



Your Growing Healthy Team are here for all children and young people, providing support, encouraging healthy lifestyles and protecting those who are most vulnerable.

The SEND work stream are part of the 5-19 Growing Healthy Team in Darlington Criteria for referral into the SEND work stream

- 1. The child/Young person must have a current EHCP.
- 2. Pre-school children and early identification of SEND. We provide SEND advice, support and work with pre-school children in receipt of Band A SEN funding <u>with or</u> without the presence of an EHCP. The child remains on the Health Visitor caseload.
- 3. We accept referrals for children/young people aged 2-25 with an EHCP.
- 4. We accept referrals from parents, mainstream school, special schools, home educated college or alternative provisions, other health providers and partner agencies as long as the child/YP has EHCP.

To refer to the service please complete the referral form below and email it to hdft.0-19darlington@nhs.net



f HarrogateDistrictNHS



A NATIONAL HEALTH SERVICE FOUNDATION TRUST

Chairman - Angela Schofield

Chief Executive - Steve Russell





Referral to the 0-19 Healthy Child Team

Please return form by email to: hdft.0-19darlington@nhs.net

For advice please telephone: 03000 030 013

| Child/Young person's name | Address | Date of birth |
|---|-----------------------------|--|
| | | |
| | Tel no: | |
| Parent name: | Next of kin if different: | Has consent been obtained |
| | | Yes /No |
| | Relationship to child: | If no state why (only in exceptional circumstances should consent not be obtained) |
| School attended: | Name of referrer | Is there any social work /other agency involvement |
| | | Yes/No |
| Class teacher: | Contact details of referrer | If Yes give details in relevant information below |
| Reason for the referral and any interventions tried: | | |
| | | |
| | | |
| Any other relevant information/ risks to lone visiting. | | |
| | | |
| Name/ signature of referrer | | Date of referral |
| | | Date of following |
| Agency | | |
| For office use date received: | | |