**MHST Discussion form**

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| **School** | St Thomas CE vc Primary School | **Date of Mtg** |  |
| **Workers Present for Discussion** | David Rushby – Headteacher. Gez Power – SEMH School coordinator. Alison Griffiths-Newell SEMH Lead Practitioner |

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| **Name of Child** |  | **Gender** |  |
| **DOB** |  | **Ethnicity** |  |
| **Address** |  |
| **Contact No.** |  | **Alt. No.** |  |
| Consent: please check statement that applies[ ]  The child is at an age of Gillick competence, has seen the consent letter and has agreed to this discussion taking place [ ]  The child is under the age of Gillick competence  |

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| **Name of Parent/Carer 1** |  | **Relationship** |  | **PR?** |  |
| **Contact No.** |  | **Alt. No.** |  |
| **Address if Different** |  |
| **Name of Parent/Carer 2** |  | **Relationship** |  | **PR?** |  |
| **Contact No.** |  | **Alt. No.** |  |
| **Address if Different** |  |
| Consent: please check statement that applies[ ]  The parent/carer has seen the consent letter and has agreed to this discussion taking place [ ]  The child is at an age of Gillick competence and has not provided consent to share with parent/carer |

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| Tick any of the following that apply:My Support Plan [ ]  EHCP [ ]  Child in Need [ ]  Child Protection Plan [ ]  Section 20 Voluntary Accommodated [ ]  Interim Care Order [ ]  Full care order [ ]  Care Order but living with parents [ ]  Special Guardianship Order [ ]   |
| **Any other Professionals Involved:** |
| **Name** | **Role** | **Contact No.** |
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| **What is the problem? (presenting)** |
| **What is keeping the problem going? (perpetuating)** |
| **Are there any significant events that have happened in the young person’s life? (predisposing)** |
| **What are the triggers to the young person’s problem? (precipitating)** |
| **What helps the young person’s problem? (protective)** |
| **What might happen if the young person does not receive support? (predicting)** |
| **What has already been put in place to support the young person and has it been effective?**  |

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| **Outcomes of Discussion** (to be completed in meeting) [ ]  Advice/Strategies Provided (to be identified in actions) [ ]  Initial Visit to be completed[ ]  To be reviewed in MHST Meeting Actions agreed:  🡺  🡺 🡺 🡺 |

