



Healthy Identities - Referral Form

We accept referrals from a range of professionals, including:

- GPs, practice nurses, and other health workers
- Other health services including Lifeline/Branching Out, Healthy Minds, CAMHs
- Therapeutic services such as Noah's Ark and Insight
- Education professionals such as Teachers, Pastoral Leaders and Safeguarding Leads
- Social Workers, Personal Advisors

About the Young Person

| | |
|---|--|
| Name: | |
| Also known as: | |
| Date of birth: | |
| Gender: | |
| Sexual Orientation: | |
| Disability/Health issues: | |
| Religion: | |
| Ethnicity: | |
| First language: | |
| Home address including postcode: | |
| Telephone: | |
| Mobile: | |
| Parent/Carers' names: | |
| Address of parent/carer (if different from young person) Parental status: <i>Parenting role/no parenting role</i> | |
| Siblings – name(s)/age | |
| Is the young person subject to a Child in Need/Child Protection Plan? | <i>Please provide details:</i> |
| Current care status: | <i>Looked after child/Care leaver/Not LAC or Care Leaver</i> |
| School/College and Year group details. Contact person: | |
| GP details including surgery address: | |
| Other professionals/agencies involved: | |

| | | | | | |
|---|-----|----|--|-----|----|
| Has the parent/carer consented to this referral? | Yes | No | If 'NO' then is the young person deemed to be Gillick competent according to the Fraser guidelines? | Yes | No |
| | | | | | |

If parent/carer is not aware of the referral, for the young person's safety what information can we share?

About the Referrer

| | | | |
|------------|--|---|--|
| Name: | | Telephone: | |
| Job title: | | Mobile: | |
| Agency: | | Email: | |
| Address: | | Date of referral: | |
| Postcode: | | Is the young person aware of this referral? | |

Please provide details for the reasons you are making this referral:

Significant history and description of concerns:

What is the particular issue you think the young person requires advice/support on? Please give details of emotional or mental health difficulties, when these started, and how these are affecting the child/young person. Please describe the current situation, relevant background information, how difficulties/concerns are seen at school and at home, what interventions, if any, have been tried.

What support do you feel the young person would benefit from? What outcome do you expect?

Would 1:1 support benefit the young person? Please give details of what you consider would meet the needs of the young person (emotional wellbeing, health related work, bullying issues, family relationships, social and peer relationships, sexual health, sexuality and gender identity or any other areas?)

Young Person's Concerns and Expectations:

Please provide details of what the young person's wishes and feelings are and what concerns they identify. What expectations does the young person have? What would the young person like to see happen to make an impact on their mental health and emotional well-being?

Please sign below to show that you are happy for this referral to be accepted and processed by the service. We understand and agree that our details will be added to the Positive Identities Service electronic systems under the Data Protection Act, 1998. We understand and agree that our details may be shared with other Barnardo's services:

Young Person Signature:

Date:

Parent/Carer Signature (if applicable):

Date:

Referrer Signature:

Date:

Risk assessment: (please attach any additional information that might be relevant)

| | | | | |
|--|-----|--|----|--|
| Self-harming? <i>If yes, please comment on severity/frequency:</i> | Yes | | No | |
| Harm to others? <i>If yes, please comment on severity/frequency:</i> | Yes | | No | |
| Suicidal thoughts? <i>If yes, please comment on severity/frequency:</i> | Yes | | No | |
| Self-care concerns? <i>if yes, please comment on severity/frequency:</i> | Yes | | No | |
| Substance misuse? <i>if yes, please comment on severity/frequency:</i> | Yes | | No | |
| Child sexual exploitation/inappropriate relationships? <i>If yes, please comment on severity/frequency:</i> | Yes | | No | |
| Domestic abuse/bullying - <i>please comment on severity/frequency:</i> | Yes | | No | |
| Any other risks you are aware of - <i>please comment on severity/frequency:</i> | Yes | | No | |

Please contact us if you would like any further information:

Tel: 01422 371993 **Mobile:** 07885 202009

Please return referral forms via post or email:

Positive Identities Service, Trinity House, Blackwall, Halifax, HX12QR

Email: kirsty.taylor@barnardos.org.uk/jeanette.smith@barnardos.org.uk