**DERBY & DERBYSHIRE EMOTIONAL HEALTH & WELLBEING SERVICE**

**REFERRAL FORM**

|  |
| --- |
| Derby & Derbyshire Emotional Health and Wellbeing Service |
| **Child/Young Person’s name:** |  |
| **Date of birth:** |  |
| **Address:** |  |
| **NHS number:** |  |
| **Mosaic/Liquid Logic number:** |  |
| **Ethnicity:** |  |
| **Gender:** |  |

**Team around the child**

|  |  |
| --- | --- |
| PLACEMENTName of Parent/Carer in placement & relationship to child: | Telephone*/*mobile number: |
|  |  |
| **Other people living in placement &relationship:** |
|  |

|  |  |
| --- | --- |
| Referrers name, role, address & email address: | Telephone number: |
|  |  |
| **Social Worker if different from above:** | **Telephone number:** |
|  |  |
| **Social Work Manager:** | **Telephone number:** |
|  |  |
| **Area Office:** | **Telephone number:** |
|  |  |
| **Foster Carer’s Supervising Social Worker (if applicable):** | **Telephone number:** |
|  |  |

**Current placement**

|  |
| --- |
| How long has the child been in placement? |
|  |
| **Is there a plan for the child to remain in placement for at least the next 6 months? If not, why?** |
|  |
| **How stable is the placement currently?** **1 (not at all) to 5 (very)** |
| **1 2 3 4 5** |

**Child/young person’s experiences (please use as much space as you need)**

|  |  |
| --- | --- |
| Before coming into Care |  |
| **In previous placements** |  |
| **In current placement** |  |
| **Does the child have a good understanding of their own history?** |  |

**Education/Childcare**

|  |  |
| --- | --- |
| Name of provider*, c*ontact name/address: | Telephone number: |
|  |  |
| **Any issues in Nursery/Education/Training:** |
|  |
| **Is there currently an EHCP?** |
|  |

**Health**

|  |  |
| --- | --- |
| GP – Name & address: | Telephone number: |
|  |  |
| **Health Visitor – Name & address:** | **Telephone number:** |
|  |  |
| **Other professionals involved (include Service name):** | **Telephone number(s):** |
|  |  |
| **Give details of current/past health concerns, conditions:** |
|  |
| **Is the child/young person being seen by CAMHS or any other non-NHS mental health services?****Give details:** |
|  |
| **Have you referred child to another service as well as the Derby & Derbyshire Emotional Health and Wellbeing Service? Give details:** |
|  |

**Historical Details & Care Plan**

|  |
| --- |
| Legal Status |
|  |
| **Who holds Parental Responsibility?** |
|  |
| **Current Care Plan:** |
|  |
| **Child in Need/Child Protection Plan:** |
|  |
| **Current Investigations/Criminal Procedures:** |
|  |

**CHILD’S FAMILIAL NETWORK**

 **Birth family details**

|  |  |
| --- | --- |
| Mother: |  |
| **Father:** |  |
| **Siblings** | **Residing with/relationship to young person:** |
|  |  |
| **Extended family & other significant relationships:** |
| **Name:** | **Relationship** | **Significant factors – including contact arrangements if applicable (how often, whether supervised etc)** |
|  |  |  |

|  |
| --- |
| Genogram – attach if available  |
|  |

**Reason for Referral**

|  |
| --- |
| Reason for Referral including:* Reason for involvement of Social Care
* Any Health or Access issues?
* Does the child/young person know of this referral, have they agreed to it?
* What outcome/s are you hoping for?

(add continuation sheet if necessary) |
|  |
| **Has the referral been discussed with the Carer & Supervising Social Worker?** |
|  |
| **Are the Carer & Supervising Social Worker in agreement with the referral?** |
|  |
| **Is the Carer willing & able to commit to attending sessions weekly if required?** |
|  |
| **What are the Carers views regarding the need and benefits of the referral?** |
|  |

**Case Responsibility & Consent**

**In order for the referral to be processed the person with Parental Responsibility for the child/young person will need to have given consent for example, Social Worker/Parents**.

|  |  |
| --- | --- |
| Who has given Legal Consent for the Referral? Name & relationship to child | If older child, have they given their own consent within Fraser Guidelines? |
|  |  |
| **Does Consent include permission to access information held by other agencies? If so which:** |
|  |
| **Does Consent include permission to share information with other agencies? If no, or specific permissions, give details:** |
|  |

**In order for us to proceed with this referral the Social Worker will need to provide relevant documents as below:**

|  |  |  |
| --- | --- | --- |
| Document type: | Tick if enclosed | Tick if not applicable |
| **Chronology** |  |  |
| **Care Plan/LAC review minutes** |  |  |
| **Court reports including Psychological reports & any court recommendations for therapeutic work** |  |  |
| **Core Assessment** |  |  |
| **Case Conference reports** |  |  |
| **Pre-sentence reports & written statements** |  |  |
| **SDQ** |  |  |
| **Any other relevant documents e.g PEP, CPR****Give details:** |  |  |

Once the referral and any relevant information has been received by the Emotional Health and Wellbeing Service you will be contacted within one working day to let you know we have received your referral.

|  |  |
| --- | --- |
| Referrer sign: | Date |
|  |  |
| **Manager sign:** | **Date:** |
|  |  |

 **All relevant documents have been enclosed with referral**

 **I have contacted the Social Worker who has agreed all relevant**

 **Documents will be sent separately as soon as possible**

**Please Email this form to the Derby & Derbyshire Emotional Health & Wellbeing Service**

**Via secure email or Encrypted email.**

**Email address:**

**derbyshireEHWCIC@actionforchildren.org.uk**

**Service postal addresses**

**Derby & Derbyshire Emotional Health & Wellbeing Service**

**45 Queen Street, Chesterfield, S40 4SF**

**&**

**42 Leopold Street, Derby, DE1 2HF**