Who can refer / request support?

Referrals will be accepted from the following professionals via the nominated member of staff for each school:

- Secondary school teaching and pastoral staff
- School Nurses
- Educational Psychologists
- Education Welfare Officers

CAMHS

Where referrals are made to CAMHS but are more appropriate for 4:THOUGHT and/or there is a need for stepped down support in school from CAMHS (this may include referrals from wider agencies), referrals will be redirected straight to 4:THOUGHT. In these cases the PMHP will liaise with the nominated school staff member in relation to the referral as appropriate.

Who is the service for?

The Team provides a service to secondary aged pupils, who are experiencing difficulties which are beginning to have an impact on their emotional, social and educational wellbeing.

All pupils must be currently registered with a Barnsley secondary school. This may include young people who are not registered with a Barnsley GP. However, where a referral to CAMHS is required, this would need to be made to the CAMH team in the young person's GP's locality.

All referrals will be acknowledged and screened to consider if they are appropriate for the service. If a referral is deemed inappropriate, suggestions of an alternative service will be discussed. In some circumstances this may only become apparent during the referral consultation.

Young people needing support who attend Greenacre School currently have access to CAMHS via a CAMHS link practitioner. Young people needing support who attend Springwell Learning Community will access support via an identified link practitioner.

Referrals we consider

The service will consider referrals for young people presenting with difficulties which are assessed as being **mild-moderate** in terms of functioning and / or distress as rated by the **Current View** (a tool designed to standardise assessment which is used by CAMH services nationally). The following are broad definitions for guidance and need to be considered within an age appropriate context. If functioning and distress levels differ, the higher rating should be selected.

NONE is defined on the Current View as:

Functioning: There **may be transient difficulties and 'everyday' worries that occasionally get out of hand** (eg mild anxiety associated with an important exam, occasional 'blow-ups' with siblings, parents or peers) but CYP [child/young person] is generally secure and functioning well in all areas (at home, at school, and with peers).

Distress: No distress or noticeable difficulties in relation to this problem.

MILD is defined as:

Functioning: Symptoms cause **occasional disruption** but do not undermine functioning and impact and is **only in a single context**. All/most appropriate activities could be completed given the opportunity. The CYP [child/young person] may have some meaningful interpersonal relationships.

Distress: Distress may be **situational** and / or **occurs irregularly** less than once a week. Most people who do not know the CYP [child/young person] well would not consider him/her to have problems but those who do know him/her well might express concern.

MODERATE is defined as:

Functioning: Functioning is **impaired in at least one context** but may be **variable with sporadic difficulties or symptoms in several** but not all domains.

Distress: Distress **occurs on most days in a week**. The problem would be **apparent** to those who encounter the child in a **relevant setting or time** but not to those who see the child in other settings.

SEVERE is defined as:

Functioning: CYP [child/young person] is **completely unable to participate in age-appropriate in daily activities in at least one domain** and may even be

unable to function in all domains (eg stays at home or in bed all day without taking part in social activities, needing constant supervision due to level of difficulties).

Distress: Distress is **extreme and constant on a daily basis**. It would be clear to anyone that there is a problem.

Referrals for young people presenting with any of the following difficulties (rated as mild to moderate) will be considered:

- **Recent changes in personality and /or behaviour suggestive of some underlying difficulties-**

  - The young person may have longstanding problems but referral would be considered where there are recent changes in their behaviour which are having a negative impact on their emotional, social, behavioural and/or learning functioning within school and/or at home.

  - Where behaviour is understood as a communication of emotional distress

  - Where the young person may benefit from support to parents / carers through counselling and / or practical parenting support

- **Mood difficulties** (there may or may not be a specific trigger event but there is some noticeable change in the young person's mood and engagement in school and/or usual activities)

  – Sadness and low mood
  – Irritability, mood swings
  – Unusual aggressive outbursts
  - Low self-esteem, reduced confidence
  - Reduced engagement, withdrawal and isolating behaviours

- **Anxiety and Fears**

  – Generalised anxiety, separation anxiety, health anxiety, social phobias including school phobia
  – Panic attacks

- **Somatic problems**

  – Physical pains that have an unidentified physical cause such as abdominal pain which have been assessed by a physician and are impacting on functioning and / or distress.

- **Sleep problems**

  – Waking up in the night, difficulty falling asleep, early morning waking, night mares, night terrors which is impacting on functioning and /or distress

  Grief reaction/ bereavement issues – where short term emotional support and school liaison may be helpful with a view to signposting onto specialist services if needed.

  – Visible distress and difficulties coping following a bereavement

  Deliberate Self Harm – – This will include short term work to promote alternative coping strategies and self-management of risk This will include:

  - Self -harm without suicidal ideation or need for medical intervention.

<u>Referrals which would not be appropriate for this service and need directing elsewhere:</u>

- **Urgent problems that warrant Specialist CAMHS assessment and intervention (eg severe self-harm, threats of suicide). In this instance contact CAMHS Duty clinician on 01226 644829.**

- **Emergency situations requiring hospital services (eg severe self-harm and /or active suicidal threats/attempts such as having ingested a substance, overdosed, physical injury). In this instance the young person needs to attend A&E for medical assessment and/or treatment. The CAMHS Duty Clinician can be accessed as required via A&E.**

- **Moderate to severe mental health difficulties / disorders that require CAMHS. This includes:**

- Eating Disorders – where any professional believes the primary concern is related to an eating disorder CAMHS must be contacted in the first instance without undue delay. The contact number is 01226 644829

- Chronic somatic and anxiety disorders that are having a moderate to severe impact on daily functioning (may be preventing the young person attending school and other activities).

- Moderate to severe low mood which is having a significant impact on daily functioning (see Current View descriptions).

- Frequent / severe self- harm and suicidal thoughts.

- When the primary need is for an ADHD assessment.

- Experiencing voices / visual hallucinations; possible psychosis (referral may also be needed to the Early Intervention Service)

- Attachment difficulties which are having a significant impact on daily functioning and have not improved with efforts to help the young person develop positive relationships and emotional regulation.

- **Other presenting difficulties which may require referral elsewhere:**

  - Transient difficulties with mood, anxiety and/or behaviour which would be rated as NONE according to the Current View criteria and are manageable with usual school intervention and/ or support.

  - Suspected or actual abuse without social care assessment having been completed or when the young person remains in an abusive setting – needs referral to Social Care in the first instance

  - Where substance misuse (drugs and alcohol) is the primary difficulty – refer to Addaction

  - Conduct disorders – stealing, defiance, fire setting, long-standing aggression and anti-social behaviour, criminal record – may need referral to Social Care, Family Intervention Service, CAMHS, Youth Offending Team.

Referral Information we require from schools:

A referral form will be completed by the nominated school staff, collating information on the following:

- A description of the young person's difficulties
- Duration and possible triggers for presenting difficulties
- Any recent or past critical incidents in the young person's life
- Impact of difficulties on level of distress and daily functioning in school and at home and (as per guidance on the Current View)
- School attendance levels over past 12 months
- Previous and current support / intervention and their effectiveness
- Informed consent from the young person and /or parent/carer for the request for support / referral (see below regarding consent and competence)
- Young person and carer's view of presenting difficulties (if young person has consented to carer being aware of referral)

Consent and competence

Consent

School staff wishing to request support for a young person require their informed consent. Ideally parent/carer consent should also be obtained. However, in the event of a young person not wanting their carer to be informed, school staff need to ensure that the young person is competent to consent for themselves.

Young people will also have the opportunity to self-refer through accessing drop-in clinics. In this situation, it will be the responsibility of the drop-in clinician to assess the young person's competence and advise on informing parents/carers, working within the guidance below regarding competence and boundaries of safeguarding.

The Department of Health (Seeking Consent: working with children, 2001) indicates that legal consent is given verbally or in written format. In the interests of best practice, it will be required that the young person gives written consent by signing the request for support /referral form and that this is recorded in school and health records by the referring staff member and practitioner.

Where a parent/carer does not give consent for support but the young person still wishes to engage, the following guidance will be adhered to,

"*parental right yields to the child's right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision*." (Gillick v Norfolk, 1985).

If the young person and/or parent/carer does not give consent for a request for service but school staff judge that it is in the best interests of the young person and difficulties are likely to deteriorate without support, they may seek consultation, whilst preserving

confidential information about the young person. The Team may also support the referrer to consider referral to other services with the agreement of the young person and/or parent/carer. Any safeguarding concerns in this situation would need to be addressed in the usual way by school staff according to school safeguarding policies.

5.6 Competence

When considering consent, the level of understanding the young person has in terms of what support is being requested, what the process will involve and what outcomes they hope for should be clearly assessed in accordance with the following guidance:

"…*whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent*." (Gillick v Norfolk, 1984).

Questions to aid reasonable assessment of competence include:

- Why do you think you need some support / what made you feel you need some support?
- What do you hope this support will help with / How do you think this support will help you?
- What do you think may happen if you don't get this help?

If a young person is not deemed competent they would not be considered able to consent to receiving support themselves and thus consent would need to be gained from their parent/carer.

How to make a request for service / referral:

1. Check referral guidance and criteria to ensure this is the most appropriate service to request support from. Consider the guidance provided by the Current View in establishing the level of difficulties.

2. Discuss any queries with the identified link professional in school who will submit the referral.

3. Discuss concerns with the young person and establish informed consent from the young person for referral.

4. Discuss concerns with parents / carers if young person gives consent for this (encourage young person to talk to parents /carers about the referral and to gain consent to involve them). Please see guidance on consent and competence.

5. Complete a request for service form and gain **signed consent** from the young person and parents/ carers if appropriate.

6. Submit request for support form to the identified link professional in school.

7. The identified link professional collates any other information regarding the young person's needs from school and other services involved and submits referral to the identified PMHP for the school. Referrals can be faxed, posted or put in a secure referral place within school (needs to be in a lockable drawer to ensure confidentiality). Requests for support should **not** be emailed as they will contain confidential information and the email address is not secure.

   Referrals to be posted to:

   4:THOUGHT
   Thornton Road
   Kendray
   Barnsley
   S70 3NG

   Telephone: 01226 444641 or 444642 or 444643

8. The referral will be registered and a health record will be opened for the young person on the electronic record keeping system used by South West Yorkshire Partnership NHS Foundation Trust (RIO) by the team administrator.

9. The referral will be screened by the PMHP to ensure it is an appropriate referral for the service. The PMHP for the school will offer weekly consultation meetings within school at a prearranged time for the referrer and / or the identified link professional in school to attend and discuss the referral in greater detail. There will also be some opportunity for telephone consultation if they referrer is unable to attend.

10. The PMHP and referrer will decide on the most appropriate outcome on the basis of the consultation. This will include one of the following actions:

    - further consultation, indirect work and/or training with school staff
    - individual or group work with the young person
    - individual and/or group work with parents/carers
    - advice regarding referral on to other services
    - no further action

11. The PMHP will record the discussion and outcome on RIO and allocate the young person to the area of work identified as being appropriate. It is envisaged that there may be a waiting list for some areas of work, such as groups, and databases and processes will be developed to manage the administration around this.

12. The team will meet regularly kly and clinical discussion will form part of this meeting to discuss and monitor referrals / requests for service. PMHP's will also discuss referrals with other team members regarding any need for parent counselling and /or practical parenting support.

13. The referring professional will be informed when the assessment and/or intervention has been completed and the outcome will be shared with the consent of the young person/ parent/carer as appropriate. The young person's GP will also be informed.