HEAL (Helping to empower Adolescent Lives) is a Barnardo’s project that’s aim is to help improve the mental health and wellbeing of young people who are affected/impacted by Exploitation and Serious Violence in the communities and without support may be at risk of becoming involved Criminal activity. The service will offer group support and 1 –1 support for young people.

Referral Guidelines and instructions

1. School to identify a group of up to 6 young people who would benefit from this service, once identified the school must seek consent from the parents/guardian.
2. Please complete the below information in as much detail as possible. Email the referral to [oldmarketservices@barnardos.org.uk](mailto:oldmarketservices@barnardos.org.uk) any further queries please call 01179 349726.
3. A HEAL Practitioner will then contact the school to agree a suitable time/date for the group work to commence.

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| --- | --- |
| **Date of referral** |  |
| **Referring school** |  |
| **Name and role of referrer** |  |
| **Referrer’s email** |  |
| **Referrer’s contact numbers** |  |
| **Address of school** |  |
| **Local Authority Area** |  |

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| **Young Person’s name** | **Gender** | **Age** | **Address** | **Ethnicity** | **Religion** | **EHCP/Disability** |
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| Concerns in the following areas (Known or believed risk factors) | Please score (1 Good to 4 Poor) |
| Criminal Exploitation |  |
| Sexual Exploitation |  |
| Missing episodes (from school/home) |  |
| Negative peer Association |  |
| Known use of drugs/alcohol |  |
| Ability to identify exploitive behaviour |  |
| Risk to others |  |
| Familiar links to crime |  |
| Behaviour in school/community |  |
| Mental Health & well-being |  |
| Any other comments or concerns: | |

**Prior to submitting this form, refers must discuss the referral and get the consent of parents/guardians and or young persons. Referrals will not be accepted without consent.**

Permission given to contact? Yes □ No □

HEAL project explained to family? Yes □ No □

Young person consenting to referral? Yes □ No □

Young person’s views on participating on project? ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………