**Children, Schools and Families Directorate**

London Borough of Camden

CAMDEN CAMHS

Whole Family Service

Floor 9

5 Pancras Square

London

N1C 4AG

Tel 0207 974 337

**WHOLE FAMILY TEAM (WFT) NVR GROUP REFERRAL FORM**

**Please make note of the following:**

* The NVR group is unable to act as a standalone service for referrals. Cases must remain open to the referring clinical, early help or social care team and referrers must remain as the lead professional for the duration of the NVR group. Support may also be required from referrers around attendance and engagement.
* Summaries of engagement for group members can be made available to teams/agencies but facilitators cannot attend meetings.
* There may be circumstances where offering NVR in a group format would not be suitable (e.g., capacity to manage in a group, requiring an interpreter). In these cases, individual work may be able to be offered. This would be assessed on a case-by-case basis.
* The group is aimed at parents/carers:
  + with children/young people between the ages of 5-17 years old, who are exhibiting violent, aggressive, controlling, or risk-taking behaviours.
  + where difficulties with the child/young person have been present for some time.
  + have an established relationship with the child/young person.

|  |  |
| --- | --- |
| Child’s name  Age  Date of birth |  |
| Parent/Carer names  Ages |  |
| Any siblings’ names  Ages |  |
| Family contact details  Telephone  Address |  |
| Referrer contact details  Name  Job title  Referring agency  Telephone  Email |  |
| Referral date |  |
| Parental consent given for referral |  |
| Reason for referral |  |
| Who will attend and how would they benefit? |  |
| Other important information (current risks, disabilities etc.) |  |
| Who works with the family?  (CAMHS, Social Care, Early Help etc.) |  |

Should you have questions regarding NVR or the group, please contact Dr Kate O’Brien on 07525 289 029, [kobrien@tavi-port.nhs.uk](mailto:kobrien@tavi-port.nhs.uk) or admin at [lacamhsadmin@tavi-port.nhs.uk](mailto:lacamhsadmin@tavi-port.nhs.uk)

On completion, please email this form to: **[tpn-tr.CYAF-Intake@nhs.net](mailto:tpn-tr.CYAF-Intake@nhs.net)**