Parent/Carer Referral Form (V3)

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| Checklist for referrers  *(referrals must meet ALL of the following)*   |  |  | | --- | --- | | * The child/young person meets the service acceptance criteria (included separately) * Parents and/or child/young person agree to this referral * The child/young person is aged between 0-18th birthday or up to 25 with Special Educational Needs or a disability * The child/young person has a Harrow postcode or has a Harrow GP | **🞎**  **🞎**  **🞎**  **🞎** | |

Data protection and confidentiality

**In order to receive a service, some of the information you submit on this form will be shared with the child/young person’s GP and may also be shared with other relevant NHS services. The data provided will be stored on Barnardo’s computer file system.**

**This will be explained further at the initial assessment.**

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| **All sections marked with \* are mandatory** |

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| **Details of the child / young person being referred** | | | |
| **\*Is the child/young person currently receiving any other counselling service?** | | **Yes 🞎 No 🞎 Don’t know 🞎** | |
| **\*Surname** |  | **\*Date of birth** |  |
| **\*First name** |  | **\*Gender** |  |
| **\*Address** |  | **NHS Number** |  |
| **\*Postcode** |  | **Young Person’s mobile** |  |
| **\*Tel. No. (home)** |  | **\*Email** |  |
| **Main parent/carer name & address details** |  | **Other parent/carer name & address details** |  |
| **Parent/carer mobile** |  | **Other parent/carer mobile** |  |
| **\* Who has Parental Responsibility?** | |  | |
| **\*Ethnicity** |  | **Religion** |  |
| **Main language of child/young person** |  | **Main language of parent(s)** |  |
| **Level of English if this is not the first language** |  | **Level of English if this is not the first language** |  |
| **Are the family asylum seekers?** | Yes 🞎 No 🞎 | **Do they have refugee status?** | Yes 🞎 No 🞎 |
| **\*Disability?** | Yes 🞎 No 🞎 | **Disability details** |  |
| **\*Does the child/young person have an EHCP Plan?** |  |
| **Young carer?** | Yes 🞎 No 🞎 | **Young parent?** | Yes 🞎 No 🞎 |

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| **\*School details** | | **\*GP/Doctor details** | |
| **School, college, Nursery** |  | **GP name** |  |
| **Address** |  | **Address** |  |
| **Tel. No.** |  | **Tel. No.** |  |
| **E-mail** |  | **E-mail** |  |
| **\*Social Care status** | | | |
| **Is the child/young person looked after by the Local Authority?** | | | Yes 🞎 No 🞎 Don’t know 🞎 |
| **Is the child/young person on a Child Protection plan?** | | | Yes 🞎 No 🞎 Don’t know 🞎 |
| **Is the child/young person on a Child in Need plan?** | | | Yes 🞎 No 🞎 Don’t know 🞎 |
| **Does the child/young person receive a service from the Children with Disabilities Team?** | | | Yes 🞎 No 🞎 Don’t know 🞎 |

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| **Details of other agencies / professionals involved (please add if required)** | | | |
| **Name** |  | **Name** |  |
| **Role** |  | **Role** |  |
| **Address** |  | **Address** |  |
| **Contact No.** |  | **Contact No.** |  |
| **E-mail** |  | **E-mail** |  |

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| **\*What is causing concern? Please provide as much detail as possible. Both current and historical information which has lead the child/young person to this point** |
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| **\*What is you/child/young person/family hoping to gain from the referral?** |
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| **\*Referrer’s details** | | | | | |
| **Date of referral** |  | **Consent obtained from family to refer?**  **Consent obtained from young person to refer**? | | | Yes 🞎 No 🞎  Yes 🞎 No 🞎 |
| **Name** |  | | | | |
| **Agency** |  | | | | |
| **Address** |  | | | | |
| **Email** |  | | **Tel. No.** |  | |
| **Print name** |  | | **Signature** |  | |

*To be returned via your* ***secure*** *service communication method:*

*-By hand or recorded delivery to*

*Harrow Horizons, Building 21, 21 Pinner Road, Harrow, HA1 4ES (020 8427 1322)*

*-Via* ***encrypted*** *email to* [*harrowhorizons@barnardos.org.uk*](mailto:harrowhorizons@barnardos.org.uk)

*-Via password protected document to* [*harrowhorizons@barnardos.org.uk*](mailto:harrowhorizons@barnardos.org.uk)

*-NHS only – return to*[*harrow.horizons@nhs.net*](mailto:harrow.horizons@nhs.net)

**Referral acceptance criteria**

**Who we can see**

**Children and Young People who are registered with a Harrow GP or have a Harrow address. From the age of 0 up to their 18th birthday or 25th birthday for SEN Children and Young People that have an EHC Plan and are presenting with one or more of the following:**

* Family issues – where this is having an adverse effect and the CYP is showing signs of developing a mental health problem/disorder
* Mild to moderate emotional and behavioural disorders
* Child behaviour problems (sleep, feeding, tantrums) once physical causes have been considered and the behaviour falls outside the range of ‘normal’ behaviour
* Conduct disorders
* Low levels of anxiety, depression, stress and or other mood disorders, or low self-esteem
* Concerns/issues about attachment
* Adjustment reactions
* Simple phobias
* Self-harm – where this is mild to moderate
* Bullying
* Anger management issues
* Poor/distorted body image
* Issues regarding: identity/gender/sexuality/race/culture/acculturation
* Repetitive problematic behaviours
* Compulsive or obsessional behavioural patterns
* Bereavement and/or loss (including anticipatory)
* Sleep problems
* Eating issues (not Eating Disorder where eligible for the Eating Disorders Service)
* Relationship problems/Family relationship difficulties
* Experience of abuse (physical, emotional and sexual) and/or neglect

This also includes: children and young people with Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorders, Special Education Needs and Disabilities, Learning Disabilities, young carers, Children in Need and Children Looked After.

Exclusion criteria

* Children and young people without an identified, sustained Emotional Health and Wellbeing need requiring targeted intervention (or ‘Tier 1’)
* Children and young people requiring long term therapy
* Children and young people requiring drug-based therapy
* Children and young people in crisis, or requiring emergency or ‘Out Of Hours’ support
* Children and young people with severe eating disorders
* Children and young people with psychosis or personality disorders
* Young adults aged 18 and over (or 25 and over for young people with SEN)
* Children and Young people currently receiving another therapeutic intervention

In cases where referrals are found to be inappropriate, we will refer or signpost the child/young person and their family/carers to other services (with prior consent)