 

***Referral form for neurodivergent wellbeing groups with Tailor Ed***

**Our groups are for children and young people aged between 5 and 18 years old, living in Edinburgh who are neurodivergent, either confirmed diagnosis or on the diagnostic pathway.**

**We accept referrals directly from children and young people, their parents or professionals.**

**Please complete this form and send to** wellbeing@tailoredfoundation.co.uk **Any queries, please contact us.**

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| **About the child or young person being referred** |
| Name |  |
| Address inc. postcode |  |
| Contact number (for CYP directly) |  |
| Email (for CYP directly) |  |
| Date of birth |  |
| School and class (if applicable) |  |
| Diagnosis (list all, indicating which are confirmed diagnoses and which are awaiting diagnosis) |  |
| Parent/Carer Name  |  |
| Contact number & email address  |  |

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| **Is the CYP aware you are making the referral?****(If CYP does not know, please explain reason.)** |  |

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| **About the professionals involved (if applicable)** |
| Name of referrer/lead professional |  |
| Job title |  |
| Organisation/service |  |
| Address |  |
| Phone |  |
| Email |  |
| Other professionals involved (please include name job title/organisation and contact details) |  |

**Below is an overview of group content to assess suitability of the group and to assist with the referral information required.**

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| **Wellbeing Group:  *Best suited for young people who have a reasonable understanding of neurodivergence as part of their identity and would like to learn strategies for supporting their wellbeing.***8 weekly sessions - Up to 6 young people with 2 facilitators - Designated key worker leading group and providing 1:1 follow up.Delivery via presentation, peer discussion and practical activities. Sharing personal experiences is welcomed but not essential. **Topics**: Special interests, habits, bodies and energy, sleep, emotional and sensory regulation, identity and community.We offer TWO options for groupwork through our two collaborations:* **ND:Well** groups are for those with a confirmed Autism diagnosis.
* **EDAN Hub** groups for those with a confirmed diagnosis of ANY neurodivergence and/or those on the CAMHS neurodivergent assessment pathway for any type of neurodivergence.

**Please state which group you are referring to on the bottom of this form.** |

**Please complete the following information in full. Use as much space as required.**

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| **Describe the young person and how they will benefit from attending a group.** (Likes/dislikes, friends, family, important information and the CYPs own views. Professionals should use GIRFEC/SHANARRI in description.)**:****Does the young person have any accessibility needs?** (Mobility, sensory, disability.)**Are there any risks we need to be aware of?** (Risk of meltdowns, aggressive behaviour towards others including adults)? **Does the CYP experience any of the following** (please circle or highlight):**Eating disorder Suicidality Intentional Self Harm High Risk Taking Behaviours (e.g. drugs/alcohol/sex)**(Please Note: We cannot guarantee support if any are highlighted. We will make contact for more information before making a decision.) **Please describe the ways we can support the young person whilst attending groups** (e.g. specific sensory items, adult sitting nearby, movement breaks.)**:****Any transport requirements to enable the young person to attend groups?****Which group are you referring to?** (please circle or highlight)**ND:Well (confirmed autism diagnosis) EDAN Hub (Wider ND diagnosis/On ND assessment pathway)** |

**Please email your completed form to** wellbeing@tailoredfoundation.co.uk

**We will be in touch to confirm receipt of the referral so please contact us if you don’t hear from us.**