAT

Building Resilience	<p>Resilience training – How to track resilience (bounce score) and how to build resilience in children within the classroom.</p> <p>BSAT trade a course which unpicks resilience and looks at how to build resilience in children within the classroom.</p>	<p>Darren Lennon BSAT</p>
School Nursing	<p>Holistic approach and Public Health driven. EHWB leads support cascading of materials utilised in FIM and how these should be applied to health remit.</p> <p>Here 4 Parents clinic (currently delivered via Attend Anywhere Forum, due to Covid, but will be f2f at earliest possible opportunity. Parents can access advice, resources and identified holistic support following consultation with EHWB SN/HV</p> <p>SN team - Support given on 1-1 basis or small groups. PSHE delivery as required. Home visit support. Liaison with other health professionals.</p> <p>Support given regarding sleep difficulties prevention and management. Support for anxiety, self harm (STORM Training model), emotional concerns, exam stress, chronic health condition impact upon mental health, risk taking behaviour prevention, education and support. Body image and sexuality support. supporting referrals to other professionals.</p> <p>Inclusion of the Solihull Approach as an evidence based approach to a variety of support needs. Uses containment, reciprocity and behaviour management and social learning theory.</p> <p>Ensuring the child's voice is enabled by offering various opportunities and forums for support.</p>	<p>Sandra Williamson 5 - 19 age group EHWB SN Sandra.williamson3@nhs.net</p> <p>Sally Webber 0-5 age group EHWB HV Sally.webber@nhs.net</p> <p>Both professionals part of FIM and delivering evidence based information relating to materials issued by FIM.</p>
Re-Tracking	<p>A useful resource for children age KS2-3 with worksheets able to unpick information about a young person. Best completed as sessions within 1:1 or small groups.</p>	<p>Darren Lennon BSAT</p>
Bereavement Support	<p>The Bereavement Box – Nurture UK Supporting children through grief and loss</p>	<p>All FIM delegates have a copy of this practical resource</p>
Self-Harm	<p>Understanding and preventing self-harm in schools. Effective strategies for identifying risk and providing support</p>	<p>All FIM delegates have a copy</p>

Appendix A - Example of Referral Meeting Threshold (edited) – Core CAMHS

Emotional Health and Wellbeing Panel Referral Form

Attendance and Exclusions			
Attendance Current Year %:58.25	Attendance Previous Year %:69.41	FT Exclusions this Academic Year (Days): 16	FT Exclusion last Academic Year (Days): 1

Prior Attainment (Delete as appropriate)

KEY

BLW	Working Below National Curriculum Standards
WTS	Working Towards the Expected Standard
EXS	Working at the Expected Standard
GDS	Working at a Greater Depth Within the Expected Standard

Phonics	Working Below N/A					
Key Stage	Reading		Write		Maths	
Key Stage 1	BLW WTS EXS GDS	BLW WTS EXS GDS	BLW WTS EXS GDS	BLW WTS EXS GDS	BLW WTS EXS GDS	BLW WTS EXS GDS
Key Stage 2	BLW WTS EXS GDS	BLW WTS EXS GDS	BLW WTS EXS GDS	BLW WTS EXS GDS	BLW WTS EXS GDS	BLW WTS EXS GDS

Current Attainment

Current attainment based on age related expectations - **Well below**

OR GCSE Grades

Subject	Minimum Expected Grade	Target Grade	Predicted grade at end of course	Behaviour for learning <small>(1-Outstanding, 2-Good, 3-Requires Improvement, 4-Serious Cause for Concern, ABS-pupil has been absent)</small>
English Language	5=	6=	U	4
English Literature	5=	6=	U	4
Mathematics	5=	6=	1-	4

Early Help Assessment (CAF)

Is this child open to the Early Help (TAC) process **Y Application just gone in**

Date first Early Help Assessment (CAF): 27th Feb 2020 Updated EHA Date:

Most recent Planning meeting date: 27th Feb 2020. Lead Professional: xxx

Agencies currently involved in Early Help Plan: SF are coming to do initial assessment on the 27th February 2020.

Concerns

What are the main concerns? In rank order.	
Concern	Frequency and severity (per lesson/ day/week)
1. Xxx had been given a book that he writes his emotions in, he has expressed in his emotions book that he has bad thoughts and wants to kill his peers in school and wants to kill himself	Last time Xxx was in school he showed his key worker the book. The key worker has raised this as an issue due to the severity of the content.
2. Xxx is no longer able to access the wider world and now confines himself to his room. Mom was able 6 weeks ago to get him out for small walks but Xxx refuses. Mom has said when Xxx leaves the house he is now physically sick. Xxx has not been in school since Jan 9 th . We have had to do a safe and Well check 07-02-20 to check he is still here. Xxx refused to see us. He would only speak through the door.	All Day, every day. Xxx anxiety and depression is so acute that he has shut down both the outside world and also to an extent his family. He will not join them for evening meals and will only speak with his mother in his room.
3. Depression. Some work was done with Xxx around emotions and we feel that Xxx is displaying depressive tendencies in terms of low mood, he has no actual worth and really believes this, feels useless, he worries about his home and sister he has a poor outlook of the future and world and his place in it, but crucially wants to really harm others.	Xxx would portray these feeling each time he was in. He wouldn't always communicate them verbally but would write them down in his book.
4. Xxx when he was in school would sit and stare blankly at a wall or a table, would not engage with his key worker. Would not speak to peers. There was no conversation from Xxx just grunts, and he would hide behind his hair so he had no eye contact with anyone in his room.	Xxx did this for the two hours he was in school. No work would be completed and he would not move.
5. Anger- Xxx will brood over things that have happened in his personal life and other students that were irritating him. He would sit sometimes rocking with his fists clenched staring at people blankly but with glazed eyes. Staff said that it was very unnerving and concerning	Xxx would do this regularly when irritated, but would sometimes come in irritated from situations at home.

School or External Assessments / Interventions / Strategies		
Name/Description of Strategy	Date Strategy employed	Impact of Strategy
Counselling at school	November 2019	None, as has had one session and he won't leave his room at home to come to school. We are very concerned about his mental health.

		NO IMPACT
Key Worker	2017	Xxx was assigned to work with Yyy in our specialist behavioural centre in school. Xxx responded well to the Cope programme and would engage with Yyy, who he would speak with on a regular basis. Yyy noticed significant changes to Xxx mental health in September 2019. We have been trying since then to get mom engaged and get Xxx to the GP. Mom assures us this has been done. A number of letters were sent home so we could safeguard Xxx. NO IMPACT
Modified Timetable	2017	Xxx was given a modified Timetable as he was unable to cope with mainstream lessons and school. Xxx would purposefully get himself exclusions so he could be sent home, but parents would not answer the phone or collect him from school so he would get himself into further trouble being rude. It was decided that a modified TT would help support Xxx behavioural needs and try and enable him to learn English and Maths. We have further modified this now to one hour per day just to try and get Xxx back into school, and so we came make sure he is safe and well and has not harmed himself. NO REAL IMPACT
Request for Services	Nov 2019	We sent an RFS off to Family Connect following our concerns over Xxx mental wellbeing and the fact we could not get mom engaged. The outcome was the school to raise an Early help assessment so that mom would engage and work with school to help Xxx. Mom has engaged with school now and an Assessment has just been completed and sent to Strengthening Families. UNKNOWN
Beam	September 2019	Given mom leaflets and he has not been taken by the family to access this provision. He is too scared to go. NO POSITIVE OUTCOME
GP Appointment	October 2019	We asked mom to repeatedly take him to the GP. In the end an RFS (Request for Service went in to Family Connect) She advised they went before Christmas but now Xxx will not attend school. NO POSITIVE OUTCOME or IMPACT
Emotional Support in School	September 2019	Xxx was given a book, and his key worker did a lot of work around his wishes and feelings, This allowed Xxx to release emotion's onto paper. It did start to help, but then he started getting angrier and feeling that he was

		worthless. He then stopped speaking to Yyy and isolated himself from him. NO POSITIVE OUTCOME/ Some impact initially.
School Nurse	January 2020	Asked school nurse to assess Xxx mental health, booked a date and time and informed mom. Mom wanted the assessment and called and said she could not get Xxx to leave the house. The assessment still hasn't taken place and we are still very concerned about mental health. NO OUTCOME or IMPACT
Nurture	January 2017	Referred Xxx in house to Nurture provision to try and develop his resilience and self-confidence, and also give low level anger management sessions. This had little IMPACT for Xxx and he refused to attend from Sept 2018.

Pupil Voice – what is the young person’s view?

We cannot do the pupil voice with Xxx as he is refusing to come into school. We have tried a number of times to contact mom and get Xxx to come to school but he refuses and hides under his duvet.

Mom has advised the Xxx has panic attacks and can't leave the home as he is now sick each time he does.

Mom cannot read and write, so cannot ask Xxx the questions to determine his mental health.

Please add any other information that may be useful?

If appropriate please refer to and quote from relevant reports, stating the author, agency and date.

Please do not submit any additional documents

We have asked mom to get Xxx into school so that we can do the mental health screening from the school nurse and also the screening within this application. I have contacted mom and Xxx has just refused to leave the house so neither thing can be done with him.

We are very concerned about Xxx's mental health and his capacity at present.

Strengthening Families are sending a senior practitioner to advice on the situation, The first Early Help Support Plan meeting is on the 27th February 2020 although I suspect only mom will be there and not Xxx.

PARENT / CONSENT FORM

Has your child previously attended an appointment with BeeU/CAMHS?

No Date:

Do you give permission for school to contact your child's GP to collect further information?

Yes

If Yes:

GP Name:...Unknown – I cant remember the name of the GP I saw.

.....

Parent/Carer

I am worried about Xxx's mental health, and how it's effecting him and how its impacting on both school life and his home life and the way that he feels about himself and his perception of himself.

Xxx is tense and anxious all of the time is struggling to engage with our family. I am the only person that Xxx will engage with and with me he is finding things difficult, and won't engage unless he wants to.

I have noticed significant changes in Xxx's anxiety and huge changes within himself especially over the last 6 weeks. When he leaves the family home, I can see that he doesn't breathe properly and have noticed that his self-esteem changes, and he visibly lowers his body so he looking at the floor, I think that he is at rock bottom and I don't understand why.

Xxx has grown his fringe and he uses his hair as a barrier, and has a slumped style with his head looking down, it's almost like he doesn't want to be seen and he is able hide away from all people including his family. He will not speak to people and has lost all confidence.

Xxx won't eat with the family at the dining table and I try to insist on meal times downstairs so they can talk but he refuses and hides away. Xxx is eating but won't eat in front of anyone now either and insists on eating in his room.

For Xxx's birthday I paid to go to Drayton Manor as a treat for the Family as Xxx said he'd like to go, but on the day he refused to come and hid away in his room. I encouraged him all morning, and the rest of the family ended up going without him. I thought it was a really sad sight and that I couldn't understand it as he wanted to go so much.

Xxx's anger is becoming out of control and at times shouts, especially at little things, this has become bad in the home. He will recluse to his room, and won't calm down with other people. I am the only person in the house that he will talk too and respond too, although he does speak with his dad, but it's different.

Xxx in not speaking or responding with anyone outside the home, I am also concerned about the lack of attendance in school, and am worried this is going to result in fines.

Xxx has told me that he won't take his life but is very low. I don't think he self-harms, and I've not seen anything that would make me think he would, apart from his behaviours around isolation and socialising with others.

Xxx has been doing talking therapy through the school and this had started to help, but now he is refusing school which has set him back and this has made things worse.

Xxx had got very anxious over sister's relationship with a boy at Zzz School where she attends school, but mom said that this has calmed and the tensions have lessened since the relationship ended, which has made Xxx even lower and down.

I have taken Xxx to the doctors and they have advised blood tests to see if there is something wrong, but getting Xxx to leave the house is really difficult and they have not been done. Xxx needs these tests to help him but he feels stuck.

The Doctor advised that he needed to eat with the family unit to get him out of his room and to get fresh air, to encourage him to build confidence.

I have been trying to take Xxx out for a walk each day to get him to engage and have fresh air. He now gets that anxious and complains he feels sick, and won't go, he will then be sick. He then goes straight upstairs and back to his room.

Privacy Notice under the Data Protection Act (General Data Protection Regulations from 26th May 2018)

Telford & Wrekin Council are collecting Personal Identifiable Information to enable us to provide you with support through the Emotional Health and Wellbeing Panel. We need to collect this information in order to ensure that the most appropriate support is identified for your child. This information is being processed under DPA – Schedule 2 (2a) (GDPR 2018 -Article 6 (1)A).

A formal copy of the Panel feedback form can be requested and provided via the school. Members of the Panel may need to update on the progress of your child's education, by signing this form, you understand and consent to these updates taking place.

If there are any changes in your circumstances such as provision or family circumstances, the Panel will require a new signature from parents/carers.

Telford & Wrekin Council will not share any Personal Identifiable Information collected with external organisations unless required to do so by law. However, this information will be shared within Telford & Wrekin Council and partners agencies (Department of Education, NHS, Schools, and Early Years providers) solely for the purpose of providing you with educational or health support. For further details on the council's privacy arrangements please view the privacy page on the council's website page.

Signed: (Signed) Parent

Date: 12th February 2020

EHWP Summary of Recommendations Form

Key issues identified

- Has struggled throughout school but a big change and decline has been noticed since September 2019
- There are mental health difficulties within the family
- Family are difficult to engage
- Very withdrawn not out of his bedroom
- Expressed suicidal ideations in an emotions book in school
- A refusal from him to engage with Early Help support and difficulties getting parents to engage with this.

Further information sought by panel

- Has he agreed to a BEEU referral? – yes he and mum have.
- Any auditory or visual hallucinations? – none reported
- Will he be able to engage? What would the best way to engage him be?
- Do the family have broadband/social media access?
- Has the GP been involved? – mum said she had

Recommendations of the panel for school

- For the EHWP referral to be sent to BEEU, additional information from the family support worker would be useful for this.
- Issues surrounding the best way to engage and support for a consultation – family support worker to help with the technology that may be required to facilitate this.
- May need to consider the support of the Crisis Team should engagement with BEEU be difficult.
- Consider contacting him by text – school to contact mum about this.
- There may be a need to look systemically at how to support the family to access services.
- School nurse will check whether the GP has been accessed and/or support a GP visit. She will feedback to BeeU.

Recommendations of the panel for home

- Support may be required for them to access the services needed.

Appendix B - Example of Referral Meeting Threshold (edited) – ASD Pathway

Emotional Health and Wellbeing Panel Referral Form			
Attendance and Exclusions			
Attendance Current Year %: 95.37%	Attendance Previous Year %: 95.74%	FT Exclusions this Academic Year (Days):	FT Exclusion last Academic Year (Days):

Prior Attainment (Delete as appropriate)

KEY

BLW	Working Below National Curriculum Standards
WTS	Working Towards the Expected Standard
EXS	Working at the Expected Standard
GDS	Working at a Greater Depth Within the Expected Standard

Phonics	Working Below/At		
Key Stage	Reading	Write	Maths
Key Stage 1	BLW WTS EXS GDS	BLW WTS EXS GDS	BLW WTS EXS GDS
Key Stage 2	BLW WTS EXS GDS	BLW WTS EXS GDS	BLW WTS EXS GDS

Current Attainment
Current attainment based on age related expectations - **Well below** **below** at above
OR **GCSE Grades**

Reading: 5yrs 8mths	Writing: 5yrs 10mths
English: 5yrs 8mths	Maths: 5yrs 2mths

Early Help Assessment (CAF)

Is this child open to the Early Help (TAC) process **Y/N**

Concerns

What the main concerns? In rank order.	Frequency and severity (per lesson / day/ week)
1 In class disruption: BB has extremely poor concentration which roughly lasts 5 minutes and unable to complete work to the best of his ability. BB finds it difficult to sit and will	Daily – BB has a fiddle toy, wobble cushion and ear defenders. BB currently has his own workstation to help him to focus.

make silly noises in class and laugh an inappropriate times. Although he doesn't always realise that he is doing this. He has be known to talk to himself, or empty chairs next to him and when we ask him to stop, or make him aware of what he is doing- he is seemingly unable to refrain from continuing.

2 Anxiety

BB can be a very anxious child, he worries about Being separated from his mum and making mistakes, He will often hit himself in the face if he is faced With work he finds too difficult. He will have a meltdown, throwing himself to the floor, crying and shouting. On rare occasions, he has thrown pens and tipped tables over. BB does not like loud sounds, he takes headphones into the dinner hall and during assembly. He says that the sounds 'hurt his ears'. If things are too loud for him, he usually goes red, begins to shake and starts crying.

weekly

3 BB finds it difficult to respond to social interactions and pick up on social cues. He has been known to be violent to his peers and can be vulnerable, as he is very literal and will do what his peers ask of him.

Daily

4 Fixated on subjects

BB becomes very fixated on certain subjects and Finds it difficult to concentrate if he has Something else on his mind and wants to talk about The subject.

Daily

School or External Assessments / Interventions / Strategies

Name/Description of Strategy	Date Strategy employed	Impact of Strategy
Poor fine and gross motor skills – cool kids	Feb 2018 – Sept 19	BB finds cool kids difficult, he will often distract others and struggles to follow instructions and complete the cool kids tasks. Limited progress in this time. Possible OT referral, needs to complete OT programme first with TA.
OT programme	July 2018 – ongoing	BB is making good progress with his handwriting and has recently been to SLT to show his improvement, to which he was extremely proud.
In class support	Sept 2018 – ongoing	Wobble cushion Fiddle toy Ear defenders Workstation Clicker to support handwriting Lots of targeted support in lessons.
Behaviour Observations completed	February 2019	Sensory seeking behaviour Talks about the voices in his head Lots of finger fiddling Purposefully falling of chair Lots of silly noises/shouting out

LSAT report completed	1.4.19	Non-verbal – 1% centile (very low range) I would suggest that his behavioural difficulties are closely monitored and it may be that school will consider referring BB to an outside agency at a later date if this is still deemed appropriate.
CAHMS referral completed	July 2019	Letter received – case closed Evidence of assess, plan, do, review and outside agencies EP consultation requested.
Educational Psychologist visit	16.10.19	BB will continue to need opportunities to learn about and practice social and communication skills inside and outside school. BB will need additional support to develop his emotional literacy so that he can understand and communicate his emotions and needs without becoming overwhelmed by them. I support, without reservation, any further application to Bee U to request ASD assessment.

Please add any other information that may be useful?

If appropriate please refer to and quote from relevant reports, stating the author, agency and date.

Please do not submit any additional documents

Educational Psychologist report

Summary

BB is a delightful little boy with a great deal of energy. In my professional opinion, he presents very clearly with autistic spectrum-type difficulties and these, in combination with some learning difficulties and immature skills for self-regulation are having a very significant impact on his day-to-day functioning. BB is still very young and we should not think in terms of any ceiling to his potential in any aspect of his development, but I believe that he will need a much higher level of support at school than the great majority of his peers in the long-term. Children with less well-developed non-verbal skills (as suggested by SALT's assessment) frequently need a much slower pace of learning and more repetition and reinforcement than their peers in order to securely grasp new information, concepts and skills. While BB's verbal skills are superficially better developed, his pragmatic language skills are limited and he is very likely to struggle to interpret the language of the classroom and his social world as the demands in both contexts escalate over time.

There is a risk that without adequate assistance to make sense of the world around him and to communicate his thoughts, feelings and wishes effectively, BB may become disengaged and/or escalate behaviours that challenge. Where there is as clear a presentation of autism spectrum-type difficulties (with significant functional difficulty) as we see in BB, school can become gradually, or sometimes quickly, more challenging as development of adaptive skills (practical everyday skills that we rely on to meet the demands of our environment – include those for independence and interaction) lag further behind age-related expectations. The gap between BB and his classmates is already becoming much more obvious.

BB will continue to benefit from the highest levels of structure in his school day and this is most likely to work well when visual cues are employed as a stable point of reference and a more accessible source of information, alongside verbal input. Tools such as a visual 'now and next' board, visual task lists and cue cards for different activities and behaviours will continue to be appropriate. A daily visual timetable is also likely to be of benefit – BB will need his own since there is a need to make very clear that instructions and information are relevant to him. I note that such aids are not a substitute for adult guidance and pupils invariably need help to understand and make use of them, though some children can gradually learn to access them more independently, giving them more autonomy in their learning. Visual aids can also be very effective in the home environment to help promote independence and understanding of routines.

There is great variation in the level of social contact that individuals with social communication difficulties prefer. Early difficulties in relating to, and communicating with, peers can mean that children have fewer opportunities to learn that social play can be rewarding and/or create a situation in which past attempts at social approach have been unsuccessful and are therefore avoided. BB will have very little capacity to pick up social skills unless these are explicitly taught and while he may ultimately prefer a lower level of social involvement than many of his peers, it is important that this is his choice and that he has the tools he needs to initiate and maintain friendships and achieve sense of belonging acceptance among his peers.

Recommendations

BB is likely to benefit from a high level of structure and visual support at school and at home. The Autism West Midlands website provides some helpful examples of different types of visual aids which can be useful for parents and professionals.

BB will continue to need opportunities to learn about and practice social and communication skills inside and outside school.

BB will need additional support to develop his emotional literacy so that he can understand and communicate his emotions and needs without becoming overwhelmed by them.

BB will continue to benefit from differentiation and personalisation of the curriculum to reflect his individual progress through the curriculum. "Chunking" tasks and information will continue to be necessary to help him to access his learning with as much independence as possible.

I support, without reservation, any further application to Bee U to request ASD assessment.

EHWP Summary of Recommendations Form

Key issues identified

- CAMHS Referral submitted
- Yr1 teacher highlighted concerns about behaviour
- Talks to self in class and parrots other children and class teacher
- Silly comments and noises but he seems unaware he's doing it
- Talks to chair next to him
- Seems in his own world
- Very literal, no filter
- Autistic tendencies

Recommendations of the panel for school

- Social modelling
- Visual timetable
- Social stories
- Circle of friends
- Ed Psychologist report needed to highlight all the work school have put in place to date
- Accepted onto ASD pathway following panel
- Earlybird referral with ELSA-school to support with this, forums, support with friendships and with Mum
- PODS- Autism education training tier 2/3