|  |
| --- |
| Section 5: School Based Support  |
| Is the child / young person on the SEN register? Yes [ ]  No [x]  If yes, what support is the child / young person receiving? (details how much and how often)N/A |
| What other in school support have they received so far (details how much and how often)In school nurture and Mental Health check in / support via class teacher and in school Nurture and SEMH centre |
| Does the child / young person have an Education Health & Care plan or My Support Plan\*? If yes please submit a copy with this referral. Mark if you have the below:  |
| Education Health & Care plan\*  | [ ]   | My Support Plan\*  | [ ]   |

|  |
| --- |
| Section 6: Reason for referral / presenting needs (Covid-19 Onset)  |
| Please select the primary reason for referral:  |
| Anxiety / Worry | [x]   | Low Mood | [x]   |
| Phobias  | [ ]   | Self-harm behaviours | [ ]   |
| Relationship difficulties | [x]   | Behavioural | [x]   |
| Self-care issues | [ ]   | Attendance | [ ]   |
| Other (Covid-19 related issues) | [ ]   |   |

|  |
| --- |
| Section 7: Information  |
| What is the particular issue that has led you to request EEWBP involvement? (What does it look like? How often does it occur?)CHILD has been in school 3 days out of 5 during the current lockdown. When in school and at home, he has found it difficult to engage with learning and has seemed visibly down at different points within the lockdown. His body language suggests he's disengaged and quite low (sighing, head in his hands, shaking his head, walking out of the class on occasion). In school, he has found it difficult at times to control his behaviour (e.g. refusing to complete tasks, disrupting others, disrespectful, falling out with peers). He has also confided that he worries about COVID and about his grandad in particular and people dying from it. (He has had 3 very positive days in school just prior to writing this which show very different much more positive behaviours being exhibited but the concern is that this won't be sustained and that those same feelings are still there but just not seen them visibly demonstrated recently).  |
| How long has the issue been going on and how often is it happening?CHILD has historically made poor behaviour choices but had shown positive and sustained improvement prior to current lockdown. Based on time in school, his behaviour has been much more mixed with a return to previous poor choices which we are concerned may be linked to underlying anxiety. It often seems that his behaviour and attitude seems to deteriorate (when this does occur) during or after his lunch break with mornings being (generally) more positive. He has been quite mixed throughout both in terms of outward mood and behavioural choices (though as aforementioned writing this after 3 very positive days) |
| What have you done so far to respond to this issue?Daily emotional check-ins am and in the last fortnight, 1-1 check-in with an adult straight after lunch just to chat about anything he fancies which he seems to really enjoy. Meeting been held with both mum and CHILD to discuss concerns around behaviour choices and a behaviour plan (which had previously been in place) reintroduced. Mum uses rewards and consequences based upon outcomes of this at home to support school systems. |

|  |
| --- |
| Section 8: Clarification |
| What needs to happen to improve things for the child / young person, what are their goals? (mark all that apply) |
| Reduce loneliness or isolation | [ ]   | Increase confidence, self-esteem | [x]   |
| Build & maintain positive relationships | [x]   | Build strong network of support | [ ]   |
| Develop hobbies / interests | [ ]   | Self-manage emotional wellbeing | [x]   |
| Other (please describe) | [ ]   |  |
| What are you hoping will be the outcome from involving the EEWBP?Improvement in CHILD's moods, reduction in anxiety and improvement in behavioural choices. |

|  |
| --- |
| Section 9: Other Support  |
| Please give details of all other support received by the young person/family currently or within the last 12 months: Complete as much information as you can in the below box: |
| Worker Name | Organisation/Service | Contact Number |
|      |      |      |
|      |      |      |
|      |      |      |
|      |      |      |
|      |      |      |
|      |      |      |
| Please give details of work completed with any of the above services including any previous therapeutic involvement:      |

|  |
| --- |
| Section 10: Risk assessment and the management of - current and relevant historical risks. |
| Have there been any concerns about the young person? (substance use/ self-harm/ suicidal / self-neglect/ risk to others/ risk from others) Yes [ ]  No [x] If yes, please describe and detail actions taken:     Protective/mitigating factors:      |