# Telford and Wrekin Emotional Health and Wellbeing Panel Protocol

September 2020

# **Contents**

	Page
Introduction	3
Referral Process	3
Operation of the Emotional Health and Wellbeing Panel	4
Presentations	5
Parents and Carers	5
Child's View	5
Appendices:	
A. BeeU Referral Pathways	6
B. EHWP Referral Form	7
C. EHWP Summary of Recommendations	16

### Introduction

This Protocol describes the operation of the Emotional Health and Wellbeing Panel.

The panel is a cross-phase, multiagency meeting with representatives from key partners across schools, the Local Authority, Health Providers and Telford and Wrekin Clinical Commissioning Group. It is designed to provide appropriate advice to schools, settings and the home to enable them to support children and young people with a range of mental health and neurodevelopmental needs. There is also an intention that the panel will act as a first point of reference before any referral to the higher order BeeU (CAMHS) services and signpost these services where the needs of the young person indicate these services are appropriate.

It has the following aims:

- To provide advice and support to school and home to enable them to support young people with mental health needs
- To signpost appropriate services to schools where a young person might need further support
- To provide professional development for senior leaders with responsibility for emotional health and wellbeing in schools
- To share best practice in approaches to supporting young people with mental health needs
- To support greater consistency between schools in approaches to support emotional health and wellbeing needs
- To give clear and consistent messages to parents and professionals
- To provide a referral route to higher order BeeU services

### **Referral Process**

The referral pathways to the BeeU Services are shown in Appendix A. The Emotional Health and Wellbeing Panel is therefore the route into the ASD and ADHD pathways, it is also one of the routes into the Core CAMHS pathway. However, not all referrals to the EHWP will be for CAMHS, the panel is also able to provide advice and support for schools to help meet the needs of the young people referred.

The primary referral route to the panel is through the school. The request form (Appendix B) is intended to be completed by schools. Additional information to support the referral can be provided by parents and where parental permission is given, additional information can also be provided by the GP.

Parental referrals – where a parent has concerns about the emotional health needs of a young person, they should in the first instance consult with the school and request that the school makes a referral to the panel.

Electively Home Educated (EHE) Young People – for EHE young people, there is no school to make a referral. The parents should consult with the EHE Officer, the parents can make the referral directly to the panel and the case should be presented by the EHE Officer.

GP Referral – there is no route for a GP to refer directly to the panel, where the GP identifies the need for additional support, they should direct the parents to the school to make a referral.

For all pupils referred to EHWP the school should complete, in full, the appropriate referral form (*Appendix B*) and provide as much detail as possible about the pupil and the events which have lead up to the referral. The form must be signed by the Head teacher, otherwise the case cannot be heard.

The completed forms should be sent to the Emotional Health and Wellbeing Panel email address, at least one week prior to the Panel meeting. They must be received no later than 12.00 noon on the Wednesday preceding the meeting at which they will be considered. Any papers received after this time will not be accepted, without exception. Cases cannot be heard without a parental signature.

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.

## Operation of the Emotional Health and Wellbeing Panel (EHWP)

The EHWP will meet once every month, usually in the morning of the first Wednesday of the month.

The panel will consist of the following members:

- A representative from each school cluster, this will normally be a Headteacher or Senior Leader with an overview for mental health. There will be a balance of primary and secondary colleagues across the cluster reps.
- Mental Health clinician (from BeeU service)
- Mental Health Support Team Lead
- CCG commissioner
- Beam representative
- Educational Psychologist
- School Nurse
- Strengthening Families
- Social Care
- Severn Teaching School Alliance (Future in Mind)
- Behaviour Support Advisory Team
- Student Engagement Programme
- Service Delivery Manager Pupil Support Services

The panel will 'elect' a chair at the first meeting of each academic year.

Once a course of action has been recommended by the Panel a feedback form (*Appendix C*) summarising the agreed outcomes will be sent to the Headteacher (or their representative) who presented the case and to the organisations being asked to provide additional support.

All requests for further information or clarification about pupils in these circumstances should be treated with the highest priority by all parties.

Schools will receive the Summary of Outcomes Form (*Appendix C*) within two working days of the meeting. This should be returned with feedback from the school as soon as possible following the Panel recommendation.

The school is responsible for informing parents of the recommendations of the Panel. Only the recommendations should be shared with parents, the school should not share details of the

discussion and in particular should not share feedback from any one agency represented unless this is included in the recommendations.

### **Presentations**

The school's senior leader with responsibility for mental health (MHSL) must attend to present the child to the forum and be involved in the professional dialogue. The school's head teacher will also be invited to attend. MHSLs will be asked to present their cases in groups of 4 (i.e. four children will be heard in the same session). This will provide further opportunity for peer to peer networking and support. Everyone will be invited to contribute to the professional dialogue (participants and forum members) during the presentation of a child. An allocation of 70 mins will be provided per session, in which the four children will be discussed. This will include a brief presentation by the MHSLs and time for follow up questions/professional dialogue. Where possible we will mix colleagues from across school phases according to the year group of children being presented. As an example where a year 6 child is being presented we will try and include a secondary colleague in the group of four to provide the opportunity to debate transition planning.

If your school is part of the Mental Health Support Team Pathfinder, please ensure that you invite your attached Mental Health Practitioner to the EHWP meeting.

Schools would normally only present only 1 child per forum meeting, although to provide for efficient use of school time, they will be able to present up to a maximum of 2 cases per meeting. Participants will be asked to provide some feedback about their experience by completing the Summary of Outcomes Form (see Appendix C) following attendance at the panel.

A maximum of 12 cases will be heard at any one panel meeting.

### **Parents and Carers**

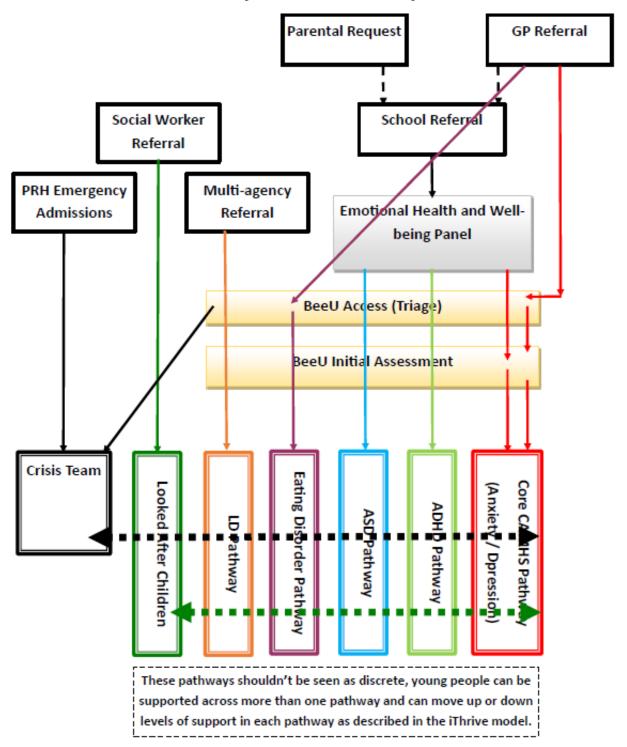
Parents/carers must be involved in the whole process and consent to their child's needs being presented at the EHWP. Schools must meet and plan with parents/carers so that their views are represented in all decisions. There is opportunity on the referral form to collect parent/carers views.

### Child's View

The child's voice must also be 'heard' when a referral is made to the panel. There is opportunity on the referral form to collect the child's views using the 5P's model as introduced through the Anna Freud Link Programme. Questions should be personalised to suit the age or needs of the learner, and it may take time and additional support to gather the views of 'hard to reach' learners meaningfully.

# Appendix A - BeeU Referral Pathways

# Referral Pathways for the Secondary BeeU Services



NB There is no referral route directly from a GP for the ASD and the ADHD pathways. It is unlikely that a GP will be able to gather enough evidence for these conditions through the normal appointment process and therefore this would have been referred to schools anyway for further information. This model reduces the number of stages for these referrals.

# **Appendix B**

# **Panel Referral Form** Part A (for use with Emotional Health and Wellbeing Panel, Fair Access Panel and Inclusive Schools Forum) Pupil Name: DOB: Gender: Year Group: **Current School:** Headteacher: Contact Number: Member of SLT Presenting at Panel: Ethnicity: CiC: Yes/No PP: Yes/No EAL: Yes/No FSM: Yes/No **SEND Status:** Current Modified timetable: Yes/No N / SS / EHCNA / EHCP Alternative Provision: Yes/No (Please Circle) Details: Previously presented to Previously presented to the Fair Previously presented to Inclusive Access Panel: Schools Forum: **Emotional Health and Wellbeing** Panel: Yes/No Date: Yes/No Date: Yes/No Date: (Person with parental responsibility) Parent/Carer's Name: ..... Relationship to Pupil: ..... Child's Home Address: ..... Main contact number: ..... **Educational History (include periods of EHE)** Dates: Current school: Dates: Previous schools: Dates: Any other provision:

Attendance and Exclusions				
Attendance Current Year %:	Attendance Previous Year %:			
FT Exclusions events this Academic year:	FT Exclusions this Academic Year (Days):	FT Exclusions events last Academic year:	FT Exclusion last Academic Year (Days):	

Prior Attainment (Delete as appropriate)				
<u>KEY</u>				
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			
	•	<del></del>		

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: Writing:

English: Maths:

Early Help Assessment (CAF)
Is this child open to the Early Help (TAC) process Y/N
Date first Early Help Assessment:
Most recent Planning meeting date: Lead Professional:
Agencies currently involved in Early Help Plan:

# Emotional Health and Wellbeing Panel Referral Form – Part B

### Concerns

What are the main concerns? In rank order.	
Concern	Frequency and severity (per lesson/day/week)
1.	
2.	
3.	
3.	
4.	

School or External Assessments / Interventions / Strategies				
Name/Description of Strategy	Date Strategy employed	Impact of Strategy		

The Five 'Ps' – to be filled in by the young person with support as required.

What made me vulnerable in the first place? **Predisposing factors** 

Triggers for the most recent episode **Precipitating factors** 

The "Problem"

Things that keep "the problem" going— (These might include things that I do to control the problem)

Perpetuating factors

Positive things that I've got going for me

Protective factors

This is intended for young people aged 8 and over; this should not be completed for young people below the age of 8. This is also available as a spreadsheet which includes the scoring process.

RCADS	NHS ID:
Child/ Young Person's NAME:	
Date: / / / 20	Time: h m

Please highlight the word that shows how often each of these things happens to you.

There are no right or wrong answers.

	There are no right or wrong a	answers.			
1	I worry about things	Never	Sometimes	Often	Always
2	I feel sad or empty	Never	Sometimes	Often	Always
3	When I have a problem, I get a funny feeling in my stomach	Never	Sometimes	Often	Always
4	I worry when I think I have done poorly at something	Never	Sometimes	Often	Always
5	I would feel afraid of being on my own at home	Never	Sometimes	Often	Always
6	Nothing is much fun anymore	Never	Sometimes	Often	Always
7	I feel scared when I have to take a test	Never	Sometimes	Often	Always
8	I feel worried when I think someone is angry with me	Never	Sometimes	Often	Always
9	I worry about being away from my parent	Never	Sometimes	Often	Always
10	I am bothered by bad or silly thoughts or pictures in my mind	Never	Sometimes	Often	Always
11	I have trouble sleeping	Never	Sometimes	Often	Always
12	I worry that I will do badly at my school work	Never	Sometimes	Often	Always
13	I worry that something awful will happen to someone in my family	Never	Sometimes	Often	Always
14	I suddenly feel as if I can't breathe when there is no reason for this	Never	Sometimes	Often	Always
15	I have problems with my appetite	Never	Sometimes	Often	Always
16	I have to keep checking that I have done things right (like the switch is off, or the door is locked)	Never	Sometimes	Often	Always
17	I feel scared if I have to sleep on my own	Never	Sometimes	Often	Always
18	I have trouble going to school in the mornings because I feel nervous or afraid	Never	Sometimes	Often	Always
19	I have no energy for things	Never	Sometimes	Often	Always
20	I worry I might look foolish	Never	Sometimes	Often	Always

21	I am tired a lot	Never	Sometimes	Often	Always
22	I worry that bad things will happen to me	Never	Sometimes	Often	Always
23	I can't seem to get bad or silly thoughts out of my head	Never	Sometimes	Often	Always
24	When I have a problem, my heart beats really fast	Never	Sometimes	Often	Always
25	I cannot think clearly	Never	Sometimes	Often	Always
26	I suddenly start to tremble or shake when there is no reason for this	Never	Sometimes	Often	Always
27	I worry something bad will happen to me	Never	Sometimes	Often	Always
28	When I have a problem, I feel shaky	Never	Sometimes	Often	Always
29	I feel worthless	Never	Sometimes	Often	Always
30	I worry about making mistakes	Never	Sometimes	Often	Always
31	I have to think of special thoughts (like numbers or words) to stop bad things from happening	Never	Sometimes	Often	Always
32	I worry what other people think of me	Never	Sometimes	Often	Always
33	I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds)	Never	Sometimes	Often	Always
34	All of a sudden I feel really scared for no reason at all	Never	Sometimes	Often	Always
35	I worry about what is going to happen	Never	Sometimes	Often	Always
36	I suddenly become dizzy or faint when there is no reason for this	Never	Sometimes	Often	Always
37	I think about death	Never	Sometimes	Often	Always
38	I feel afraid if I have to talk in front of my class	Never	Sometimes	Often	Always
39	My heart suddenly starts to beat too quickly for no reason	Never	Sometimes	Often	Always
40	I feel like I don't want to move	Never	Sometimes	Often	Always
41	I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	Never	Sometimes	Often	Always
42	I have to do somethings over and over again (like washing my hands, cleaning or putting things in a certain order)	Never	Sometimes	Often	Always
43	I feel afraid that I will make a fool of myself in front of people	Never	Sometimes	Often	Always
44	I have to do some things in just the right way to stop bad things from happening	Never	Sometimes	Often	Always
45	I worry when I go to bed at night	Never	Sometimes	Often	Always
46	I would feel scared if I had to stay away from home overnight	Never	Sometimes	Often	Always
47	I feel restless	Never	Sometimes	Often	Always

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				
Thank you for taking the time to complete this form. The information you have provided will help us to define the issues and plan a programme of intervention.				
Finally, please indicate the contributors to this document below				
Contributor Position				
1.				
2.				
3.				
Headteachers's Signature: Date completed:				

# **PARENT / CARER CONSENT FORM**

Child's Name:	DOB:	Current School:		
Parent/Carer's Name :		Relationship to Child:		
Home Address:				
Home telephone number:	M	obile number:		
Has your child previously attended an appo	ointment with	BeeU/CAMHS?		
Yes/No Date:				
You might like to include any letter you mig	ght have recei	ved from your GP in relation to this referral.		
Do you have a GP letter you would like to a	ttach that car	n be shared with the panel?		
Yes/No				
Please describe your child's behaviours at h	nome and any	concerns you might have:		

15   Page
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 throug
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) (GDPF
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 with be shared within Telford & Wrekin Council and partners
agencies (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 websit page.
pago.
Signed: Parent / Carer Date:

# **Appendix C - EHWP Summary of Recommendations Form**

Date of EHWP	Name of School	
Name of student	DOB	
Gender	Ethnicity	
SEN	CiC	
Key issues identified		
• •		
Further information sought by panel		
•		
Recommendations of the panel for school		
Recommendations of the panel for home		

### **Headteacher / Presenter feedback**

Did you feel you had adequate opportunity to present all aspects of the case?

Were the panel's recommendations supportive in meeting the individual needs of the student?

Any other comments?