

## Wokingham Emotional Wellbeing Hub (EWH) / Mental Health Support Team (MHST) Referral Form

For Children and Young People up to their 19th birthday, living in Wokingham Borough Council

### Remit for the Emotional Wellbeing Hub includes:

- Mild to moderate referrals which may result in onward signposting, discussion at multi-agency meeting, onward referral to our NHS colleagues or other external agencies.
- Support for non-urgent emotional mental health difficulties which would benefit from a time-limited, evidence-based intervention, are managed by Primary Mental Health Team 4 Youth (PMHT4Y). They cannot provide diagnosis, medication, or a fast route to CAMHS.

If you believe that a case meets the threshold for the EWH to review, **please email the completed referral form to:** [emotionalwellbeinghub@wokingham.gov.uk](mailto:emotionalwellbeinghub@wokingham.gov.uk) or call the Emotional Wellbeing Referral Coordinator on: 0118 974 6000.

**Remit for MHST** can be found by visiting [www.wokingham.gov.uk/mental-health-support-team](http://www.wokingham.gov.uk/mental-health-support-team) If you believe that a case meets the threshold for the MHST to review, please email the completed referral form to: [mhstadmin@wokingham.gov.uk](mailto:mhstadmin@wokingham.gov.uk). If you believe that a case meets the threshold for the MHST to review, **please email the completed referral form to:** [mhstadmin@wokingham.gov.uk](mailto:mhstadmin@wokingham.gov.uk)

**Note:** We are unable to accept urgent or emergency referrals or queries. If you are concerned that there is a risk to the life of a child or young person call 999. Otherwise, please visit the CAMHS website <https://cypf.berkshirehealthcare.nhs.uk/contact-us/> If you are concerned about the safeguarding of a child or young person please visit:

<https://www.wokingham.gov.uk/children-and-families/child-protection-and-family-support/>

1. Details of Person Making the Referral - person completing this form			
Name:		Date of Referral:	
Role:		Agency:	
<b>Contact Details:</b>	Tel:	Email:	
Address:			Referrer's E-Signature:
2. Consent Details - all sections <u>must</u> be completed			
Are the parents/carers aware of this referral to the EWH/MHST? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If not, why?			
Children/young people aged <b>12 years and above must consent to the referral being made</b> . Consent must be sought from parents/carers of children aged up to 16 years for the referral. If the parent/carer does not give consent, you may wish to consider contacting your safeguarding team. <b>The child/young person/parent/carer should be aware that any disclosures that cause a safeguarding concern will be shared with the appropriate team.</b> See consent notes on the last page of the form.			
Signed: E-Signature box		Tick box if consent provided verbally <input type="checkbox"/>	Parent Name:
Signed (Young person 12+):		Tick box if consent provided verbally <input type="checkbox"/>	Young Person's Name:

3. Child/Young Person Details – all sections must be completed		
Forename: Surname: Preferred Name: Preferred Pronoun(s):	Home Address:	
Pupil Premium: Yes <input type="checkbox"/> No <input type="checkbox"/>	Lives with Parent(s): Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Birth: Age: Gender:	School:	Year Group:
First Language:  Other Language:  Is a translator required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are they looked after children? (If so who is their Social worker?)	
Does the Child/Young Person have any diagnosis/are they on a pathway? (Include dates and pathways)		
Are they supported by SEN <input type="checkbox"/> /EHCP <input type="checkbox"/> /IEP <input type="checkbox"/> / <input type="checkbox"/> none of these? (tick as appropriate)		
Do you have any safeguarding concerns? Yes <input type="checkbox"/> No <input type="checkbox"/> Have these been reported, if so when? Is a Child Protection Order in place? (please provide date)		
Previous referral history: (if known, with dates/names)		
Is there a history of Domestic Violence? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please provide details of support received and any preferences regarding discussion of this situation with the child/young person)		
Ethnicity: <b>Asian or Asian British</b> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="checkbox"/> Pakistani <b>Black or Black British</b> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other	<b>Mixed</b> <input type="checkbox"/> White & Asian <input type="checkbox"/> Other <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <b>White</b> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other	<b>Other Ethnic Group</b> <input type="checkbox"/> Chinese <input type="checkbox"/> I do not wish to disclose this <input type="checkbox"/> Other (indicate below)
GP Surgery and GP's Name: (If you have recently moved to the area and/or do not have these details please advise)		
NHS Number: ( <b>IMPORTANT</b> )		

4. Family Details – all sections must be completed		
Parent/carer/guardian name:		
Address – if not living at address given above:		
Parental responsibility:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary contact number:		
Primary contact email:		
Is there any knowledge of parental functioning/mental health issues? i.e. ASD/ADHD, anxiety, depression, dependency?		
Provide names of other significant adults and children (i.e. siblings, step parents, step siblings, etc):		
Name and age:	Address:	Relationship/involvement with child:

5. Key Agencies Involved (please indicate the contact name, date of last contact, current status) THIS MUST BE COMPLETED WHERE RELEVANT			
Agency	Name of worker/email	Agency	Name of worker/email
CAMHS		Probation/Youth Offenders	
Community Mental Health-Children		School Nurse	
Community Paediatrician		Targeted Youth Service	
Dentist		Drug/Alcohol Services (Cranstoun)	
Early Help Services		Education Welfare	
Health Visitor		Police	
Other (with date and contact)			

<b>6. Risks: Please provide as much detail as possible, attaching documents if necessary</b>	
What, if any, risks are you aware of in or out of school?	Please detail any risks, including any involvement from other parties and whether resolved or ongoing.
What, if any, self-harm behaviours are evident?	Please detail any self-harm behaviours, no matter how mild (current or historical, indicate when it occurred and frequency).
Are you aware of any suicidal thoughts or actions?	Please detail any self-harm behaviours, no matter how mild (current or historical).

<b>7. Summary of Concerns: Please provide as much detail as possible, attaching documents if necessary.</b>	
What is the reason for referral?	Please detail any risks, including any involvement from other parties and whether resolved or ongoing.
What is the impact at school / home?	Please detail any self-harm behaviours, no matter how mild (current or historical, indicate when it occurred and frequency).
Do they present as worried or anxious? If so, how?	Please detail any self-harm behaviours, no matter how mild (current or historical).
Do they have specific worries / or avoid situations? If so, how?	
Do they experience low mood? If so, please detail including how often.	
Has this stopped them doing things they previously enjoyed? If so what/how?	Please explain the behaviours observed and the impact they have.
Do they have behaviour difficulties? Please explain	
How do you hope that we can help?	
Other relevant information:	

8. Support to child/young person and family and other relevant background information:	
What support have the child/young person and family <b>had from</b> school in relation to this referral?	Please give details of any interventions (including outcomes) the child/young person has received or is currently receiving, e.g., support groups, individual support, counselling, PSP etc. i.e Emotional Regulation with ELSA since November 22.
How would the child/young person describe their situation and hopes for the future? <b>This should be using their own words.</b>	

#### IMPORTANT NOTES:

- To see how we use and store your personal information in line with GDPR please read details on the Wokingham Borough Council website:  
<https://www.wokingham.gov.uk/council-and-meetings/information-and-data-protection/data-protection/>
- For Primary Mental Health Team 4 Youth (PMHT4Y) GDPR details, please visit:  
<https://www.berkshirehealthcare.nhs.uk/patient-privacy-notice/>
- If redirected to PMHT4Y, you should be aware that as they work within Berkshire Healthcare Foundation Trust, the referral will transfer to them and subsequently be entered onto their own database. On occasion, there may be a need to transfer and share information between Wokingham Borough Council and NHS, due to different systems.
- In relation to MHST, you should be aware that anonymised data will be collected for the national evaluation project.

#### \*Consent is required:

- so that the referral can be discussed by professionals and other relevant agencies, and/or managed by them if appropriate (including sharing information between agencies)
- to indicate you understand our GDPR processes (as per the above links) about accessing, storing and managing your data
- to provide agreement for the Emotional Wellbeing Hub to pass on/make a referral to the most appropriate team for support (including external agencies)

If you are unhappy with any part of this please indicate, we will then contact you to discuss in further detail before we can process your referral further. Additionally, in the event of any safeguarding concerns during the referral process, we are duty bound to forward details to the Safeguarding Team.

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If you are concerned that there is a risk to the life of a child or young person call 999. Otherwise, please visit the CAMHS website for contact information, including urgent or crisis support visit  
<https://cypf.berkshirehealthcare.nhs.uk/contact-us/>

To talk to someone about your concerns, out of work hours, you can call Childline on 0800 1111 or Samaritans on 116 123. You may also find it useful to take a look at the following websites:

- o <https://www.annafreud.org/on-my-mind/>
- o <https://youthlineuk.com/>
- o <https://youngminds.org.uk/>
- o <https://www.kooth.com/>