## Counselling Service Referral Form

**Confidential**

All details provided will be securely stored and used only in LBN offices. Lancashire BME Network takes your privacy seriously and any information you provide will be used only for the purpose of assessing your suitability to be referred to the counselling service. Your information will be securely stored and will not be made available to any third parties. The information will be kept only for as long as necessary after which it will be securely destroyed.

**Referrer details**

|  |  |
| --- | --- |
| **Name of referring organisation** *( if applicable)* |  |
| **Name of person referring**  |  |
| **Role/relationship to client** |  |
| **Tel number**  |  |
| **Email address** |  |
| **Date of referral** |  |
| **Reason for referral** |  |
| **How did you hear about the service?** |  |

|  |  |
| --- | --- |
| **Is there any history of risk taking behaviour;****e.g. drugs, alcohol, sexually inappropriate behaviour, suicidal thought, violence etc.** |  |
| **Are any of these behaviours recent / current?** |  |

**Service user details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** |  | **Last name:** |  |
| **Preferred name/ Nickname** |  |  |  |
| **Date of birth/age** |  | **Gender:** |  |
| **Address** |  |
| **Phone number daytime** |  |
| **Phone number evening** |  |
| Please indicate if there is any confidentiality issues around contact. |

**Support network/agency involvement information:** *Please provide as much information as you can on any other therapeutic support the client may have received or is still receiving.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Name of organisation**
 |  | **Contact person** |  |
| **Type of support provided****(counselling/therapy)** |  | **Is the support still being provided** |  |
| **Contact number** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Name of organisation**
 |  | **Contact person** |  |
| **Type of support provided****(counselling/therapy)** |  | **Is the support still being provided** |  |
| **Contact number** |  |

**Medication:**

|  |  |
| --- | --- |
| **Is the client on any medication***? If yes then please provide details* |  |
| **Any other comments** |  |

**Please tick this box to indicate the client agrees to participate in remote counselling. Due to Covid-19 and whilst adhering to government guidelines, LBN has introduced, remote digital counselling services. This would mean the counsellors would contact the clients from home via an LBN issued work phone at an agreed allocated time (which will be scheduled by LBN staff). Clients and counsellors can come to an agreement as to using phone calls or video calls. Counsellors can only call clients, clients may not call counsellors. The counselling client contract has been updated and clients must adhere to the new rules regarding remote counselling.**

**Please send this form, marked private and confidential to:**

# LBN Counselling Service

# Lancashire BME Network

**Suite 412**

**Daisyfield Business Centre**

**Appleby Street**

**Blackburn**

**BB1 3BL**

**Telephone: 01254 392974 (in strict confidence)**

**email:****referrals@lancashirebmenetwork.org.uk**

For Office Use Only

|  |  |
| --- | --- |
| Date Received | Date Contacted |
| Appointment Date | Assessment Staff |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Allocated to In-house Service

|  |  |
| --- | --- |
| Yes | No |

If No, reason for not acceptingReferral made?

|  |  |
| --- | --- |
| Yes | No |

Where? | Counsellor Name:

|  |
| --- |
| Start date |
| End Date |

 |

Lancashire BME Network Counselling Service – Referral Information

# Referral Criteria

A referral may be appropriate:

* when the person is over 18 years of age
* when they are looking for short-term psychological therapy
* whenthey have some understanding that part of their problem/difficulty lies within themselves and how they are managing a situation

A referral will not be appropriate

* when the person is actively self-harming/suicidal
* when they are physically or psychologically dependent upon substances such as alcohol or drugs which will interfere with their ability to reflect
* when the person is actively psychotic.

Referral and assessment information for agencies

1. Anyone may be referred to the Lancashire BME Network Counselling Service who meets the criteria as detailed above, however it should be understood that an assessment appointment will not guarantee that counselling will be offered. Where counselling is not seen as appropriate the person will be given advice as to other forms of support available and referral on may be made with their consent.
2. You may refer by completing the referral form and sending to the office, either by post or by email. We also welcome self-referrals from your clients.
3. Due to covid-19 the initial assessments will now be conducted remotely. Trained staff from LBN will contact clients over the phone and discuss the assessment in a respectful and confidential manner. The duration of an assessment is up to 60 minutes. The referred person is invited to talk about themselves and what has brought them to the service.
4. At assessment a joint decision is usually made whether counselling is appropriate. If there is some uncertainty about whether there are the counselling resources to offer someone appropriate work or at a time that will suit them, then they will be informed of the possibilities later by letter or email.
5. The person is matched with a counsellor who has the training to offer the type of support needed and, wherever possible, who can be available at a time it is possible for them to attend without disrupting their normal working life.
6. The Service is not an open-ended therapy. The student counsellor will determine the duration of the counselling support that they are able to offer, however it is usual to contract for 6 sessions initially to check that therapist and client can work together. In some cases, 6 sessions are sufficient to enable the client to come to terms with their difficulties and move on.
7. Currently due to Covid-19 and to adhere to Government guidance, we have decided to introduce digital remote counselling to our clients. Our counsellors will still be able to provide the same excellent, confidential service from the home. The counsellors have been provided with a work phone and LBN staff will be in charge of scheduling appointments between the counsellors and clients. Due to these changes, there have also been changes to the client counselling contract. This now includes more information about remote counselling and some important rules which must be adhered to.

**Who to Contact for Further Information?**

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