



ARC: Referral form for Children and Young People's Asylum Seekers and Refugees Clinic

For Office Use Only

NHS Number:	Accompanied? Yes <input type="checkbox"/> No <input type="checkbox"/>	IAPTUS ID	Date Received:
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Surname (s):	Forenames:	Known as:	Age: Date of Birth:	Female/Male:
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Ethnic Category. Please X one box only (double click on box and select checked, under 'default value' heading)

White	Mixed	Asian/Asian British	Black/Black British	Other Groups
British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Albanian <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Vietnamese <input type="checkbox"/>
Other <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	South Sudanese <input type="checkbox"/>	Iranian <input type="checkbox"/>
	Other <input type="checkbox"/>	Afghan <input type="checkbox"/>	Sudanese <input type="checkbox"/>	Syrian <input type="checkbox"/>
		Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>

Name of Foster Carer/ Adopter:	Birth Parents' Name:
Current Address: Confidential Yes/No	Address:
.....
Email:	Email:
Tel No's :	Tel No's:

	Please mark with X
Placed with Parents <input type="checkbox"/>	School/Nursery/College Contact Name:
Residential Unit (name) <input type="checkbox"/>	Address.....
Residential School (name) <input type="checkbox"/>
Agency Foster Carer (name) <input type="checkbox"/>	Tel No..... Email:
Bristol Foster Carer <input type="checkbox"/>	
Adopted (add date adopted) <input type="checkbox"/>	
Other (Please Specify) <input type="checkbox"/>	

Social Worker name:	GP Name:
Base:	Address.....
Email:
Tel No's:	Email:

Family Placement Social Worker:	Base/Agency:
Email:	Tel No's:

Who has Parental Responsibility?	Have they/the child agreed to this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>
Family's first language:	Is an interpreter required for child and/or parents? Yes <input type="checkbox"/> No <input type="checkbox"/>

Legal Status: Asylum Seeker <input type="checkbox"/>	Refugee <input type="checkbox"/>	Leave To Remain (for how long): <input type="checkbox"/>
Date arrived in UK:	Age Assessment completed? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Referral made by (if not Social Worker)		
Name:	Company Name/Job Title:	Email:
Tel No:	Date:	

1. What actions / outcomes are you seeking?

2. Please tick the box for which area of support is needed for this child, using the i-Thrive model:

- Getting Advice
- Getting Help
- Getting More Help
- Getting Risk Support

e.g.
- Sign-posting
- Information
- one off consultation

e.g.
- Risk management meetings
- TAF meetings



e.g.
- training (e.g. CREATE for carers and professionals)
- Short-term intervention (e.g. CREATE psychoeducation group)
- Assessment

e.g.
- therapy for trauma and PTSD

3. Current concerns / presenting problems. What are the acute triggers for seeking help now? How long, how severe, how does it impact on the child, their family and their education?

4. What has been tried before and what was the response? Have the child's carer/s attended the CREATE Foster Carer's group?

5. Have you discussed the referral with the young person? Do they know what ARC is, reasons for referral and what outcomes may result from a referral?

- **If yes, what are their views?**

- **If no, why not?**

6. What information do you have about the young person's family or journey? Is the Red Cross Family Finding Service involved? Please enclose documentation if this is easier for you

7. PTSD checklist

It is well recognised that asylum seekers and refugees are vulnerable and may present with symptoms of trauma after initially coping well in the UK. If the symptoms have been present for more than one month they may have Post Traumatic Stress Disorder (PTSD).

Does the child/young person have any of the following signs of trauma? If they have 5 or more, it is likely they are experiencing PTSD.

Hypervigilance/Hyper arousal

- Irritability/outbursts of anger
- Irrational and intense fear
- Hypersensitivity to sound
- Panic attacks
- Anxiety
- Difficulty falling/staying asleep
- Fear of being in crowds/round people

Avoidance/displacement of feelings/events

- Avoiding reminders of event/triggers
- Difficulty attending college/school
- Being/feeling isolated
- Self-injury
- Self-destructive/risky actions
- Misuse of alcohol, drugs or food
- Exhaustion
- Physical pain/unexplained physical symptoms
- Acting as if older or younger than chronological age

Intrusive symptoms

- Intense physical reactions to reminders of event
- Flashbacks (acting or feeling as if the event is happening again/in the here and now)
- Nightmares (either of the event or other frightening things)
- Feeling intensely distressed when reminded of the trauma
- Fear of being alone

Mood Changes

- Depression
- Mood swings
- Easily moved to tears
- Loss of pleasure in activities/interest in life
- Sense of a limited future
- Feeling suicidal
- Feeling really high or low

Dissociation

- Difficulty concentrating
- Appearing distracted/'not present'/'zoning out'
- Inability to remember important aspects of the trauma
- Feeling numb and empty

9. Are there any other professionals involved? Please include the contact details of the **Solicitor**

Name:
Title
Email Address:
Tel: No:

Name:
Title
Email Address:
Tel: No:

10. Consent to share information: Due to COVID-19 we are aiming to do our consultations by telephone or video, which we require consent. To provide the best possible care we might need to share personal information with others who are involved in this child or young person's care (e.g. GPs, Education). Information is only shared on a need to know basis and will always be completed securely, in line with legal responsibilities. We will discuss who we may be sharing information with and the reasons for this with you.

You can withdraw consent to share information at any time by informing the relevant professional if you wish to do so. However, if consent is withdrawn it may affect the care we are able to offer. We will discuss the possible effect this may have with you.

There may be occasions where it is necessary to share information without your permission, where this is required by law, for example where it is in the public interest to protect somebody from significant harm. In these circumstances the information shared will always be kept to a minimum.

Is there any information you prefer not to be shared or any person or organisation you would not want your information shared with?

Signature of young person (must be able to understand the process of consent and be aged 12 or over) and date

Signature of person giving consent on behalf of the young person, if young person not able to give consent themselves. Please include name and relationship to child and date the signature.

Please attach any other additional written information

When completed this form please email to awp.camhsarc@nhs.net

Tel No: 0300 124 5944