**Guidance to complete SPA Referral From**

This guidance sheet is to be used in conjunction with the SPA referral form, please make sure you fill in all boxes with relevant information.

Please ensure you use a clear form each time

* Address- If you do not want correspondence to go to your home address, you must provide an alternative address or email as well as your own address and mark clearly
* Medical History - provide details of any medication you are using currently or any medication needed in case of emergency i.e. Epi Pen etc.
* G.P details – IAPT require this information
* **Reason for Referral**

**-**Please be specific with the presenting concern and what the focus of the referral is. (Be clear what you are wanting support with)

**-**If there are a number presenting concerns, what is the number one priority for you at this moment that you want support with

**External agencies**

**-** If you require specialised support, then please refer into the specialised support. When making the referral to the specific agency ask to be notified of the outcome of the assessment and what happens next.

**-**We need to record this information in order to support the learner in the interim

* **Risk**

-Please give details of any unwanted thoughts (suicidal thoughts) be clear what they mean, give information about the frequency of them and if they have made any plans i.e. stock pilled drugs or bought/acquired something to use like a rope etc. and if this is historical (when, how long ago) or if it is current and please make a note of this and when this was?

-Give details if you hurt yourself in other ways (what ways) such as self-injurious behaviour (SIB) burning, pulling hair out etc. and if this is historical (when, how long ago) or if it is current?

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| --- | --- | --- | --- |
| OFFICE USE ONLY [HWB-SPA@barnsley.ac.uk](mailto:HWB-SPA@barnsley.ac.uk) | | | |
| Date Triaged… | | **Triaged by…** | |
| Action… | | | |
| Please complete all sections of this referral. If incomplete or a referral is required to go to an external agency, advice will be given. | | | |
| Learner Name (and known as)? | **D.O.B?** | | |
|  |  | | |
| Student Number? | **Client Aware?** | | |
|  | **Y** **N** | | |
| Gender or Preference | **Curriculum Area?** | | |
| M F Other (please state) |  | | |
| Learner Contact Number? | **Can we text/leave a message?** | | |
| (only the learners contact details) | **Y N** | | |
| Can we send a letter to the home address? | **Address Alternative/Email** | | |
| Y N  If No, please provide an alternative address or email they can be contacted on: |  | |  |
| Any Medical History/ Medication/Mental Health History | | | |
|  | | | |
| Referred by? | **Relationship of Referrer & Contact Number?** | | |
|  |  | | |
| Are you working with any other services i.e. CAMHS, IAPT, TADS etc. | **Are you on any waiting list for services i.e. CAMHS, IAPT, TADS etc.** | | |
| Y N | **Y N** | | |
| If Yes which service? | **If yes which service?** | | |
|  |  | | |

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| --- |
| **GP Name and Address?** |
|  |
| Re**ason for Referral (in as much detail as possible and use separate sheet if necessary)?** |
|  |
| **Risk… are you experiencing thoughts or do you have plans to end your life, thoughts of self-harm or harming others (if this is an EMERGENCY please follow College procedures)**  **(Use separate sheet if necessary)** |
|  |
| **Any additional notes? (Use separate sheet if necessary)** |
| **Emergency/Immediate and High Risk** |
| If your/learners behaviour presents **life threatening** risk to self or others:   * Call emergency services 999. * Contact the departmental safeguarding representative (DSR) or safeguarding for advice and guidance. * Contact parents, carers or next of kin (age appropriate). * Remain with individual/ Ask if there is someone in their household that can remain with them. |
| **Moderate Risk** |
| **Before 5pm**  If your/learner refuses to accept/respond to support or continues concerning behaviour:   * Contact DSR, safeguarding or health & wellbeing (HWB) for advice and guidance. * Contact parent, carers or next of kin (age appropriate). * Refer individual to GP, Child & Adolescent Mental Health Service (CAMHS), Single Point of Access (SPA) or Social Service for learner’s area etc. as appropriate. * Ask if there is someone in their household who can help keep them safe |
| After 5pm:  If the you/learner refuses to accept/ respond to support or continues concerning behaviour:   * Contact duty manager for advice and guidance and remain with the individual. * Contact parent, carers or next of kin (age appropriate). * Refer individual to Social Care Out of Hours (child/adult services) for learner’s area, contact NHS 111, Samaritans and/or other agencies. |
| **Low Risk** |
| Where possible respond locally using college procedures.   * Contact DSR and Health and Wellbeing for advice and guidance. * Contact parents, carers or next of kin (age appropriate). * Consider if a referral to GP, IAPT, CAMHS or SPA for learner’s area etc. is necessary. * Provide support numbers such as Samaritans, Childline * Provide 1:1s with learner to identify the cause of concern and where possible and within control, suggest strategies to reduce triggers. * Identify basic strategies and contact numbers of support agencies. |
| Always ensure whether high, moderate or low risk:   * A Cause for Concern is submitted within 24 hours as a follow up. * Reflect on own and others need for debrief; line manager, counsellor or safeguarding team may provide advice and guidance. |