

Child's First Name: _____
Child's Surname: _____
Gender: _____
D.O.B. _____ **Age:** _____
School: _____ **Yr. Grp:** _____
Home Address: _____

Parent/Carer name: _____
Tel No: _____
Tel No: _____
Email: _____

G.P. Name: _____
Surgery Name: _____
Address: _____
Post Code: _____
Tel No: _____

Consulting/Referring Agency:
Named Contact: _____

Address: _____

Tel No: _____
Email: _____

Name of Secondary Jigsaw Practitioner you are discussing this consultation with:

Date of consultation:

Attendance %

Other Agencies Involved	Current Involvement (please tick)	Past Involvement (please tick)	Is Agency aware of Referral (Yes/No)	Contact Name and Number
CAMHS				
Social Services				
Counselling				
Young Carers				
Mosaic				
School Aged Plus				
Youth Offending Team				
LGBT+				
Educational Psychologist				
Parent Partnership				
Sensory Impairment Services				
Speech & Language Therapy				
Other (specify)				

Has / Is the young person accommodated by a Local Authority?

Yes

No

Child's Legal Status: _____.

Has / is the young person on the Children Protection Register?

Yes

No

If yes, please supply additional information:

Child/Young Person's Ethnicity (please tick below)

Caribbean		Indian		White British		White & Black Caribbean		Chinese	
African		Pakistani		White Irish		White & Black African		Ethnic Group Not given	
Any Other Black Background		Bangladeshi		Any Other White Background		White & Asian			
Any Other Asian Background		Any Other Mixed Background							

Is the Young Person an asylum seeker? Yes No

If Yes please provide details _____:

Young person First Language:

Parent (s) first Language:

Is an interpreter or signer required? Yes No

Has this been arranged Yes No

Reasons for referring the young person.

Please tick as appropriate

Family relationship problem	Anxiety & Fears	Sadness & Depression
Bullying	Self-Harm	Recent Change in Behaviour
Other (Please Describe)		

Any Known Medical or Psychiatric Conditions ie:- ASD / ADHD / Diabetes

Reason for Concern

Possible Contributing Factors (Please tick as appropriate)

Young Carer	Dependant Relative	Learning Difficulty
Physical Disability	Child in Need	Domestic Violence
Mental health problems in family	Drug & Alcohol Abuse	

Additional Information: _____

Challenges & Strengths

- 1) **Young Person:** _____

- 2) **Family** _____

- 3) **School** e.g. attitude to learning/friends/behaviour _____

- 4) **Management of Situation** What support has been provided by School? _____ Was this helpful? _____

Parents Concerns: Have you discussed your concerns with the parents/Carers? _____

Young Persons Concerns: Have you discussed your concerns with the young person?
• If so, what is the young person's opinion of the problems / concerns?
• What do they want to be different / what support do they want?

Does the young person have a statement of Special Educational Need?

Yes No

Has the young person had a fixed term or a permanent exclusion in the past 12 months?

Yes No

OUTCOMES TO BE COMPETED BY SECONDARY JIGSAW PRACTITONERS.

Recommend referral

Or

Signpost to other agencies

Advice Given _____

PLEASE READ

I /we agree with this referral being submitted to the Community CAHMS Operational Panel and that in accepting this referral, information will be shared between the agencies specified to ensure appropriate assessment is completed and workers identified. I / we reserve the right to change my / our decision, and will inform the referrer of this action immediately.

Signature Parent / Carer _____

Please also Print Name: _____

Date:

Signature of Young Person: _____

Please also Print Name: _____

Date:

Signature of Referrer: _____

Date:

Secondary Jigsaw Service

The Jigsaw Service is an education mental health team which aims to work alongside mainstream Secondary Schools and detached services to improve the educational and emotional opportunities for those students experiencing mental health difficulties and to offer support to their families / carers.

We are based at Secondary Jigsaw, Pendlebury Centre, Edgeley Road, Cheadle Heath. Stockport SK3 0RJ

The team provides consultation sessions with schools to discuss referrals and to offer advice regarding making referrals. For more information contact the team on 0161 428 9305 Option 1. Or e-mail jigsaw@pendlebury.stockport.sch.uk