|  |
| --- |
| **Harrow Horizons Referral Form****Please note, to access Harrow Horizons the child/young person must have a Harrow home address and/or Harrow GP (with the exception of looked after children). A parental intervention will be offered to primary aged children. Harrow Horizons do not offer 1:1 interventions to children under the age of 12.****Please complete all areas of the referral form and return to** **harrowhorizons@annafreud.org****.**  |

|  |
| --- |
| Is the child/young person currently receiving any other mental health support/counselling? |
| Yes [ ]  | No [ ]  |
| I am referring myself | Parent/carer referring a child/young person | Professional referring a child/young person |
| [ ]  | [ ]  | [ ]  |

**1. DETAILS OF CHILD/YOUNG PERSON (C/YP)**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |   | Surname |  |
| Date of birth |   | School Year |  |
| Gender  |  | Transgender (including non-binary) |  | NHS number |  |
| Mobile no. |  | Email address |  |  |
| First language |  | Interpreter required | Yes [ ]  |  | No [ ]  |

**2. SCHOOL DETAILS** \*please provide named school contact and **direct** email address

|  |  |
| --- | --- |
| School name |   |
| Address |  | Postcode |   |
| Telephone number |   | Email address |   |
| Key contact name |   | Role |   |

**3. REFERRER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Referrer's name |   | Role |   |
| Service/ organisation |   | Address |   |
| Telephone number |  | Email |  |
| How did you hear about the service? |  |

**4. PARENT/CARER DETAILS** \*please state if child address is different from parent address

|  |  |  |
| --- | --- | --- |
|   | Parent/Carer (contact 1)  | Parent/Carer (contact 2) |
| Full Name  |   |   |
| Relationship to child  |  |  |
| Address  |   |   |
| Postcode |   | Postcode |   |
| Mobile number  |   |   |
| Email address  |  |  |
| Ethnicity |   |   |
| Religion |   |  |
| First Language |  |  |
| Interpreter Required  |  Yes [ ]   | No [ ]  | Yes [ ]  | No [ ]  |

**5. GP DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of GP Practice |  | Tel no: |  |
| Address |  | Email address: |  |

**6. SIBLING DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of sibling(s) | Age of sibling(s) | School of sibling(s) | Receiving support from other agencies? (please specify) |
|  |  |  |  |
|  |   |  |   |
|   |   |  |   |

**7. ETHNICITY MONITORING**

*We try to monitor how we work with people from all backgrounds and cultures, so it helps to have a record of how the people we see actually define themselves.* **Please tick** ONE category that most closely matches the referred child/young person’s ethnic group. If you tick any other background, please give further details.

|  |  |  |
| --- | --- | --- |
| **White** | **Asian or Asian British** | **Black or Black British** |
| White British |  | Indian |  | Caribbean |  |
| White Irish |  | Pakistani |  | African |  |
| Gypsy/Roma |  | Bangladeshi |  | Any other Black background |  |
| Traveller of Irish heritage |  | Chinese |  |  |  |
| Any other white background |  | Any other Asian Background |  |  |  |
| **If ticked other please state:** | **If ticked other please state:** | **If ticked other please state:** |  |
| **Mixed** | **Other** |  |  |
| Mixed White and Black Caribbean |  | Any other background |  | Refused |  |
| Mixed White and Black African |  | **If ticked other please state:** | Not yet obtained |  |
| Mixed White and Asian |  | Mixed White and Asian |  |  |
| Any other mixed background  |  | Any other mixed background  |  |
| **If ticked other please state:** | **If ticked other please state:** |

**8. EXTERNAL AGENCIES/ PROFESSIONALS INVOLVED (Please complete the relevant contact details of past and current involvement)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of contact | Job title/name of agency | Telephone | Email |
|   |   |   |   |
|   |   |   |   |

**9. REASON FOR REFERRAL**

|  |  |  |  |
| --- | --- | --- | --- |
|  | View(s) of referrer | View(s) of Child or Young person | View(s) of Parent |
| What are the wellbeing concerns? (Including: duration, onset, frequency of problems) |  |  |  |
| What is working well? |  |   |  |
| What goal(s) is this referral aiming to achieve? |  |   |  |

**10. Vulnerability Factors**

|  |  |  |
| --- | --- | --- |
| **Please select any of the following vulnerability factors that apply** |  | **Evidence and comments** |
| Risk of exclusion |[ ]   |
| Missing Education (CME) |[ ]   |
| SEN support/EHCP |[ ]   |
| Diagnosis of -  |  |  |
| Physical disability |[ ]   |
| Learning disability |[ ]   |
| ADHD |[ ]   |
| ASD |[ ]   |
| Risk of abuse from self or others |[ ]  Incl. self-harm, physical, sexual, neglect or emotional abuse |
| Child Protection/Child in Need |[ ]   |
| Looked after child/Care Leaver |[ ]   |
| Unaccompanied Asylum Seeking Child |[ ]   |
| Virtual School Involvement |[ ]  Please specify who is involved |
| Parental issues/concerns  |[ ]  Incl. refugee/asylum seeking/parental mental health needs |
| Domestic Violence (past/present) |[ ]   |
| Risk of abuse to others |[ ]  Incl. physical & sexual abuse to adults/peers |
| Possession/use of offensive weapon |[ ]   |
| Association with gangs |[ ]   |
| Substance Misuse/Abuse |[ ]   |
| Child Sexual Exploitation |[ ]   |
| Bereavement |[ ]   |
| Young Carer |[ ]   |

**11. CONSENT FOR INFORMATION SHARING AND STORAGE (This section must be read, ticked and signed).** Please note that this information may be shared with other relevant professionals.

|  |  |  |  |
| --- | --- | --- | --- |
| Referrer's name  |   | Referrer's signature |  |
| Parents name *(if not the referrer)* |  | Parent's signature *(if not the referrer)* |  |
| If you are unable to get a signature please obtain consent via email and forward to harrowhorizons@annafreud.org.  |
| Date  |  |

|  |
| --- |
| I understand the information that is recorded on this form will be stored and shared for the purpose of providing services to: |
| [ ]  Me | [ ]  A child or young person for whom I am a parent/carer |
| I have had the reasons for sharing information explained to me and I understand those reasons. I agree to the sharing of this information. |
| [ ]  Yes | [ ]  No |

*We use the data you provide in this form to help us make the best decision for your care or the person you are referring, and to ensure that we are the right service for you or the person you are referring. We will keep this information as part of a record of our work with you or the person you are referring. All information is held securely — electronic and paper records are kept in a secure way.*

**Privacy statement:** You are providing your information to Harrow Horizons, The Anna Freud Centre, 4-8 Rodney St, London N1 9JH. The Centre’s Data Protection Officer can be contacted via DRP@annafreud.org or on 020 7794 2313.

Your information is collected to assess your needs and consider provision of appropriate services. Your information will also be used to improve service delivery as required to fulfil the centre’s duties under the Children Act 1989, Education Act 1996, SEN code of practice and other DfE regulations, where appropriate.

The information will be shared with other Council services and partnership organisations to ensure that your assessment and support is accurate and that you receive the appropriate and holistic support required. Information will be obtained from other Council services, the Police, Social Care, and Education as appropriate. The information shall be retained for 25 years and shall be processed in adherence to your legal rights, including but not limited to the right to withdraw consent, right to copies of your information and right to be forgotten. You have a right to lodge a complaint with the Information Commissioner’s Office ([www.ico.org.uk](http://www.ico.org.uk)).

Further information can be found at [www.annafreud.org/your-privacy/](http://www.annafreud.org/your-privacy/)