**Evelina School Nursing Referral Form**

We provide a health service to children and young people aged 5 to 19 years old across mainstream schools in Lambeth and Southwark, as well as children and young people educated other than at school (EOTAS).

**This referral form is for:**

School nursing referrals [ ]

Healthy Weight Nurse referrals - **Lambeth 5-12yrs only** [ ]

**Children referred to our service must meet one of the following criteria:**

|  |  |
| --- | --- |
| **LAMBETH** | **SOUTHWARK** |
| Attends school in Lambeth | Attends school in Southwark |
| Is a Lambeth resident and attends the following alternative provisions: *Jus’T’Learn, Evolve Academy West Norwood, Evolve Academy Kennington, Lambeth College KS4 Gateway Provision* | Southwark resident and subject to a CP/CIN plan and is **NEET** |
| Subject to a CP/YPSP/CIN plan, who attend an out of borough college but are a Lambeth resident  | Subject to a CP/YPSP/CIN plan attending college in a neighbouring borough but residing in Southwark  |
| Lambeth resident and are electively home educated | Southwark resident and are electively home educated |
| Lambeth resident Child Missing Education (5-16yrs) | Southwark resident Child Missing Education (5-16yrs) |
| Lambeth resident aged 5-19yrs, subject to a CP/YPSP/CIN plan, attending an alternative provision and not on a school roll  | Southwark resident aged 5-19yrs, subject to a CP/YPSP/CIN plan, attending an alternative provision and not on a school roll  |
| Lambeth resident and is Not in Education, Employment or Training (**NEET 16 yrs plus**) with identified health needs |
| For the healthy weight nurse: Children age 5-12yrs and must be a Lambeth resident / or have a Lambeth GP / attend a Lambeth school |

**Children who do not meet our criteria:**

* Children who are under 5yrs and not in reception (please refer to local health visitor)
* Attends a complex needs school including Tuke, Cherry Gardens, Livity and Heron Academy (formerly Michael Tippett)
* Young people in Southwark who are NEET (16yrs plus) and not on a CP/YPSP/CIN plan
* Independent schools

**Please note:**

**Self-Harm/Suicidal ideation**

**For emotional wellbeing referrals where there are concerns about self-harm or suicidal ideation, we are not a crisis service and the child/young person should be supported to seek urgent medical support e.g. attend the Emergency Department, or contact their mental health team crisis service.**

**Sickle Cell**

Sickle cell care plan requests email the Sickle Cell team:

gstt.referralstosickle@nhs.net

**Specialist care plans**

For specialist health care plans (e.g. diabetes) please contact the child’s specialist health care team.

**Asthma**

For completions of asthma cards/action plans – these are completed by the health professional treating the child’s asthma. Parents should provide these to school. For children with asthma, we will accept referrals if:

* There are issues with joining in with PE
* School attendance is impacted by the child’s asthma
* Issues with sleep / waking at night due to asthma e.g. coughing keeping them
* awake
* Using reliever inhaler frequently (>3 times per week)
* The child is smoking or vaping
* Additional health needs
* The child is not in education

**For children under 5yrs contact the health visitors:**

Southwark gstt.spahealthvisitingservicesouthwark@nhs.net

Lambeth gstt.spahealthvisitingservicelambeth@nhs.net

**PLEASE EMAIL REFERRAL FORM TO** **gstt.schoolnurseadmin@nhs.net**

\*Mandatory field – if not completed your referral will be rejected and returned

|  |
| --- |
| **Client Details** |
| **\*First Name** |  |
| **\*Surname Name** |  |
| **\*Date of Birth** |  |
| **NHS Number (if known)** |  |
| **\*Address** |  |
| **Young Person’s Phone Number** |   |
| **GP Name & Address** |  |
| **\*Educational status** | *In school, Educated Other than At School* |
| **\*School / education provider** |  |
| **\*Gender** |  |
| **\*Ethnicity** |  |
| **\*Gillick competent** | Yes/No |
| **Parent/Carer Details**  |
| **\*First Name** |  |
| **Surname Name** |  |
| **\*Does the child reside with their parent/carer?** |  |
| **\*Telephone/ mobile** |  |
|  **Email** |  |
| **\*Relationship with client** |  |
| **\*Is an interpreter required? State language** | **Parent/Carer** | Yes/No | **Child/young person?** | Yes/No |
| **Consent**Without the consent of either parent/carer, or the young person if Gillick competent, we cannot accept the referral. |
|  | **\*If applicable, has the young person consented to this referral?** | Yes/No | **\*Has the parent/carer consented to this referral?** | Yes/No |
| **Safeguarding** **Please add details of Social Worker:** |
| **Child Protection plan** | Yes/No |
| **CIN Plan** | Yes/No |
| **Child Looked After?** | Yes/No |
| **Educational health care plan?** | Yes/No |
| **Special Educational Needs?** | Yes/No |
| **Disability?** | Yes/No |
| **Has a recent referral been made to social care?** | Yes/No |
| **Is the family open to social care child and family assessment?** | Yes/No |
| **Other agencies involved** |
|  | **Name** | **Agency** | **Contact email**  |
| **1.** |  |  |  |
| **2.**  |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |

**Which intervention(s) is required?**

**Chronic health**

**Care Plans:**

* Allergy management plan [ ]
* Epilepsy [ ]

**Support - Chronic health condition affecting education and wellbeing:**

* Asthma [ ]
* Epilepsy [ ]
* Diabetes [ ]
* Sickle cell [ ]
* Eczema [ ]
* Allergy [ ]
* Other [ ]

**Emotional health and wellbeing**

* Bullying [ ]
* Low mood and anxiety [ ]
* Self esteem [ ]
* Emotional regulation [ ]

**Sexual Health and Relationships:**

* Accessing condoms and contraception advice [ ]
* Sexual health education [ ]
* Healthy relationships [ ]
* Exploring gender identity and sexual orientation [ ]

**Risk taking behaviours**

* Youth violence [ ]
* Substance use [ ]
* Smoking/vaping [ ]
* Community safety [ ]

**Healthy lifestyles**

* Sleep [ ]
* Healthy eating [ ]
* Healthy weight nurse **– Lambeth 5-12yrs only** [ ]  *Has child accessed weight management programme before?* Yes [ ]  No [ ]
* Overweight [ ]
* Underweight [ ]
* Puberty and hygiene [ ]
* Dental health [ ]

**Safeguarding**

* Initial holistic health assessment [ ]

**Continence**

* Enuresis (night time wetting) [ ]
* Soiling and daytime wetting [ ]

*First line advice can be offered and in some cases referral into bladder & bowel service. In the first instance we would recommend the child is taken to the GP, if not already attended.*

**Reason for referral (e.g. what the concern is and what support is required?)**

**Is there anything else you would like us to know?**

**Referrer’s details**

|  |  |
| --- | --- |
| **Referrer details:** |  |
| **Name:** |  |
| **Email:**  |  |
| **Phone number:** |  |
| **Designation** |  |
| **Organisation/School** |  |

You will receive an email to let you know whether your referral has been accepted or rejected.

<https://www.evelinalondon.nhs.uk/our-services/community/school-nursing-service/overview.aspx>

**Parentline: Parents and carers can contact school nurses directly via text for confidential health advice and support: 07520 631 130**

**ChatHealth: Young People aged 11-19 can contact a school nurse via text for confidential advice and support or to make appointments: 07507 332 150**