Thank you for contacting Gaddum Centre

GUIDELINES NOTES AND REFERRAL FORM
NOTES FOR COMPLETING THE REFERRAL FORM

Thank you for your enquiry.

At Gaddum Centre, we endeavor to provide a professional and flexible service which is most relevant to your family’s needs. In order that we can continue to process the referral, it is important that you complete the enclosed form as fully as possible. If you do not complete all the relevant sections there may be a delay in your family receiving the service. If more space is needed for answers to any of the questions, please attach a separate sheet.

PLEASE CONTACT US IF YOU HAVE ANY PROBLEMS COMPLETING THIS FORM.

If you are a professional filling in the form on behalf of the family, it is essential that they know that you are making the referral and are aware of the contents of the form. Wherever possible the family should be encouraged to participate in the process.

SECTION ONE

Factual information about the child/children being referred. It is important that all questions are answered fully.

e.g. Smith Samuel Thomas (known as Sam) 01.01.1990

6 Great Jackson Street Tel no.: 0161-834 6069
Manchester Mobile No.:
M15 4AX Other contact no.:

Manchester Comprehensive Tel no.: 0161 834 0000
Manchester Road
Manchester
M15 4AX
SECTION TWO

Factual information about your family. It is important that all the questions are answered fully.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith Susan</td>
<td>40</td>
<td>Housewife</td>
</tr>
<tr>
<td>Jones Michael John (no contact)</td>
<td>38</td>
<td>Not known</td>
</tr>
<tr>
<td>Smith Jack, Peter</td>
<td>11</td>
<td>School</td>
</tr>
<tr>
<td>Smith John, Paul</td>
<td>9</td>
<td>School</td>
</tr>
</tbody>
</table>

SECTION THREE

This covers the reason for referral and is mainly about the child/children.

A. Include who died and their relationship to child/children. It would be useful to include the level of contact they had.

   e.g. Sam’s granddad, Joe, died. They had daily contact as Sam has no contact with his dad. At weekends they went fishing together.

B. Joe died of lung cancer 18 months ago. He had been ill for 2 years, but we only told Sam about it 3 months before Joe died when his condition deteriorated. Sam was sleeping at a friend’s the night Joe died.
C. Whenever there is a death, there is a reaction to it. Typical, normal reactions are:

- Nightmares or bed-wetting.
- A usually outgoing child may become withdrawn.
- A usually quiet child may become angry and aggressive.
- Poor concentration (particularly noticeably at school).
- Usually confident child may become “clingy”.
- Sometimes, children say they want to be with the person who died. To adults, this can be quite scary to hear. In our experience this is usually more an indication of the level of distress the child feels, rather than a serious thought about killing themselves.

With the support of family, friends and school, these “symptoms” improve over time. If they continue for an extended period e.g. 6 months with no sign of improvement, it may be an indication that the child has become “stuck” in their grieving process, and professional help may be necessary/appropriate.

E.g. Before Joe died, Sam was a confident, sociable child with a wide circle of friends. He used to participate in most sports and was on all the school teams. Since Joe died, Sam has become withdrawn. He will not leave the house and has stopped playing any kind of sport. His school work has deteriorated and recently he has started to feign illness to stay off school. He refuses to talk about his granddad and gets upset if we look at photographs.

D. Although it can be difficult talking to children about death, in our experience 

**honesty** is the most useful way to help a child with their grieving process.
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CHILDREN’S AND FAMILIES BEREAVEMENT SERVICE

e.g  Sam knows his granddad died of lung cancer. He understands that his granddad can never come back to be with him. He regularly visits the cemetery, but will not approach the graveside. He did attend the funeral service, but did not want to go to the burial.

E.  The work will only go ahead if your child/ren want it to. Therefore, it is important that you include them as much as possible in the process. Tick the relevant box.

F.  This section is not compulsory. It is an opportunity for your child to make their contribution to the form if they wish to. They can say whatever they want to, however they want to – they could draw a picture or write something.

G.  We try to be as flexible as possible in our approach and tailor our service to your child/ren’s needs. When we first start to work with your family, we will initially visit at home. The purpose of this is to meet you all, explain how we work, and to find out about your concerns. We will then make a joint decision on the best course of action. This form asks you to express your initial thoughts, but it isn’t binding.

On occasions formal group work sessions are provided, however, these are not available on a regular basis. If group sessions were a possibility would you be interested in taking part.

H.  Include anything here that you think is important for us to know that hasn’t been included in the previous questions.

SECTION FOUR
This provides us with information about you, the carer/s and the service you would like.

A.  Tick the relevant box.

B.  Tick the relevant box.

C.  Again, we want to be as flexible as possible in our approach.

Tick the box which you feel would most meet your needs.
SECTION FIVE – Additional information

Include anything you feel it is important for us to know that hasn’t been covered. Also, tell us about any other professionals involved with your family, e.g. Health Visitor, Education, Psychology Services. We need the name of organisation, address and telephone number, the name of the person you see and how often.

e.g. June Jones, Educational Psychologist

Swinton Education Department – Tel No. 0161-834 6069.

She sees Sam weekly at school to help him improve his grades.

Thank you for taking the time to complete this form. As soon as we receive it, you will be sent a letter of acknowledgement and your child/children’s name will be added to the waiting list. In the meantime, if you are in need of any advice or support, please do not hesitate to contact any member of the team who will be happy to spend time with you on the telephone discussing your concerns.

We look forward to working with you and your family.
Referral Form

Thank you for requesting a referral form for the Children and Families Bereavement Service.

Before completing this form please take a few minutes to read the enclosed guidance notes.

Should you have any questions about any section of the form please contact us on 0161-834 6069.

Form completed by:

Name _________________________________ Position/role _________________________________
Tel. No ________________________________ Date ________________________________
Agency (if relevant) ________________________________________________________________
Address _____________________________________________________________________________
____________________________________________________________________________________

How did you hear about the service? ____________________________________________________

Section one. Details of Child/ children referred.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
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</tbody>
</table>
Section Two. Other Family Members

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Age</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling 1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sibling 2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sibling 3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sibling 4</td>
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Part Three. Reason for referral.

Who has died and what was their relationship to your child/children? This need not be relative.

What was the cause of death? When did it happen?

What are your concerns? How is your child/children’s behaviour different to before the death?
What has your child/children been told about what has happened?

____________________________________________________________________________________
____________________________________________________________________________________

Is the child/children aware of this referral ------- Yes ☐ ---- No ☐

Child/Childrens Comments (Attach a separate sheet if necessary)
____________________________________________________________________________________
____________________________________________________________________________________

Which of the following would best meet your child’s/children’s needs

Individual work ☐
Group work ☐

Additional Information
____________________________________________________________________________________

Section four. Details of parent/carer

Would the parent/carer like support for themselves?

If yes would you like to

Talk about your own grieving process ☐

Explore how to talk to your child/children about what has happened ☐

Both ☐

If you had a choice, would you prefer?

Individual work ☐
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Group work if available □
Family work □
No preference □

Any other agencies involved with the family?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Additional Information (please continue on a separate sheet if needed)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Please return a printed copy to:
Lorraine Finnegan, (Children and Families Bereavement Service)
Gaddum Centre,
Gaddum House
6 Great Jackson Street
Manchester
M15 4AX
Telephone 0161 834 6069
Fax 0161 836 8573

For office use
Initial enquiry taken on_______________ From _________________ By_________________________
Referral sent __________________________ Referral received __________________