

**Child Space (0-5) Service Request**

**Please ensure you complete all sections, including the relevant Social, Emotional and Mental Health categories on pages 4 – 5.**

Please complete this form electronically and email to pudseycluster@priesthorpe.org (you should password protect the document before sending). You may fax the form to us but please telephone 0113 387 1889 to arrange this, or you may post it(**marked private and confidential**) to: Pudsey Cluster, c/o Priesthorpe School, Priesthorpe Lane, Pudsey LS28 5SG. For further information about the Guidance and Support offered by the Pudsey Cluster, or any queries in relation to completing this form, please contact the Pudsey Leadership Team on 0113 387 1889.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of child(ren)** |  | **D.O.B** |  | **Age** |  |
| **Male or Female** |  | **Ethnicity** |  | **Language** |  |
| **Address** |  |
| **Postcode:** |  | **Telephone** |  |
| **GP Details:** |  |
| **Health Visitor Details:** |  |
| **Contact details of other professionals currently involved:** |  |
| **School /Children’s Centre/ Childcare Provider**  |  | **Year** **Group** |  |
| **Child Protection Plan or Child In Need?** |  | **Is there an Early H Help Plan ?** |  |

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| --- |
| **Identified area of need and primary reason for support request** |
|  |

|  |  |
| --- | --- |
| **Main Carer** | **Other Carer**  |
| **Name**  |  | **Name** |  |
| **D.O.B.** |  | **D.O.B.** |  |
| **Relationship to child**  |  | **Relationship to child** |  |
| **Tel:** | **Tel:**  |
| **Preferred Language:** | **Preferred Language:** |

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| **Your current involvement with family and action plan** |
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| **Desired outcome for family of Child Space support** |
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| **RISK** |
| ARE THERE ANY RISKS ASSOCIATED WITH THE FAMILY ?(e.g. volatile child/young person, domestic violence, criminal convictions or proceedings pending involving parents/carers/siblings, alcohol and/or drug dependency, aggressive or violent family members or visitors)**If you have any current risk assessments in place, please attach them to this referral.** |
| **YES/NO** |

**NAME OF PERSON MAKING THIS REQUEST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  |  | **ROLE:** |  |
| **DATE OF REQUEST** |  |
| **Agency/School** |  | **Address** |  |
| **Contact Number** |  | **Email:** |  |

**DETAILS OF CONSENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Carer Consentsignature |  | Date: |  |
| **Parents must give written consent for this Request after reading the main referral form (a copy of this is to be signed and kept in your records)** |

**Confidentiality Record Keeping**

As the referring practitioner I am responsible for following my agency procedures to record this referral and attendance at sessions.

Records from the sessions made by the Child Psychotherapist will be retained securely at the Children’s Centre where the family is seen.

I have discussed this referral with the parent and have obtained their consent.

I have read and understood the Information for Referrers leaflet for Child Space.

I will remain as liaison contact for the duration of family involvement with Child Space, or ensure an alternative named contact is in place who will assume the above responsibilities.

 Please tick to confirm you have read and understood the above.

**OFFICE USE**

|  |
| --- |
| Response to Request: |
| Recommendations: |
| Level of interaction | NoYes = A B C |
| Date: |  |

**Social, Emotional & Mental Health Categories**

**(please highlight all categories relevant to this referral)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|  | **Level of Need** | **Social, Emotional & Mental Health (Presenting Behaviour)** | **SEMH Cause** | **SEMH Diagnosis** | **Family** | **School** | **Environment** | **Physical Health Needs** | **SEN/Disability** |
| A | Children in Need CIN | Anger | ADHD Query | Conduct Disorders | Abuse or Neglect | Educational Achievement | Anti-Social/ Challenging Behaviour | Drug/ Alcohol Difficulties (YP) | ADHD (Diagnosis) |
| B | CIN Short Breaks | Anxiety | ASD Query | Depression (Diagnosis) | Anti-Social/Challenging Behaviour (Family) | Educational Progress | Benefits | Hearing Impairment | ASD (Diagnosis) |
| C | Looked After Children CLA | Behaviour: home | Attachment Difficulties | Eating Disorder | Criminal Activity (Other Youth in Household)  | Exam Stress | Child Sexual Exploitation | Mobility Problems | Cognition & Learning (SEN) |
| D | Child Protection CP | Behaviour: School | Bereavement | Obsessive Compulsive Disorder | Criminal Activity (parent/Carer) | Fixed Term Exclusions | Decision making & Support the Community & Environment | Problematic/ Harmful Sexual Behaviour | Communication & Interaction (SEN) |
| E | Early Help | Eating Problem | Bullying: Perpetrator |  | Domestic Abuse (Perpetrator) | Missing Education MEMO | Enjoy recreation | Self-Care Issues | Learning Disability |
| F | Early Help Plan | Low Mood | Bullying: Victim |  | Domestic Abuse (Victim) | NEET | Financial | Sexual Health | Moderate Learning Difficulty MLD |
| G | Education, Care & Health Plan | Obsessive, Compulsive Behaviour | Confidence/Resilience |  | Drug/ Alcohol(Other Adult YP) | Permanent Exclusion | Gangs | Teenage Pregnancy | Multi-Sensory Impairment MSI  |
| H | Families First | Phobia | Loss |  | Drug/ Alcohol (Parent/ Carer) | Ready for School | Housing Need | Unexplained Physical Symptoms | Other Difficulty/ Disability OTH |
| I | Previous CPP (last 2 yrs) | Self Esteem | Relationships Difficulties (Other) |  | Family Breakdown | School Attendance | Sexual Abuse | Visual Impairment | Physical Disability PD |
| J | Previous Statement | Self-Harm Behaviours | Relationships Difficulties(Peers) |  | Family Relationships | School Relationships (Staff) | Transport, Material Goods | Weight | Profound & Multiple Learning Difficulty PMLD |
| K | Pupil Premium | Social Isolation | Social Skills/Personal Development |  | Learning Disability (Parent/ Carer) | Transition | Violence/ Abuse (Community) |  | Sensory &/ or Physical (SEN) |
| L | SEN Support NSA | Stress | Trauma |  | Needs to be Safe from Violence (Adult) |  | Worklessness |  | Severe Learning Difficulty SLD  |
| M | Statement | Suicidal Thoughts |  |  | Non-Engagement with Services |  | Youth Offending |  | Socil, Emotional & Mental Health (SEN) |
| N |  | Suicide Attempts |  |  | Parenting Problems |  |  |  | Specific Learning Difficulty SPLD |
| O |  | Suspected First Episode Psychosis |  |  | Perinatal Mental Health Issues |  |  |  | Speech, Language & Communication Needs SLCN |
| P |  |  |  |  | Physical Disability or Health Needs (Parent/ Carer) |  |  |  |  |
| Q |  |  |  |  | Social Emotional Mental Health (Parent/ Carer) |  |  |  |  |
| R |  |  |  |  | Young Carer |  |  |  |  |