

CRISIS COUNSELLING REFERRAL 2023/24 (6 sessions of 1:1 counselling)

Please return to: hleigh@saunceywood.herts.sch.uk

Date of referral:..... **Date of receipt (office use):**

Case ID No (office use):..... **Category (office use):**

Name of Child: **DOB** / / **Year Group** Y... **M/F** **CP/CIN/EHCP**
(please specify)

School:

Name of Referrer: **Telephone Number:** **Email:**

- Please note that we will be unable to process your referral until we receive this form with the information completed.
- Please note that all requests must be made with the **informed consent** of the family.

Have you discussed this request and its content with the family prior to completing this form?	YES / NO
Do the parents give informed consent for HPP or the counsellor to contact them?	YES / NO

(if NO please contact to discuss before making the referral to comply with General Data Protection)

Referrals for an FFA, EHM Short Term Work and/or Parent Support should be made on the HPP Referral Form and sent to familysupport@saunceywood.herts.sch.uk

For support from the DSPL7 SEND Worker (SSW) email directly to referrals@dspl7.org.uk

For Protective Behaviours Groups please email Dmarsden@saunceywood.herts.sch.uk to register interest.

Family Details: Parent/Carer 1	Family Details: Parent/Carer 2
Name of Parent/Carer 1: Single Parent: Yes /No	Name of Parent/Carer 2: Single Parent: Yes /No
Address: Primary Residence Yes/No	Address: Primary Residence Yes/No
Post Code	Post Code
Mobile:.....Home:.....	Mobile:.....Home:.....
Email:.....	Email:.....

Which religion is the family affiliated to?

Names of All Other Children in Family	M/F	D.O.B.	School attending	Year Group	CP/CIN/EHCP <small>(please specify)</small>

Ethnicity of main carer:

Asian/Asian British: Bangladeshi	Asian/Asian British: Indian	Asian/Asian British: Pakistani	Mixed/Multiple ethnic: White & Asian	Asian/Asian British: Chinese	Any other Asian background	
Black African	Black British	Black Caribbean	Mixed/Multiple ethnic: White & Black African	Mixed/Multiple ethnic: White and Black Caribbean	Any other Black/African/ Caribbean background	
Arab	White British	White Irish	Traveller of Irish heritage	Any other mixed/multiple ethnic background	Any other Ethnic Group.....	

Other agencies involved:

Referrals: School Nursing Service Y/N

Parent Support with Harpenden Plus Y/N

Family Doctor:

Telephone Number:

Name and Role:

Telephone Number:

Harpenden Plus Partnership Crisis Counselling operates on a 'most significant need' basis, so please complete the areas below to help us to assess the need (please tell us why this is a need and how counselling may be able to help).

What are the main reasons for the crisis counselling referral?	
How long has the child had these worries? Weeks or Months	
What is the intended outcome?	
1. Is the child seeing anyone for counselling or accessing mental health support?	
2. Has the child seen anyone for emotional/ mental health support in the past?	
3. Any medical problems or SEND and is the child taking any medication for this?	
4. Describe the child's current emotional health and wellbeing	
5. Outline any self-esteem concerns?	
6. Describe the child's behaviour? School & Home	
7. What are the family dynamics?	
8. Any significant events in their family life? E.g. bereavement, serious illness, prison, separation/divorce, conflict.	
9. School attendance/transition?	
10. Other (please describe)	

Risk Assessment

Please tell us of any Health and Safety issues that we need to consider when allocating a member of staff to this child. A suitable counselling space needs to be provided which must remain out of bounds from all other parties during the sessions e.g. no access to room or interruptions.

NB – Counselling can only start when the Sign up sheet supplied by the Counsellor is returned.

For office use only:

Manager's Approval

Date.....