





# **Coping with Uncertainty in Everyday Situations (CUES)** Parent Group: Mental Health Support Team Parent **Referral Form**

Referral form for Coping with Uncertainty in Everyday Situations (CUES) Parent Group from the MHST for parents of autistic children of ages 6 - 16 with difficulties tolerating uncertainty. Please email completed referrals to MHSTadmin@wokingham.gov.uk and one of our friendly practitioners will be in touch to arrange an introductory phone call. Please note: where parents have more than one child fitting the criteria, the referral should be completed for the child parents are most concerned about.

1. Details of Parent Making the Referral - parent completing this form					
Name:		Date of Referral:			
Parent/carer role:		School:			
Contact Details:	Tel:	Email:			
Address:					
2. Consent					
I parent/carer/guardian/young person (if aged 12+) give consent for EWH/MHST involvement and for them to liaise with CAMHS, or other relevant professionals to share information appropriate to the referral. I/we understand that any disclosures that cause a safeguarding concern will be shared with the appropriate team. *See consent notes following this form for more information.					
Signed:		Parent Name:			
Please indicate if consent was provided verbally:					
Signed (young perso	n if 12+):	Young Person's Name:			
Please indicate if cor	nsent was provided verbally	<i>/</i> :			
3. Child/Young Person Details					
Forename:	Surname:				
nvate. Information that contains a small amount of sensitive data which is essential to communicate with an mulvidual but doesn't					

Preferred name:					
Preferred pronoun:					
Pupil Premium: Yes□ No□					
Date of Birth:		Age:	Year Group:		
First Language: Other Language:			Ethnicity: White □ Mixed □ Asian/British Asian □ Black/British Black □ Other □		Black □
Home Address:			General Practitioner name & address:		
4. Family D	etails				
Parent/carer details:		Address - if not living at family address given above		Parental	responsibility
				Yes □	No □
				Yes □	No □
Names of other significant adults and children including siblings		Address - if not living at family address given above		Relation with child	
5. Nature o	f difficulties wi	th uncer	tainty		
Please comment on those that apply. Please provide brief examples.					
Nature of child's difficulty with uncertainty:	Please give detai uncertainty	ils, such as	s specific situations causing d	ifficulty to	o the child due to
Any strategies	Please give detai	ile			
tried to manage the difficulty with uncertainty:	riease give detai	15			
	Planca diva data	ile for ever	mple impact on shilling to firmat	tion or to	ko part in activities
Impact on child	riease give detai	is, ioi exar	mple impact on ability to funct	iori or tai	ke pari iri activities

Private: Information that contains a small amount of sensitive data which is essential to communicate with an individual but doesn't require to be sent via secure methods.

Impact on the family/others	Please give details			
6. Additional Relevant Information				
Support to child & family: What support have the child and family had in relation to the child's difficulties?				
Does the child have any diagnosis/has a referral been made to CAMHS for an assessment (e.g. ASD)?				
Previous or ongoing behavioural interventions: Please give details of any interventions/ treatment (including outcomes) the child has received or is currently receiving, such as specific support groups, individual support, counselling, PSP, etc.				
If asked, what are the child's/YP views about this referral?				
Are you aware of any risks to or from the child? e.g. hitting siblings etc.,				
What are your hopes for taking part in the group? What change would you like to see?				

<u>Please Note</u> we do not to accept urgent or emergency referrals/queries If you are concerned that the child or young person is at a high level of risk related to mental health difficulties, please call CAMHS Rapid Response on 0300 365 1234 between the hours of 8.00am -10.00pm Monday to Friday or 9.00am - 5.00pm Weekends and Bank Holidays. Outside of the hours of 8am-10pm, please contact Crisis Teams (CRHTT) on 0800 129 9999\* (freephone) (\*this number is the 24 hr Berkshire Adults Mental Health Crisis Team. The team is designed to support adults in a mental health crisis, however they are able to take calls from young people and parents; and offer advice and direction to support you and your child).

If you are concerned about the safeguarding of a child or young person, please contact Children's Services Wokingham on 0118 908 8002.

To see how we use and store your personal information in line with GDPR please read details on the Wokingham Borough Council website:

<a href="https://www.wokingham.gov.uk/council-and-meetings/information-and-data-protection/">https://www.wokingham.gov.uk/council-and-meetings/information-and-data-protection/</a>

### \*Consent is required:

 so that the referral can be discussed by professionals and other relevant agencies, and/or

managed by them if appropriate

 to indicate you understand our GDPR processes (as per the above links) about storing and

managing your data

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.

### Please note:

- We are unable to help with diagnosis or medical intervention, please consult your
   GP if you are seeking this level of support.
- 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 the resources provided by ARC to be useful whilst waiting to hear from us www.arcweb.org.uk/factsheets.

Thank you for completing this referral form

## **Mental Health Support Team: Further information**

## **Participating Schools**

The service is only available to children and young people who attend or are on roll at one of the following schools: **Primary Schools:** All Saints, Hawkedon, Hawthorns, Keep Hatch, Loddon, South Lake, Winnersh, Foundry (primary), Highwood, Bearwood, Beechwood, Coombes, Gorse Ride Junior, Lamb's Lane, St Sebastians, Shinfield St Mary's Junior, Windmill, Whiteknights, Woodley, Willow Bank Infants, Chiltern Way

**Secondary Schools:** The Forest, Foundry (secondary), The Holt, Maiden Erlegh, St. Crispin's, Emmbrook, Waingels, Bulmershe, Oakbank,

To access support for a child or young person who does not attend one of the participating schools, please visit the Emotional Wellbeing Hub for a referral form: Emotional Wellbeing Hub - Wokingham Borough Council

If you believe that a case meets the threshold for the MHST to review, please email: <a href="mailto:mhstadmin@wokingham.gov.uk">mhstadmin@wokingham.gov.uk</a>

## Please Note MHST does not accept urgent or emergency referrals

If you are concerned that the child or young person is at a high level of risk related to mental health difficulties, please call the **Children**, **Young People and Families Health Hub on 0300 365 1234** between the hours of 8.00am -10.00pm Monday to Friday <u>or</u> 9.00am - 5.00pm Weekends and Bank Holidays.

If you are concerned about the safeguarding of a child or young person, please contact Children's Services Wokingham on 0118 908 8002.

### Remit for MHST

- Support low level (low intensity) mental health difficulties such as low mood, anxiety and phobias through evidence based short term interventions with children and young people over 12 years.
- Support parents to manage behaviour difficulties and worries in primary aged children. The MHST have a core remit to promote emotional wellbeing and resilience on a school wide level.

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- Undertake assessments, evidence based individual and group pupil work, shared decision making with pupils, family parenting groups, onward signposting to more specialist teams and whole school projects.

  Consult cases with the Senior Mental Health Lead in schools to help inform provision for pupils and make
- judgements about whether a child or young person would benefit from MHST intervention.