Self-Referral Form (V3)

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| Completion checklist  *(referrals must meet ALL of the following)*   |  |  | | --- | --- | | * You meet the Service Acceptance Criteria (included below) * You are under 18 years old or under 25 if you have Special Educational Needs or a disability * You have a Harrow postcode or 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** | | | |
| **\*Are you currently receiving any other counselling service?** | | **Yes 🞎 No 🞎 Don’t know 🞎** | |
| **\*Surname** |  | **\*Date of birth** |  |
| **\*First name** |  | **\*Male/Female** |  |
| **\*Address** |  | **NHS Number** |  |
| **\*Postcode** |  | **\* Your mobile** |  |
| **Tel. No. (home)** |  | **Your email** |  |
| **Main parent/carer name and contact details** |  | | |
| **\*Ethnicity** |  | **Religion** |  |
| **Your first language** |  | **Your parent/carers first language** |  |
| **\*Disability?** | Yes 🞎 No 🞎 | **Disability details** |  |
| **Do you look after anyone else at home?** | Yes 🞎 No 🞎 | **Do you have children?** | Yes 🞎 No 🞎 |

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| **\*GP/Doctor details** | | **\*School details** | |
| **GP name** |  | **College, school, or**  **nursery** |  |
| **Address** |  | **Contact at school** |  |
| **Tel** |  | **Tel** |  |

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| **\*Is anyone else helping you? If so, what service are they from?** | |
| **Name** |  |
| **Name of service** |  |
| **Address** |  |
| **Contact No.** |  |
| **E-mail (if known)** |  |

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| **\*What’s going well for you at the moment?** |
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| **\*What’s not going so well?** |
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| **\*What would you like help with from Harrow Horizons?** |
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*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)