Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Sunderland & South Tyneside Community Children and Young Peoples' Service (CYPS)
Monkwearmouth Hospital
Newcastle Road
Sunderland
SR5 1NB
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Please only return completed forms to this email address and not directly to clinical staff emails

Community CYPS - Referral Form

Referral Criteria

We expect access to our service to be simple and easy. Our criteria for acceptance are:

- The child or young person must be within our age range 0-18 years
- They must either be presenting with some degree of psychological distress or mental health difficulty. This includes children and young people in special circumstances (see page 2 of the referral leaflet) whereby advice, consultation and/or support is being sought
- They must have been seen by the referrer who will undertake an assessment of need prior to referral. This will help us to prioritise cases where necessary
- They must have given informed consent to the referral being made

The service operates from a basis of "no bounce". If a child or young person is not suitable for our service we will contact you to explain why and at the same time provide advice, help or support to access a service more appropriate to meet their needs. There is an expectation that a first level intervention must have been attempted prior to referral and information on the outcome of this is included in the referral.

Anyone wishing to have a discussion about a case prior to referral can contact our helpline for advice, information or support.

Date of Referral: ______________________________

Referrer details: ______________________________

Name: ______________________________

Agency and Address: ______________________________

______________________________ Postcode: ______________

Contact No. / E-Mail: ______________________________

Contact / Telephone No: ______________________________

Has the child / young person been seen by you as a referrer:

Yes ☐ No ☐

Referral will not be accepted if the Child / Young Person has not been seen by the referrer

The information below is essential and must be completed

Young Person Details

Name: ______________ Gender: ______________

Preferred Name: ______________ DOB: ______________

Address: ______________________________

______________________________ Postcode: ______________

Contact Telephone No: ______________ Mobile No: ______________

Parent Telephone No: ______________________________

Preferred Language: ______________________________

Religion: ______________

Ethnicity: Asian ☐ Bangladeshi ☐ Black – African ☐ Black Caribbean ☐ Black – Other ☐
Chinese ☐ Indian ☐ Mixed – White and Asian ☐ Mixed – White and Black African ☐
Mixed – White and Black Caribbean ☐ Pakistan ☐ White British ☐ White Irish ☐
White – Other Background ☐ Other ☐

NHS Number: (if known) ______________________________

School / College / Employment:

____

____

______________________________ Contact No: ______________

Name & Address of GP:

____

____

______________ Post Code: __________ Contact No: ______________

Consent for this referral: **(Please tick the boxes below)**

Has the young person given consent? Yes ☐ No ☐

If no, please state reason: ____

____

Has the parent given consent? Yes ☐ No ☐

If no, please state reason: ____

____

Parental Responsibility held by: ____

Parent / Carer Full Names: ____

Parent / Carer address if different from above: ______________________________

____

Other Agencies Currently Involved, or with Significant Past Involvements:

Name: ______________________ Organisation: ______________________

Telephone: ______________________ Address: ______________________

Date of involvement if known: ______________________

Name: ______________________ Organisation: ______________________

Telephone: ______________________ Address: ______________________

Date of involvement if known: ______________________

Reason for Referral:

(Please state the nature of the mental health difficulty and the impact this is having on the young person and family functioning, including symptoms, onset and duration. Please add any other relevant family history or information).

What has been tried previously eg. services or interventions and what was the outcome?

Action or Advice given: ______________________________

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NB: A referral will not be accepted unless this section is completed.

If you feel this referral is **urgent**, please contact our Duty Team for discussion

Background / Family History / Social Circumstances:

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____

Past History of Problems: ______________________________

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Do any of the following apply to the child / young person? Please tick any that apply:

- [ ] Have been Looked After or accommodated including those adopted from care
- [ ] Have been neglected or abused or are subject to a Child Protection Plan
- [ ] Have a learning disability
- [ ] Have a physical disability
- [ ] Have chronic, enduring or life limiting illness (including mental illness)
- [ ] Have medically unexplained symptoms
- [ ] Have substance misuse issues
- [ ] Are homeless or who are from families that are homeless
- [ ] Have parents with problems, including domestic violence, mental and / or physical illness, dependency or addiction
- [ ] Are at risk of, and, or have been involved in offending
- [ ] Who are young carers

What are your expected outcomes of this referral?

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Identified Risks:

Please inform us of any known risks, either in relation to the young person being a risk to themselves or others; any risk to the young person from others (eg sexual exploitation, sexual abuse, physical abuse); or any risks that may potentially occur to staff whilst working with this young person or family

Child Protection Plan

Current ☐ Historical ☐ Not Known ☐

Feedback and Comments. Thank you for completing this form.

For Office Use Only

☐ **Accept** URGENT PRIORITY ROUTINE

☐ **Signpost** ____________________

Name of Clinician ____________________

If you wish to discuss this referral prior to sending it to the service please contact us on Telephone 0191 566 5500 and speak with a member of our team who will be happy to answer any queries you may have.