**Kirklees Keep in Mind Consultation Form**

**Please note for urgent risk concerns e.g. significant harm to self, referral should be done**

**via Thriving Kirklees by calling 0300 304 5555**

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| **School** |  |
| **Staff member completing form** | **Name: Role:****Contact No: Email:** |
| **Please supply 3 suitable dates and times for a consultation meeting** | **1.****2.****3.*****Please ensure timings also work for parent/carer*****Email address of school contact attending consultation** **Email address of parent/carer attending consultation** |
| **Presenting issue** | [ ]  Anxiety [ ]  Low mood[ ]  Low level behaviour difficulties[ ]  Other (please specify)  |

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| **Name of Young Person (YP)** |  | **Date of birth** |  |
| **First Language** |  | **Interpreter Required?** |  |
| **Address** |  |
| **Contact No** |  | **GP name & practice** |  |
| **Gender assigned at birth** | **(comment if alternative preference)** |
| **Ethnicity (as stated by YP/Family):**[ ]  White British [ ]  White Irish [ ]  White-Any other White Background [ ]  Mixed White & Black - Caribbean [ ]  Mixed White & Black - African [ ]  Mixed White & Asian [ ]  Mixed-Other Mixed Background  | [ ]  Asian or Asian British-Indian [ ]  Asian or Asian British-Pakistani [ ]  Asian or Asian British-Bangladeshi [ ]  Asian or Asian British-Any Other [ ]  Black or Black British-Caribbean [ ]  Black or Black British-African  | [ ]  Black or Black British-Other [ ]  Other Ethnic Groups - Chinese [ ]  Any Other Ethnic Group[ ]  Not stated  |

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| **Consent: please tick statement that applies**[ ]  The child is at an age of Gillick competence, and has given consent and are aware information will be shared  with others as appropriate. The child is aware that they can withdraw consent at any time by emailing  swy-tr.kirkleesmhst@nhs.net[ ]  The child is under the age of Gillick competence and parents/carers have given consent and are aware  information will be shared with others as appropriate. The parent/carer is aware that they can withdraw consent  at any time by emailing swy-tr.kirkleesmhst@nhs.net][ ]  Parent/carer – do you consent for information to be shared with your GP?[ ]  Parent/carer – do you consent for information to be shared with School?**If consent is not sought, we cannot provide support for the young person** |

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| **Name of Parent/Carer 1** |  | **Relationship** |  | **Parental Responsibility (Y/N)** |  |
| **Contact No.** |  | **Alternative No**  |  |
| **Address if Different** |  |
| **Name of Parent/Carer 2** |  | **Relationship** |  | **Parental Responsibility****(Y/N)** |  |
| **Contact No.** |  | **Alternative No** |  |
| **Address if Different** |  |

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| **Tick any of the following that currently apply:** |
| **Children’s Services** |
| Early Help  | Yes [ ]  No [ ]  Don’t know [ ]   |
| Team Around Families  | Yes [ ]  No [ ]  Don’t know [ ]   |
| Child in Need  | Yes [ ]  No [ ]  Don’t know [ ]   |
| Looked after child | Yes [ ]  No [ ]  Don’t know [ ]   |
| Child Protection Plan  | Yes [ ]  No [ ]  Don’t know [ ]   |
| Care Order but living with parents  | Yes [ ]  No [ ]  Don’t know [ ]   |
| Special Guardianship Order  | Yes [ ]  No [ ]  Don’t know [ ]   |
| **Education** |
| Special Educational Needs individual support plan  | Yes [ ]  No [ ]  Don’t know [ ]   |
| My Support Plan  | Yes [ ]  No [ ]  Don’t know [ ]   |
| Education Health Care Plan  | Yes [ ]  No [ ]  Don’t know [ ]   |
| **Other**  |
| Young Carer | Yes [ ]  No [ ]  Don’t know [ ]   |
| Disability | Yes [ ]  No [ ]  Don’t know [ ]   |
| **Details of any services and other professionals Involved: e.g. social worker, SENCO etc** |
| **Name** | **Role** | **Contact No.** |
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| **What is the presenting issue?** (Observed behaviours and expressed feelings/thoughts? Please be as specific as possible, including recent example(s).) |
| **School View** *e.g. how is the YP engaging in activities, are they engaging with their peers, how is their appetite at school?* | **YP/Family View***e.g. how is the YP engaging in activities, is there any changes to sleeping patterns, how is their appetite at home?* |
| **Contextual factors** (e.g. significant events, home life, classroom and/or environmental factors, bereavement, etc.) |
| **School View** | **YP/Family View** |
| **Support given to date** (Graduated response to Social Emotional Mental Health - please specify duration and outcome)**How has school supported to date** e.g. ELSA, check ins etc**Other support –** is the young person or family currently being supported by any other agencies? |
| **School View (**What support has been put in place?)Please consider Early Help referral for parenting programme if there are any concerns around parenting or home environment. | **YP/Family View (**E.g. access to other services and its impact so far?) |
| **Support** | **Support** |
|  |  |
| **Duration of support** | **Duration of support** |
| **Outcomes**  | **Outcomes**  |
| **Are there any risks identified for young person or within the family?** Please specify timeframes of previous and/or current risk concerns i.e. current or historical. Risks include self-harm, suicidal thoughts, child sexual exploitation, substance misuse, safeguarding issues e.g. abuse |
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**Forms should be returned via the school’s ANYCOMMS box to Kirklees MHST-SWYT (we can be found in organisations).**

**For any queries, please contact** **KirkleesMHST@swyt.nhs.uk** **or 01484 343785**