

Essex SEMH Request for Support Form

The SEMH Request for Support form is the main referral route for accessing support from the SEMH Partnership Provisions in your local area.

The outcome of the request will be one of the following:

- Consultation, advice and signposting
- Outreach support
- A short-term, partnership placement in an SEMH Partnership Provision.

Each request is heard at a panel meeting which consists of representatives from the SEMH Partnership Provisions, the local authority, local schools and other relevant services.

Panel Criteria

Requests will be considered at panel based on the following criteria:

- SEMH is the main area of need
- TPP is adopted as a whole-school approach
- Ordinarily available SEND support has been in place, including support from the SEND Inclusion Team
- Inclusion Partner is aware of referral and knows pupil
- The school is prepared to work in partnership and maintain their inclusion
- Parental consent is agreed
- Transport can be provided by the referring school or family (for placements at provisions).
- Pupils with a diagnosis of Autism or is on the Autism pathway, can be referred, only if the presenting needs are trauma based, transient and not linked to sensory, flexibility, information processing, social interaction and communication.

If you are confident that you can meet the above criteria, please continue to complete this Request for Support Form and send it to:

South Essex SEMH Panel – Richard.Davies@css-essex.co.uk
Holly.saunders@css-essex.co.uk

Panel dates (please note the last date for submissions is **10 working days** prior to the Panel):

- Thursday 18th September 2025
- Thursday 23rd October 2025
- Thursday 4th December 2025
- Thursday 22nd January 2026
- Thursday 26th February 2026
- Thursday 26th March 2026
- Thursday 30th April 2026
- Thursday 4th June 2026
- Thursday 9th July 2026

All SEMH Panels are held at CSS Fairview Centre unless advised otherwise.

Please contact Richard Davies on Richard.davies@css.essex.co.uk should you have any questions.

All provisions included in this panel:

- The Atrium (KS2 Partnership Provision)
- Canvey Restart (KS1/KS2 Partnership Provision)

- The Arc (EYFS/ KS1 Partnership Provision)
- CSS (KS1/KS2 Alternative Provision)

Further information about all SEMH Partnership Provisions can be founds here:
[SEMh partnership provision: SEMh partnership provision | Essex Schools Infolink](#)

Please be aware of the following additional considerations that may influence panel decisions:

- Current cohort within the provision
- Provision capacity
- Other pupil needs which require further assessment.

School information

School	
Completed by	
Role	
Email address	
Contact telephone number	

Has your school accessed Trauma Perceptive Practice (TPP) training? Yes No

How far into your TPP journey are you?

Pupil Information

Name	
Date of Birth	
Year Group	
Attendance %	
Full or Part Time timetable (Please include details if part time)	
Free Schools Meals	
Medical requirements / Diagnosis	
Name of Parent/Carer	

Address	
Contact telephone	
Social Care involvement	Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Social Worker: Email: Telephone:
Child Protection Plan in place	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child in Need Plan in place	Yes <input type="checkbox"/> No <input type="checkbox"/>

Existing SEND Support

Have you attached the One Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes to the question above, when was the most recent One Planning meeting?	
Has the pupil got an EHCP?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please attach)
If finalised, date of the EHCP	
Date of the most recent Annual Review	
Has the pupil ever been suspended or excluded from school? (If yes, please give details)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you attached any additional documents to support this request? Such as: - Reflective Behaviour Logs - SEMH Assessments - Suspension/exclusion records - Etc.	Please list here:

Request Outcomes

What type of support are you seeking? (tick all that apply)

Consultation, advice and signposting	Yes <input type="checkbox"/>
Outreach	Yes <input type="checkbox"/>
A short-term, partnership placement within one of the SEMH Partnership Provisions	Yes <input type="checkbox"/>

Through accessing this support, the pupil will be able to: (SMART targets)

-
-
-

Through accessing this support, school staff will be able to: (SMART targets)

-
-
-

Reason for the Request for Support (what are your concerns about?)

Parent/Carer Views:

Pupil Views:

Pupil background/context

(Include which assessment tools have been used, and details of strengths, areas of need, family context, significant contributing factors)

Assess

What support have you put in place?

(Include details of - individual curriculum, group interventions, family support, personalised timetable, whole-school approaches, staff training, working with other agencies)

Plan / Do

What is the impact of the support you have put in place so far?

(Include successes and areas of persistent need, further reasonable adjustments made)

Review

Relevant support already accessed by the school, child or family:

Service	✓	Please provide names and dates.	What has been the outcome/impact of this support? Please attach any supporting evidence.
SEND Inclusion Partner (including consultation)	<input type="checkbox"/>		
Educational Psychologist	<input type="checkbox"/>		
Education Access Team	<input type="checkbox"/>		
Alternative Provision	<input type="checkbox"/>		
Attendance Monitoring Officers	<input type="checkbox"/>		
Mental Health Support Team (MHST) (<i>where relevant</i>)	<input type="checkbox"/>		
Child and Adolescent Mental Health Service (CAMHS)	<input type="checkbox"/>		
Power Project / Affinity	<input type="checkbox"/>		
GP / Health Services / Paediatrician	<input type="checkbox"/>		
Family Solutions	<input type="checkbox"/>		
The Virtual School	<input type="checkbox"/>		

Youth Offending Team / Community Police	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

Consent and Signatures

Parent/Carer consent:

I give my consent for all relevant information relating to my child to be shared with the appropriate professionals involved in the Primary SEMH Request for Support Panel in order that a request for support can be discussed.

Name:

Signed:

Date:

Referrer agreement:

All the information within this referral is accurate to the best of my understanding and all supplementary information has been included to support the referral.

Name:

Signed:

Date:

Headteacher agreement:

I am in support of this referral and am fully aware of the different pathways of support that could be offered to the pupil and our school. I will work with the panel and SEMH Partnership Provision to agree a plan of support. I am committed to working in partnership and maintaining inclusion in our school.

Name:

Signed:

Date:

Early help drop-in sessions



Weekly drop-in sessions -
you can attend any session

This session is designed to give partners in Essex who work with children, young people & families the chance to: discuss anonymised cases, gain peer support, be signposted to advice & help to answer general questions.

These sessions are supported by our panel of subject experts from across the children's system including:

- Team Around the Family Support Officer (TAFSO)
- Inclusion Partners
- Essex Family Support Service
- Engagement Facilitators
- SENDIASS
- Attendance Specialists
- Essex Youth Service
- Peabody Outreach
- Essex Child & Family Wellbeing Service
- DWP
- and others



These sessions **DO NOT** replace work undertaken by the Children & Families Hub as outlined in [Effective Support for Children & Families in Essex](#)



North Essex drop-in session
Tuesday 15:30-16:30pm

→ [Click here to join the meeting](#)

Email (North) C&FPartnershipLeads@essex.gov.uk



South Essex drop-in session
Wednesday 12:30-13:30pm

→ [Click here to join the meeting](#)

Email (South) C&FPartnershipLeads@essex.gov.uk



West Essex drop-in session
Thursday 12:00-13:00pm

→ [Click here to join the meeting](#)

Email (West) C&FPartnershipLeads@essex.gov.uk



Mid Essex drop-in session
Wednesday 12:00-13:05pm

→ [Click here to join the meeting](#)

Email (Mid) C&FPartnershipLeads@essex.gov.uk

Please note that the Mid Essex has an [online booking system](#), where you are able to pre-book a slot to present a case. Colleagues are still welcome to join the session without booking, but you won't be guaranteed a time to discuss your case.