**Youth in Mind**

**Temp WRAP Referral Form**

WRAP, which stands for “Wellness Recovery Action Planning”, during Covid we are offering one to one support over the phone until we are able to invite young people into group.

The young people are supported to create a wellness toolbox and an individualised plan to help them stay well, better understand their feelings, remain in control and achieve their goals.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **YOUNG PERSON (YP)** | | | | | | | | |
| Full Name: Date of Birth: | | | | | | | | |
| Address: Postcode: | | | | | | | | |
| Contact Number: NHS Number: | | | | | | | | |
| Gender Identity: preferred pronouns:  Is your gender identity the same as you were assigned at birth?  Ethnicity:  Sexual Orientation: | | | | | | | | |
| **Young Person’s Email:**  *\*essential for YP to be signed up to MYMUP, the digital system we use to record and monitor support\** | | | | | | | | |
| Is YP known to CAHMS? Y / N  Name:  Number: | | | | Is YP known to Children’s Social Care? Y / N  Name:  Number: | | | | |
| Is YP Looked After? Y / N  Is YP NEET? Y / N | | | | Does YP have special educational needs/disabilities? If yes, please give details: Y / N | | | | |
| **PARENT / GUARDIAN** | | | | | | | | |
| Full Name: | | | | | | | | |
| Address, if different from above:  Postcode: | | | | | | | | |
| Contact Number: | | | | Relationship to YP: | | | | |
| **SCHOOL** | | **GP** | | | | | | |
| Name of School: | | | | Name of Surgery: | | | | |
| Name of Key Worker: | | | Name of GP: | | | | | |
| Contact Number: | | | Contact Number: | | | | | |
| **REFERRER** | | | | | | | | |
| Name & Job Title: | | | | | | | | |
| Organisation: Date of Referral: | | | | | | | | |
| Contact Number: | | | | | | | | |
| Contact Email: | | | | | | | | |
| **REASON FOR REFERRAL** | | | | | | | | |
| **What is the YP worried about?** (please tick)… | | | | | | | | |
| Safety – Abuse / Harm from Others |  | | Safety - Harm to Self | | | | |  |
| Family / Home Life |  | | School Work / Exams | | | | |  |
| Friends / Relationships |  | | Bullying | | | | |  |
| Physical Health / Illness / Disability |  | | Emotional / Mental Wellbeing | | | | |  |
| Discrimination |  | | Drug / Alcohol Misuse | | | | |  |
| Loneliness / Isolation |  | | Other (please describe below) | | | | |  |
| **More information about worries:** (relevant past and present difficulties) | | | | | | | | |
| **What’s working well for the YP?** (please tick)… | | | | | | | | |
| Independence |  | | Existing Coping Strategies / Self Care | | | | |  |
| Family / Home Life |  | | School | | | | |  |
| Friends / Relationships |  | | Future Plans | | | | |  |
| Network of Support |  | | Hobbies / Interests | | | | |  |
| Pets |  | | Activities | | | | |  |
| Other Support in Place |  | | Other (please describe below) | | | | |  |
| **More information about strengths** (strengths, resources, support already being received): | | | | | | | | |
| **What needs to happen to improve things for the YP?** (please tick)… | | | | | | | | |
| Community Involvement |  | | Diet / Exercise | | | | |  |
| Develop Hobbies / Interests |  | | Better Relationships at Home | | | | |  |
| Find Better Coping Strategies |  | | Make Friends | | | | |  |
| Learn Independent Living Skills |  | | Access Support / Services | | | | |  |
| Improved Personal Safety |  | | Make Plans for Future (near or far) | | | | |  |
| Crisis Planning |  | | Other (please describe below) | | | | |  |
| **More information about goals** (goals / next steps / reason for referral): | | | | | | | | |
| **RISK ASSESSMENT** | | | | | | | | |
| Please give details of any relevant medical conditions or allergies, e.g. diabetes, epilepsy: | | | | | | | | |
| Please give details of all prescribed medication: | | | | | | | | |
| **Risk** - please tick below if there are any current or relevant historical risks: | | | | | **Low** | **Med** | **High** | |
| **Risk To Self** e.g.substance misuse, self-harm, suicidal ideation, self neglect | | | | |  |  |  | |
| **Risk To Others** e.g. aggressive, violent or inappropriate behaviour, threats, or intimidation, risk to staff, family, public, other young people | | | | |  |  |  | |
| **Risk From Others** e.g. vulnerability, abuse, neglect, exploitation | | | | |  |  |  | |
| **Lone Working Risks** e.g. environmental risk (clutter, parking, street lighting, pets), risk to staff from family, neighbours, others in local area, | | | | |  |  |  | |
| **For all LOW risks please give details in the spaces provided.  For all MEDIUM and HIGH risks please provide a separate risk assessment.  Referrals with medium or high risks will not be accepted without a separate risk assessment.** | | | | | | | | |
| **Please give more details of risks to self** | | | | | | | | |
| **Please give more details of risk to others** | | | | | | | | |
| **Please give more details of risk from others** | | | | | | | | |
| **Please give more details of lone working risks** | | | | | | | | |
| **SIGNATURES** | | | | | | | | |
| **Please print, sign and date below to confirm**   * all information is accurate and up to date * all parties are in agreement with this referral to the Youth in Mind partnership * referrer has given parent/guardian and young person copy of relevant Youth in Mind Privacy Statement | | | | | | | | |
| **Referring Professional** Print Name:  Signature: Date: | | | | | | | | |
| **Young Person**  Print Name:  Signature: Date: | | | | | | | | |
| **Parent/Guardian**  Print Name:  Signature: Date: | | | | | | | | |

**\*\*INCOMPLETE REFERRAL FORMS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO REFERRER\*\***

PLEASE SEND COMPLETED REFERRALS [admin.listerhills@barnardos.org.uk](mailto:admin.listerhills@bardardos.org.uk)