MindMate Support Team

Parent, Child &

Young Person’s Guide to Consultation

**Who are the MindMate Support Team?**

We offer early emotional wellbeing support for children, and young people up to 19 years old in education settings across Leeds. Our aim is to improve access to support for children and young people; to prevent any emotional wellbeing difficulties becoming harder to manage. We also work with staff in education settings to build cultures where wellbeing is prioritised by all. To help find out the best way of supporting children and young people, we ask to meet with someone that supports them in education for an initial ‘consultation’.

**What is Consultation?**

Consultation is a space where education staff members or young people can speak with our team to get advice about emotional wellbeing. We ask for some general information about the child/young person including things like strengths, and what they are finding difficult. This information helps us to create a shared plan of what can be done to support the child/ young person.

This plan will look different for every child/young person and will be made in collaboration with the person attending consultation. We have three main approaches for support:

1. Provide advice and resources to support children and young people with their emotional wellbeing (including to education staff members)
2. Supporting children, young people and their families to access other services
3. Direct work (one-to-one or group work) with a clinician in the MindMate Support Team

If you are happy for this consultation to go ahead, please complete the form below.

**What Happens to my Information?**

The MindMate Support Team keeps your information private and confidential. The information shared with us will be collected and recorded on our secure NHS system to keep it safe. We will share some details with the Education setting, such as the outcome from the consultation, what intervention we have used and tips on how they can support you.

As we are a partnership service, we may also need to share your information with other services. This is to ensure that the right support is being offered. This may include referring young people on to other services such as Children’s & Adolescent Mental Health Services (CAMHS), MindMate, Clusters (services which support schools with wellbeing) and third sector organisations. We will always try to discuss any of this with children, young people and their families first so that they know what we might say and why.

Thank you!

**Information About You/Your child**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child/young person’s name\*: |  | Child/young person’s DOB\*: |  | Child/young person’s NHS no. (if known): |  |
| Child/young person’s address\*: |  | Phone number (please specify whether child’s/ parent’s)\*: |  | Email address (please specify whether child’s/parent’s)\*: |  |
| Child/young person’s GP details\*: |  | | | | |
| Emergency contact details (name, phone number & relationship)\*: |  | | | | |
| Child/young person’s  gender: | Choose an item. | Child/young person’s  ethnic origin: | Choose an item. | Child/young person’s  main language\*: | Choose an item. |
| Child/young person’s  religion: | Choose an item. | Child/young person’s  marital status (over 16s): | Choose an item. | Child/young person’s  sexuality (over 16s): | Choose an item. |
| Your/your child’s reason for consultation\*: | | Choose an item. | | Child/young person’s  preferred pronouns: | Choose an item. |
| Which adult/s does the child/young person live with? | Choose an item. |
| Do any disability/accessibility requirements need to be considered (please provide details): | | Yes/no  Details: | | | |
| Are there any specific communication requirements which need to be considered (please provide details): | | Yes/no  Details: | | | |
| Primary contact/parent/carer details (if not already given)\*: | | Name:  Relationship to child/young person:  Address:  Phone number:  Email address: | | | |
| Education setting: |  | Course (if in college): |  | School/college year: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Consent: | **Child/young person’s consent for consultation\*:**  (Please highlight can also add comment if needed) | Yes/no | | |
| **Is the child/young person 13-15 years old and wants to proceed without parental consent?**  (If yes please review Gillick competency questions to assess if parental consent will be required): | Yes/no | | |
| Does the child/young person understand the advice, the support and information given by the MindMate Support Team? | | Yes/no |
| Does the child/young person understand what the intervention entails, including the advantages, disadvantages and long-term effects? (can be completed after consultation) | | Yes/no/ further exploration |
| Does the child/young person understand the consequences that could result from their decision-making, such as effects on family life and schooling? | | Yes/no |
| Does the child/young person have the ability to explain their decision making and feelings? | | Yes/no |
| If any of the above answers are **no** or if the child is at **risk or harm,** please review if parental consent is required and confirm with a senior member of staff if necessary. | | | |
| **Parent’s consent for consultation (if applicable, all young people under 13 years old will require parental consent)\*:**  (Please highlight can also add comment if needed) | Yes/no | | |
| **Consent to share information\*:**  (Consent to share is required for the team to be able to refer the child/young person into other partnership services such as CAMHS and Cluster)  (Please highlight can also add comment if needed.) | Yes/no | Agreement and any exceptions: | |
| **Consent to sending/ receiving correspondence\*:**  (Please highlight can also add comment if needed) | Yes/no | Agreement and any exceptions: | |

**Consent to Consultation (\*) – Please fill in these boxes for the request to be processed**