Emotional HealthTriage

West Berkshire COUNCIL

Multiagency Emotional Health Triage **Referral Form**

Please fill in this form fully as we are unable to access information from healthcare and other systems.

Please also ensure the consent section is completed, which is at the bottom of the form.

If the form is not completely fully, we reserve the right to reject the referral.

Referral Details	
Name of Child/Young Person	Date of Birth
Address	Age
School or College	Referral Date
GP Name and Surgery	
Referrer Name	
Relationship to Child/young Person	
Referrer Address	
Referrer Contact Number	
Referrer Email	

Reason for referral *(please include as much detail as possible including symptoms, duration, potential triggers and effects on young person/family)*

Please indicate whether there has been involvement from the following services for the child / young person or the family:

	Yes/No	When	Details
CAMHS			
Children and Family Services			
Educational Psychologist			
School SENCO or Family Support Worker			
Other – please name			

Does the child or young person have an Education Health Care Plan? ◯ Yes ◯ No

Are they a Young Carer? ◯ Yes ◯ No

Family / Household Details

Provide details of ALL others living in the household (parents & all children)						
Name	DOB/ EDD	Relationship to child	PR	Gender	Ethnicity	Religion/ practicing

Contact Details for Family

Name:

Telephone: Email:

Please provide further information below. Please provide as much information as you are able, as this will help the panel to recommend the right support for you, or the child or young person being referred.

This section is best completed with the help of the child/young person or their family.

When thinking about the situation facing this child, young person or their family:
What's working well?
What would the child/young person like to happen?
What other supports are already in place?
What will be different if things are better?

Please mark on the scale below what you believe is the young person's risk of harm to self or others:

If a rating of High or Very High Risk is given please call CAMHS CPE directly on **0300 365 1234.**
Please provide a reason for your rating:

Gillick competence (the functional ability to make a decision) **and consenting to services**

If a young person is over the age of 16 years, they are assumed to have capacity to consent to services in their own right as per the Mental Capacity Act 2005.

This is also the case for those under the age of 16 who are deemed to be 'Gillick competent'.

This means that if the young person consented to become involved with the EHT and /or EHA but their parent(s)/ carer(s)/ Social Worker did not, we could still proceed to work with them. Likewise, if a young person did not consent to become involved with the EHT and /or EHT but their parent(s)/ carer(s)/ Social Worker did, we would not usually proceed to work with them.

Provision is made below for young people to provide their consent where they are over the age of 16 or where the young person is under 15 or under and competent to give consent.

- the young person's age, maturity and mental capacity
- their understanding of the issue and what it involves - including advantages, disadvantage and potential long-term impact
- their understanding of the risks, implications and consequences that may arise from their decision
- how well they understand any advice or information they have been given
- their understanding of any alternative options, if available
- their ability to explain a rationale around their reasoning and decision making.

YOUNG PERSON'S CONSENT

To be completed by all young persons if 16 years and over unless they have been assessed as lacking capacity to consent to services.

And by any young person if they are 15 years or under who is competent to provide consent in their own right.

I have read this request for information form and consent to the following:

I have read the information on this form and agree for my information to be shared with the Emotional Health Triage (EHT).

I understand and give permission to be assessed face to face, with safety measures followed, by a member of the Emotional Health Academy if deemed appropriate.

I give permission for any relevant information gathered by the EHT and /or EHA to be held securely as part of the EHT and EHA record keeping processes. I agree that relevant information gathered by the EHT and / or the EHA can be shared with other appropriate agencies, including schools, involved with me if found necessary and where a lawful basis exists.

More information about what data we collect, why, and who it is shared with can be seen on our privacy notice www.westberks.gov.uk/pneha

Signature: **Date:**

PARENTAL CONSENT

I have read this request for information form and consent to the following:

I have read the information on this form and agree for this information to be shared with the Emotional Health Triage (EHT).

I understand and give permission for my child to be assessed face to face, (with safety measures followed) by a member of the Emotional Health Academy (EHA) if deemed appropriate.

I give permission for any relevant information gathered by the EHT and / or EHA to be held securely as part of the EHT record keeping processes. I agree that relevant information gathered by the EHT and /or EHA can be shared with other appropriate agencies, including schools, involved with my child if found necessary and where a lawful basis exists.

More information about what data we collect, why, and who it is shared with can be seen on our privacy notice www.westberks.gov.uk/pneha

Signature: **Date:**

After completing the referral form email to:
Referrals Coordinator at **Emotional.Health.Triage@westberks.gov.uk**

Or post to: **Emotional Health Triage, Emotional Health Academy, West Berkshire Council, West Street House, West Street, Newbury, Berkshire RG14 1BZ**

If you have any questions please call the Referrals Coordinator on **01635 519018.**