

Referral form for Safe Space, Counselling and Art Therapy Provisions

Please note we are a traded service meaning there is a cost attached to the therapeutic provisions we provide. Please contact the Safe Space office for prices.



Child / Young Person's (CYP) Details			
Forename:		Surname:	
(Preferred Name):		Gender:	
Date of Birth:		Year Group:	
Home Address (inc. postcode):			
Ethnicity:			
School/College:			
HCC School Number:			
Name of Therapist (for annual contract schools only):			

<i>Parent/Carer Contact Details</i>		
Full Name:	Primary Carer Parental Responsibility?	Y <input type="checkbox"/> N <input type="checkbox"/>
Contact Details: <i>(Please include telephone numbers, email address and home address if different to the CYP)</i>	Permission to contact parent/carer?	Y <input type="checkbox"/> N <input type="checkbox"/>
Parent/carer aware of and consented to the referral? Y <input type="checkbox"/> N <input type="checkbox"/>		
Full Name:	Parental Responsibility?	Y <input type="checkbox"/> N <input type="checkbox"/>
Contact Details: <i>(Please include telephone numbers, email address and home address if different to the CYP)</i>	Permission to contact parent/carer?	Y <input type="checkbox"/> N <input type="checkbox"/>

Parent/carer aware of and consented to the referral?

Y

N

Referral Details

Do you have an Annual Agreement with Safe Space?

Yes

No

Is this a new request for a Short-Term agreement? (Funding must be agreed before submitting the referral to Safe Space)

Yes

No

A short-term agreement is x12 sessions

For requests for short-term agreements: What provision are you requesting?

Counselling

Art Therapy

CAMHS Involvement?

Current

Past

None

Are there any safeguarding concerns relating to this child/young person or their family? (Including whether the CYP has a Child in Need Status or is on a Child Protection Plan?)

None Current Historic

Please select below:

Family Safeguarding

Early Help

Universal

Other information:

Does this child/young person have any Special Educational Needs?

Yes **No**

If yes, please select below:

Diagnosed

ASD Social and Emotional ADHD ASD EHCP Other

If other, please include below:

Undiagnosed

Does this child/young person have a disability?

Yes **No**

If yes, please include below:

Is the child / young person aware of and in agreement of this referral?

Y

N

If no, why?

Why are you referring this child / young person for support?

What are the desired outcomes for the child / young person from receiving therapeutic support?

What does the child / young person wish to achieve / want to be different from accessing the support? *(Please provide as much detail as possible, this information will be used to triage the referral for suitability for Safe Space)*

Is the child / young person at risk of harm to themselves or to others?

Y

N

If yes, please provide details (i.e. self-harm, suicidal thoughts):

What interventions have already been accessed for this child / young person in relation to their difficulties?

Other Services Involved

What other organisations/services/individuals are involved with the child / young person or their family:

Name of organisation/individual:

Contact Details:

Reason for involvement/what support is being provided:

Name of organisation/individual:

Contact Details:

Reason for involvement/what support is being provided:

School Details

Name of lead contact in school and their contact details (email address and telephone number):

Any times the CYP is not available for the therapy (including timings of break times): *This information helps Safe Space allocate an appropriate therapist. Whilst Safe Space aims to be a flexible service where possible, we cannot guarantee that we can always avoid these times.*

Referrer Details

Full Name:

Job Role:

Referring Organisation/Service:

Contact Details: *(Please provide telephone numbers and email address)*

Date Referral Form Completed:

Consent

This section must be completed, as we must receive consent before we can approve the referral. If verbal consent has been gained, please ensure you clearly state name of the person providing consent, relationship to the client and date of consent.

Parental consent is required to enable information sharing with the identified service. Children and young people should be aware of the request for a service and asked for their consent. You will need to make a professional judgment about the child / young person's understanding of giving consent for this referral to be made.

- I have had the reasons for this service request explained to me, I understand the reasons for the request and understand that my information will be shared with Safe Space as part of this request.
- I agree to the referral, and I give consent for Safe Space to work with my child / or me as the named young person.
- Should the referral be accepted I understand that the therapy sessions will be as follows:
 - Sessions will last up to 50 minutes and will be weekly, taking place on the same day and time each week.
 - Sessions will take place in a private space with only the therapist and child/young person (CYP).
 - The content of the sessions will remain confidential. However, should the CYP disclose a serious risk of harm/safeguarding concern (current or historic) or specific illegal activities, the therapist will share this information with the schools designated safeguarding lead and follow the school and Safe Space safeguarding procedures. The therapist will always endeavour to inform the CYP when a disclosure needs to be shared unless it is deemed unsafe to do so.
 - At the end of the therapy sessions, a summary will be produced in collaboration with the CYP which will cover the following information: engagement, themes, outcome, and recommendations. The specific content of the sessions will remain confidential. The summary will be securely sent to the referrer.
- I understand that information relating to the support provided as part of this service request will be recorded on a Hertfordshire County Council case management system and other members of the Safe Space team may be able to see the content of this.

Verbal Consent Gained

Y

Written Consent Gained

Y

Name:

(of person providing consent)

Relationship to client:

(of person providing consent)

Parent / Carer Signature:

Young Person Signature:

If young person of age to consent for themselves

Date of consent:

VERBAL CONSENT: Where verbal consent is provided, consent is underwritten by the school and school confirm they have shared Safe Space Privacy Notice (below) with parent/carers name above.

Y N

***Name and signature of school staff member
(in case of VERBAL CONSENT):***

PRIVACY NOTICE

Why we need your information:

The data on this form is being gathered for the purpose of delivering counselling and art therapy for children and young people across Hertfordshire. Hertfordshire County Council will use this information to provide counselling and art therapy as well as to collate anonymised outcomes, demographic and statistical data for service reporting to commissioners and funders. As a Local Authority Hertfordshire County Council has a responsibility to provide therapeutic support to children and young people across Hertfordshire under the provisions of its commissioners and funders. The information you have provided will be used to allow us to fulfil this duty.

What we will do with your information:

The information you give us will be held by the Safe Space Counselling in Schools Team of Hertfordshire County Council and will only be used to provide counselling and art therapy to the children and young people in Hertfordshire. In order to deliver this service we will share your information with individuals and professionals involved in the therapeutic support where required. We may also share information with third parties if we are legally obliged to do so, for example if it is necessary to safeguard or protect yourself, a child / young person or other individual. In cases where we are commissioned to deliver targeted programmes, we may need to share information about your therapeutic support with our funders.

How long we will keep your information:

The information that you supply to us will be kept on file for up to 35 years from the individual's date of birth.

What are your rights?

Hertfordshire County Council will be the Data Controller for this information.

You have a number of rights over the data we collect and hold about you.

- You have the right to be informed about what information we hold about you and how we use it.
- You have the right to request copies of any information the Council holds about you by making a subject access request.
- If information we hold about you is factually inaccurate you have the right to have it corrected.
- You have the right to object to the way we are using your data.
- You have the right to request that your data is deleted. However we may be unable to delete your data if there is a need for us to keep it. In this case you will receive an explanation of why we need to keep the data.
- You can also request that we stop using your data while we consider a request to have it corrected or deleted. There may be some circumstances in which we are unable to do this however we will provide an explanation if this is the case.
- In certain circumstances you may also request data we hold about you in a format that allows it to be transferred to another organisation.
- In the event that decisions are taken using automated processes you have the right to request that these decisions are reviewed by a member of staff and to challenge these decisions.

If you would like to request copies of your data, request that your data is deleted or have any other queries in relation to data which the Council holds about you please contact the Data Protection Team.

Data Protection Team

Hertfordshire County Council

County Hall, Pegs Lane, Hertford, SG13 8DQ

Tel: 01992 588099

Email: data.protection@hertfordshire.gov.uk

You can also contact our Data Protection Officer at dataprotection.officer@hertfordshire.gov.uk or in writing to the address above.

If you are unhappy with the way that Hertfordshire County Council has used your data or with the way we have responded to a request you also have the right to contact the Information Commissioner's Office www.ico.org.uk.

Where to send the completed referral form:

If you have a secure email address, completed and signed referral forms can be sent to safespacereferrals@hertfordshire.gov.uk

If you do not have a secure email address, completed and signed referral forms should be sent via HertsFX or SchoolsFX for data protection reasons.

HertsFX: When sending in your first referral to Safe Space, you will need to call or email the Safe Space office so we can initiate a link on HertsFX with you (please see office contact details below). Once this has been done you will be able to send future referrals via HertsFX straight away.

SchoolsFX: If you choose to send your referral via SchoolsFX please initiate a link with safespacereferrals@hertfordshire.gov.uk

Any questions or queries relating to completing this form or the services available, please contact the Safe Space office on 01992 588796 or via email at

safespacemailbox@hertfordshire.gov.uk

