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East Lothian Children and Young People Single Point of Access

Request for Assistance Referral Form (RfA)

**Please read the following before you continue:**

**In Emergency Situation call 999**

**Sometimes, depending on the severity of presenting mental health difficulties, it may be most appropriate to refer a child or young person directly to CAMHS. The Single Point of Access is not used to make direct referrals to East Lothian CAMHS for Severe Mental Health Distress. The information below will help you to first decide if the referral should be made directly to CAMHS and then how to do that correctly.**

**A Mental Health Concern is considered Severe and Urgent if:**

**☐ They are expressing active suicidal thoughts and risk to life is high.**

**☐ They have had rapid weight loss and/or are significantly underweight for their age and stage of development and/or presents with serious medical complications associated with an eating disorder**

**☐ There are behaviours that might indicate altered thinking suggestive of acute psychosis. This may involve the person to perceive or interpret things differently from those around them, this will often include; short episodes of delusions, hallucinations, thought disorder, disorganised speech or behaviour.**

**☐ They are pregnant or have given birth within the last 12 months**

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| **If any of the above apply to the Child or Young Person for whom your are seeking support please complete this form with as much information as you can and send to:**  [**CAMHSEastLothianReferrals@nhslothian.Scot.nhs.uk**](mailto:CAMHSEastLothianReferrals@nhslothian.Scot.nhs.uk)  **It is the responsibility of the referrer to explain processes and possible outcomes to the child/young person and family clearly before submitting the RfA. You should not ask them to sign the form until you are clear they have read through and have a full understanding of this.** |

**If none of the above presentations apply, please continue below.**

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| **Please send completed RfA to (this is a secure link):** [**CYPSPA@eastlothian.gov.uk**](mailto:CYPSPA@eastlothian.gov.uk)  **It is the responsibility of the referrer to explain processes and possible outcomes to the child/young person and family clearly before submitting the RfA. You should not ask them to sign the form until you are clear they have read through and have a full understanding of this.** | | | | |
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| **Section 1: Referrer Details** | | | | |
| Name: |  | | | |
| Agency: |  | | Role: |  |
| Contact No: |  | | Email: |  |
|  | | | | |
| **Section 2: Child/Young Person Details** (Parent/carer details are in section 3) | | | | |
| Name: |  | | Date of Birth: |  |
| Address: |  | | Age at time of referral: |  |
| Contact No: |  | | Email: |  |
|  |  | | Sex: |  |
| Care Experienced: | * Yes * No | | What gender do they identify as: |  |
| School/ Early Learning and Childcare Setting: |  | | Stage/ Year: | e.g. pre-school no placement; 2 year old placement, ante pre-school, pre-school, P6, S1, post school |
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| **Section 3: Parent/Carer Details** | | | | |
| Name: |  | | | |
| Contact No: |  | | | |
| Email: |  | | | |
| Relationship to Child/ Young Person: | |  | | |
| Address (if different to above): | |  | | |
| Would you prefer follow up forms to be emailed or posted? | | * Emailed * Posted | | |
| If the child/young person does **not** consent to their parent/carer being made aware of this RfA - please explain why here: | |  | | |

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| **Section 4: Current Situation** | | |
| In accordance with East Lothian Council’s Child and Young Person’s Planning Framework, there is an expectation that **wellbeing assessment and planning will be in process** and **universal support** will have been put in place. | | |
| **Please describe why this child/young person requires support from the Single Point of Access**  **e.g. give details of issues/ concerns regarding:** | | |
| * Anxiety * Low mood * Gross and fine motor skills * Self-harm * Self-Care * Complex medical needs * Attention and concentration * Eating | * Expressive, receptive and social communication * Peer relationships * Family issues, such as separation, conflict, domestic abuse, ill health * Bereavement reaction, more extreme or lasting longer than typically expected * Significant difficulties in managing change/ transition * Suicidal thoughts * Learning and Development | |
| **Please don’t duplicate (copy and paste) information from the wellbeing assessment onto this RfA form - you only need to record the information in one place.**  **Situation** – Briefly describe the situation  *(Type here)*  **Presentation** – What behaviours does the child/young person display at home and at school/nursery? If an ND condition might explain the child/ yp’s presentation please explain your reasoning. (Comment on development/learning, flexibility, concentration, processing, sensory needs, communication and social interaction, etc.)  *(Type here)*  **Supports** - What supports and interventions at a universal, additional and targeted level are already in place? **If you have included a comprehensive wellbeing plan in place, there is no need to complete this section**.  *(Type here)* | | |
| **What are the main reasons for the RfA?**  Many RfA’s note several concerns. Please tick the primary concern(s). This is for administrative processes only and will not affect the outcome. | | |
| * **Mental Health & Wellbeing SPA (over 5 years)** * Attachment / relationship issues * Anxiety * Bereavement * Body Image * Change/Transition * Emotional/Behavioural Difficulties * Exam Stress * Family Issues * Gender Identity * Low Mood * Peer relationship issues * Self-Harm * Suicidal Thoughts * Substance Use * Trauma | | * **Neurodevelopmental Assessment**   Autism, ADHD, Foetal Alcohol Spectrum Disorder, Global Developmental Delay, Intellectual/ Learning Disability, Developmental Coordination Disorder, Developmental Language Disorder.   * **Early Years Response Team**   The East Lothian Early Years Response Team is a multi-agency network designed to offer relevant and timely support for children with an identified need **before they start school**. Children who access this service will be deemed to have ***significant and complex*** additional support needs affecting their development. Support will be identified using a staged intervention framework in order to meet specific needs at the right time. |

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| **Other relevant information if not included elsewhere (e.g. other professionals involved, health concerns, family/social background)** |
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| **Additional Information - required to be attached with this RfA** | | | |
|  | **Required** | **Recommended** | **Optional**  The following information can be helpful, but is not essential |
| **Mental Health & Wellbeing SPA** |  | * [Universal Wellbeing Plan](https://drive.google.com/file/d/1Ij-8pfrB1-Jq6BKu2BVOMv393F90DL8D/view) and/ or [Child/Young Person’s Plan](https://docs.google.com/document/d/1uQgm9WHA_XglB19_n3uullYUTtNZYZSzINwZUSSMYuU/edit) | * CAMHS Report * CCH Report * SLT Report * OT Report * EP Report * IEP * [CIRCLE Participation Scale](https://sites.google.com/edubuzz.org/eastlothianeduhub/enabling-learning/circle) * Positive Support Plan * Ages and Stages Questionnaire (ASQ) * Medical diagnoses * Additional equipment (e.g. feeding tube) * Other |
| **Neurodevelopmental Assessment** for all children already in Educational Placements | * [Dimensions Tool](https://dimensions.covwarkpt.nhs.uk/Dimensions-Landing.aspx) *(optional for 3-4 year olds)* * [CAIDS-Q](https://learningdisabilitymatters.co.uk/learning-disability-form/) (*only for Learning/ Intellectual Disability assessment - over 6 years only)* | * [Universal Wellbeing Plan](https://drive.google.com/file/d/1Ij-8pfrB1-Jq6BKu2BVOMv393F90DL8D/view) and/ or [Child/Young Person’s Plan](https://docs.google.com/document/d/1uQgm9WHA_XglB19_n3uullYUTtNZYZSzINwZUSSMYuU/edit) |
| **Neurodevelopmental Assessment**  Only for pre-school children NOT in an educational placement | * Ages and Stages Questionnaire (ASQ) * Ages and Stages Questionnaire (ASQ-SE) |  |
| **Early Years response Team** |  | * [Universal Wellbeing Plan](https://drive.google.com/file/d/1Ij-8pfrB1-Jq6BKu2BVOMv393F90DL8D/view) and/ or [Child/Young Person’s Plan](https://docs.google.com/document/d/1uQgm9WHA_XglB19_n3uullYUTtNZYZSzINwZUSSMYuU/edit) |

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| **For Neurodevelopmental Requests only:**  **What do team members suspect may describe the child’s neurodevelopmental presentation?** | | | | |
|  | **Referrer** | **Parent/Carer** | **Child/YP** | **Others** |
| ADHD |  |  |  |  |
| Autism Spectrum Disorder |  |  |  |  |
| Attachment Difficulties |  |  |  |  |
| Intellectual Disability/ Global Developmental Delay |  |  |  |  |
| Developmental Coordination Disorder |  |  |  |  |
| Developmental Language Disorder |  |  |  |  |
| Foetal Alcohol Spectrum Disorder |  |  |  |  |

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| Following the SPA Meeting, Parent/ Carer, Young Person (12 years or over), Referrer and Named Education Contact will all receive a copy of the outcome of the meeting.  **What are the parent/ carer and young person’s expectations of the process and outcome?** |
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| **Section 5: Consent** |
| We promise to collect, process, store and share your data safely and securely.  Personal data and special category data will be kept until the child/ young person reaches the age of 25 years in line with our school records retention schedule. If you notice a mistake in the information we hold, you can ask us to correct this. You can obtain a copy of the personal information we hold by making a request in writing to [sar@eastlothian.gov.uk](mailto:sar@eastlothian.gov.uk). |
| We will, where appropriate, and when in the best interests of the child, seek and share appropriate and proportionate information with partner agencies including:   * Internal Education and Children’s Service: e.g. teachers, social workers * NHS Services: e.g. doctors, health visitors, CAMHS, speech and language therapists * Police: where appropriate and for the purposes of Child Protection * Others: such as Children’s Reporter * Other agencies involved with the child/young person |
| You may refuse to allow information to be shared with others.  If it is felt that a child or young person is at risk we must share information.    There are laws around the storage and use of personal and special category data.  Further details of our Privacy Notice can be found on the Council website [www.eastlothian.gov.uk/privacy](http://www.eastlothian.gov.uk/privacy). |

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| **Parent/Carer Consent (Consent from person with parental rights e.g. parent, carer, local authority)**  *\*where relevant the lead professional should be informed of this request.* | | | | | |
| I agree to a Request for Assistance for my child being made to the:   * + Mental Health and Single Access Point Triage Team   + Neurodevelopmental Pathway   + Early Years Response Team | | **Yes**  **Yes**  **Yes** | * **☐** * **☐** * **☐** | **No**  **No**  **No** | * **☐** * **☐** * **☐** |
| I consent to the Single Access Point Triage Team holding my child’s personal information. | | **Yes** | * **☐** | **No** | * **☐** |
| I agree to my child’s personal information being shared with partner agencies. | | **Yes** | * **☐** | **No** | * **☐** |
| I consent to receiving communication from the Single Point of Access Triage Team for the purposes of evaluation. | | **Yes** | * **☐** | **No** | * **☐** |
| **Signature** |  | **Date consent agreed** | Click or tap to enter a date. | | |
| **Name and position of person who has gathered parental consent** |  |  | **Via:**   * **Email** * **Phonecall** * **In person** | | |

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| **Young Person Consent (to be completed if 12 years or over)** | | | | | |
| I agree to a Request for Assistance being made to the:   * + Mental Health and Single Access Point Triage Team   + Neurodevelopmental Pathway | | **Yes**  **Yes** | * **☐** * **☐** | **No**  **No** | * **☐** * **☐** |
| I consent to the Single Access Point Triage Team holding my personal information. | | **Yes** | * **☐** | **No** | * **☐** |
| I agree to my personal information being shared with partner agencies. | | **Yes** | * **☐** | **No** | * **☐** |
| I consent to receiving communication from the Single Point of Access Triage Team for the purposes of evaluation. | | **Yes** | * **☐** | **No** | * **☐** |
| **Signature** |  | **Date consent agreed** | Click or tap to enter a date. | | |
| **Name and position of person who has gathered parental consent** |  |  | **Via:**   * **Email** * **Phonecall** * **In person** | | |
| **Please send completed RfA to:** [**CYPSPA@eastlothian.gov.uk**](mailto:CYPSPA@eastlothian.gov.uk)   * **Please tick the box to confirm you have made a copy of all the information you have sent** | | | | | |