

**Education Welfare Service Referral and Assessment Form**

Information on this referral will be shared with parents and carers.

All information received on this referral form will be stored and managed in line with our legal duties and obligation regarding school attendance and pupil welfare. Information will be shared with and recorded by Barnsley Council in their role of co-ordination and monitoring of Education Welfare Service interventions. Barnsley Council’s privacy statement is available to view at [Education Welfare Privacy Notice](https://www.barnsley.gov.uk/media/8746/early-start-prevention-and-sufficiency-education-welfare-service.pdf).

All fields are mandatory and should not be left blank. Where there are gaps in information, please indicate the reason. The referral must be fully completed by the school for the assessment to be completed by the EWO. Please note that Information on this referral will be shared with parents and carers.

Please include Internal School Panel Action Plan if completed.

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| --- | --- | --- | --- |
| Name of person completing this form | Role of person completing this form | School/Academy | Date Referral received by EWO |
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**DETAILS OF CHILD/YOUNG PERSON**

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| --- | --- | --- | --- |
| Name | DOB | Yr. Group | Attendance  Please ensure attendance printout is attached |
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| SEND/EHCP status | EHCP in process YES/NO | Ed Psych name | EHC Coordinator name |
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| SEN need identified | On SEN register | Eligible for FSM | Please state any medical issues |
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| --- | --- | --- | --- |
| Gender | Ethnicity | EAL | Interpreter Required |
|  |  | Yes / No |  |

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| Is student dual registered? | Are they on off-site provision | Suspensions this academic year | Suspensions last academic year |
| Yes / No | Yes / No |  |  |

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| Is student LAC? | Child Protection Plan? | Child In Need? | Social Worker name |
| Yes / No | Yes / No | Yes / No |  |

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| EHA / TAF (if so, please attached a copy) | Any other services involved with the family *(if so, please provide name of lead professional and contact details)* |
| Yes / No |  |

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| Name and practice of GP |  |

**DETAILS OF PARENT/CARER**

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| --- | --- | --- | --- |
| Address | Telephone number *(including all additional numbers held)* | Name of parents/carer  *(please identify relationship if not parent)* | Email address |
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| DOB of parents (please include this info wherever possible for legal reasons) | Please indicate who has day to day care and who has parental responsibility. | Have you made the parent/carers aware of this referral? (Please provide details and date informed) |
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| Siblings name (if any) | School | Attendance |
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| Have they been referred to EWS | Yes / No | Have checks been made with other settings or Student Year Group leads? |  |

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| **Please tell us the reason for this referral** |
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| **Behaviour in school - how is this impacting on learning?** |
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| **Behaviours out of school (if known)** |
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| **Relationship with peers/staff** |
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| **What has/is working well?** |
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| **What provision/reasonable adjustments have been implemented to meet the need?** |
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| **School’s relationship with parents** |
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**Safeguarding**

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| **Any bullying issues** |
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| **Mental health issues (child/parent)** |
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| **Financial difficulties** |
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| **Any known risk factors** |
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| **Reasons for suspensions/incidents/dates** |
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| **Pupil voice – what reasons have they given for suspensions/behaviours?** |
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| **Meetings with parents and child to discuss attendance/suspensions** – dates and outcome (please include comments made by parents/child regarding referral to EWS Inclusion) |
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| **Any medical issues/referral to School Health/referral to school nurse** |
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| **Any other external services/agencies involved (please state dates and outcomes)** |
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| --- | --- |
| Signature of Referrer |  |
| Please print name and roll |  |
| Date of referral |  |

**Please note that failure to complete the referral accurately may delay the EWS assessment and process.**



**THIS SECTION TO BE COMPLETED BY EWS OFFICERS ONLY**

**EWS Assessment Form**

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| **People present at assessment and relationship to the child** |
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**Family structure - to include parents not living in the household and extended family members.**

**Include any other adults or young people living in the household.**

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| Name | DOB | Relationship to Subject | Occupation/School | Attendance/EWO Involved |
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**Assessment**

Consider the strengths and presenting difficulties and how they impact on the child.

**Include the following:**

Family and environment including housing and financial factors.

Anti-Social behaviour / substance misuse / risk of sexual exploitation

Youth justice Services / criminal exploitation

Health issues including medical and mental health concerns.

Family dynamics / relationships including domestic violence / parental conflict.

School attendance, suspensions / parental experience of education / barriers to attending for parent or child.

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| Please tick the criteria below that you feel your family meet following your assessment, if the family meet 3 of these 10 family outcomes, they may be entitled to support through the Supporting Families programme. Please record outcomes on Synergy & discuss in supervision with your line manager.   1. Children who have not been attending school regularly 2. Support needed for family members / siblings aged 0-5 years to promote good early years development. 3. Parents and children with a range of physical & mental health needs 4. Substance misuse within the family home / environment 5. Parental conflict within the household. 6. Children at risk of exploitation / MISPER / criminal exploitation. 7. Parents and children involved in crime or anti-social behaviour. 8. Families affected by domestic violence and abuse. 9. Housing issues or risk of homelessness. 10. Adults out of work or at risk of financial exclusion or young people at risk of worklessness. Support needed with Finances / NEET. |

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| **Is the child (or children) subject to a CIN or CP plan?**  Once your assessment is complete consider the need for an EHA, discuss this with the family record their views and how this will be actioned if appropriate, and who will be responsible for coordinating this. |

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| **Actions and Outcomes following your assessment**. These actions should be SMART (Specific, measurable, agreed realistic and time based) Theses actions should inform your future work and record keeping with the family.  Please detail who is responsible for these actions and the agreed timescales involved. |

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| **Any other Agencies involved - Contact names and numbers.** |

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| **Parent/Carers Views/comments** |

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| **Child/Young Person's views/comments (age appropriate)** \* to be recorded on Synergy. |

**Information on sharing and storage and how we will process and look after the personal data during the early help assessment and intervention: refer to** [Education Welfare Privacy Notice](https://www.barnsley.gov.uk/media/8746/early-start-prevention-and-sufficiency-education-welfare-service.pdf).

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| I understand the information gathered and recorded as part of the Education Welfare assessment and any subsequent intervention will be stored and used for the purpose of providing services to myself and the children or young people for whom I am parent or carer.  I have had the reasons for information sharing and information storage explained to me, and I understand those reasons and give my agreement to share and request information in the relevant circumstances.  I understand that the information provided on this form relating to myself and others will be recorded and that they may be contacted as part of the assessment and intervention.  I understand that the information that is gathered and recorded as part of the Education Welfare Assessment and any subsequent intervention may be used by Barnsley Council for local and national monitoring and reporting purposes. |

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| Where relevant I give consent for Education Welfare Service to share and receive information from health and GP services in respect of my child’s health YES /NO (delete as appropriate), any information that is shared or received from health and GP services will be held in line with the outlined information and storage agreement.  Signature of Parent or Carer ………………………………………. (Please indicate if parent/Carer refuses to sign)  Name: ………………………………………………..  Date: ……………………………………………….. |

**This section must be fully completed and signed by all persons over the age of 18 present at the time of completion of the form with the family, on behalf of themselves and any child or young person for whom they are parent or carer**

**Parent/Carer/Young Person Signatures**

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| --- | --- | --- | --- | --- | --- |
| **Signed:** |  | **Name:** |  | **Date:** |  |
|  |  |  |  |  |  |
| **Signed:** |  | **Name:** |  | **Date:** |  |
|  |  |  |  |  |  |
| **Signed:** |  | **Name:** |  | **Date:** |  |

**Other adult family/household members or significant others**

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| --- | --- | --- | --- | --- | --- |
| **Signed:** |  | **Name:** |  | **Date:** |  |
|  |  |  |  |  |  |
| **Signed:** |  | **Name:** |  | **Date:** |  |

**Assessors Signature**

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| --- | --- | --- | --- | --- | --- |
| **Signed:** |  | **Name:** |  | **Date:** |  |

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| **Education Welfare Service Initial Assessment Form**  **Additional Information Sheet**  **Young Person Details:**  **Date of Assessment** |

**Supporting Families Outcomes & Family Needs**

**1 – Getting a good Education**

1. Average of less than 90% attendance (authorised absence optional) for 2 consecutive terms.
2. Average of less than 50% attendance unauthorised and authorised for 2 consecutive terms.
3. Not able to participate and engage with education – motivation, emotional regulation and behaviour difficulties, risk of or subject to exclusions, concerns around suitability of Elective Home Education, child is off-role and not receiving an education otherwise, risk of NEET.
4. Child’s special educational needs not being met.

**2 – Good Early Years Development**

1. Expectant or new parents/carers who require additional or specialist support (e.g young parents, parents who have been in care, parents with learning needs)
2. Child’s (0-5 yrs.) physical health needs not met (e.g., immunisations not up to date, concerning accidental injuries, dental hygiene)
3. Child’s (0-5 yrs.) developmental needs not being met (e.g., communication skills/speech and language, problem-solving, school readiness, personal social and emotional development)

**3 – Improving Physical & Mental Health**

1. Child needs support with their mental health.
2. Adult needs support with their mental health.
3. Child and/or parent/carer require support with physical health needs that affect the family (e.g., long-standing health conditions requiring management, physical disabilities requiring adaptations)

**4 – Promoting Recovery & Reducing Harm from Substance Misuse**

1. An adult has a drug and/or alcohol problem.
2. A child or young person has a drug and/or alcohol problem.

**5 – Improving Family Relationships**

1. Parents/carers require parenting support
2. Harmful levels of parental conflict i.e., when it is frequent, intense or poorly resolved
3. Child/young person violent or abusive in the home (to parents/carers or siblings)
4. Unsupported young carer or caring circumstances changes requiring additional support

**6 – Children Safe from Abuse & Exploitation**

1. Emotional, physical, sexual abuse or neglect, historic or current, within the household
2. Child going missing from home
3. Children identified as at risk of, or experiencing, sexual exploitation
4. Child identified as at risk or, or experiencing criminal or pre-criminal, exploitation (e.g., county lines)
5. Child identified as at risk of, or being affected by, radicalisation
6. Child experiencing harm outside of the family (e.g., peer to peer abuse, bullying, online harassment, sexual harassment/offences)

**7 – Crime Prevention & Tackling Crime**

1. Adult (18+) involved in crime and/or ASB (at least one offence/arrest/named suspect report/ASB incident) in the last 12 months
2. Young person (u18) at risk of crime – including gangs, serious violence and weapons carrying, or involved in harmful risk-taking behaviour
3. Young person (u18) involved in crime and/or ASB (at least one offence/arrest/named suspect report/ASB incident) in the last 12 months

**8 – Safe from Domestic Abuse**

1. Family affected by domestic abuse or inter-personal violence and abuse – historic, recent, current or at risk (victim)
2. Adult in the family is a perpetrator of domestic abuse
3. Child currently or historically effected by domestic abuse

**9 – Secure Housing**

1. Families who are in local authority temporary accommodation and are at risk of losing this
2. Families not in suitable, sustainable housing and/or threatened with eviction/at risk of homelessness
3. Young people aged 16/17 at risk of, or who have been excluded from the family home

**10 – Financial Stability**

1. Adult in the family is workless
2. Family require support with their finances and/or have unmanageable debt (e.g., rent arrears)
3. Young person is NEET