****BSOL KEY WORKER SERVICE**

40 Rupert Street, Nechells, Birmingham B7 4PS

Telephone 021 359 5333



**BSol Keyworker Service Consent and Referral Form**

**Part 1: Consent**

**Keyworker Support**

I have spoken to the young person / adult and they are happy to be contacted by Barnardo’s to understand more about the **Keyworker Service.**

The young person / adult is also happy to discuss details of their case with Barnardo’s in order to assist the allocated Keyworker to plan for initial contact.

**Best Interest Decision**

*If the young person lacks capacity to give consent, then a decision can be made ‘in best interests’.*

Who is the named decision-maker for this Best Interest Decision?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that a capacity assessment has established the young person lacks capacity to make this decision and a best interest meeting has taken place.

Please state reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent of Young Person (YP)**

Provide young person’s / adult’s details so that Barnardo’s can record and store information, enabling them to understand the young person / adult’s journey so far.

\* Mandatory

|  |  |
| --- | --- |
| **\*Young Person’s Name** |  |
| **\*Date of Birth** |  |
| **\*Signed by Young Person and/or Parent/Carer** |  |
| **Today’s Date** |  |
| **\*Name of Referrer** |  |

If the young person / adult is not in agreement to have a Keyworker, please state reason/s to inform learning from the pilot and share with Barnardo’s. All information in the section below is anonymous.

|  |
| --- |
| **Reason/s for declining a Keyworker:** |

**Part 2: Referral**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Date of Referral:** | | | | | | | | | |
| **Young Person / Adult** | | | | | | | | | |
| **\*Forename:** | | | | | | | **\*Surname:** | | |
| **\*Date of birth:** | | | | | | | **\*Gender:** | | |
| **\*Address:** | | | | | | | **\*Phone number (Young Person/Adult):** | | |
| **\*Postcode:** | | | | | | | **Email Address (Young Person/Adult):** | | |
| **\*NHS Number:** | | | | | | | **Ethnic Origin:** | | |
| **\*GP Surgery & Address:**  **\*GP Name:** | | | | | | | **Sexual Orientation:** | | |
| **\*Current living situation:**   * Residential Educational Setting * Inpatient - Ongoing * Inpatient – Awaiting Discharge * At home - Independent or with family * Placement | | | | | | | **\*Current DSR Status:**  o Red  o Amber  o Green  o In Patient | | |
| **\*Location Details If Inpatient:** | | | | | | | **Name Of Hospital:**  **Name Of Consultant:**  **Address:**  **Tel:** | | |
| **Does young person have a preference to the gender of their key worker?** | | | | | | | **Yes  No**    **Comments:**      (We will try to accommodate gender preference wherever possible) | | |
| **Emergency Contact** | | | | | | | | | |
| **Contact Person 1** | | | | | **Contact Person 2** | | | | |
| **\*Full name:** | | | | | **\*Full name:** | | | | |
| **\*Relationship to Young Person/Adult :** | | | | | **\*Relationship to Young Person/Adult:** | | | | |
| **\*Phone Number of Emergency Contact:** | | | | | **\*Phone Number of Emergency Contact:** | | | | |
| **\*Email Address of Emergency Contact:** | | | | | **\*Email Address of Emergency Contact:** | | | | |
| **Additional Information:** | | | | | **Additional Information:** | | | | |
|  | | **Lead Professional** | | | | | | |
| **Name:** | |  | | | | | | |
| **Organisation or Team:** | |  | | | | | | |
| **Address:** | | **Post Code:** | | | | | | |
| **Telephone Number:** | |  | | | | | |  |
| **Email Address:** | |  | | | | | | |
| **Does the young person/adult know about, and consent to, referral?** | | | | | **Y/N**    **Comments:** | | | |
| **Does the young person/adult consent to the Parent/Carer being contacted?** | | | | | **Y/N**    **Comments:** | | | |
| **Detail all other Agencies/Services Involved including:**   |  |  | | --- | --- | | * **Social worker** | **Name:**  **Tel:**  **Email:** | | * **Care Co-ordinator** | **Name:**  **Tel:**  **Email:** | | * **Education Placement** | **Name:**  **Tel:**  **Email:** | | * **Lead contact in school** | **Name:**  **Tel:**  **Email:** | | * **Residential home manager where applicable** | **Name:**  **Tel:**  **Email:** | | * **Any other Key Professional** | **Name:**  **Tel:**  **Email:** | | | | | | | | | |
| **To avoid unnecessary repetition and ensure a speedy service please include the following:** | | | | | | | | |
| **\*Please include all relevant information with the Referral**  (Tick box if provided) | | | | | | | | |
| **1** | **Social Care & Health Assessments** | | | | | | **Attached** | |
| **2** | **Minutes of Meetings** | | | | | | **Attached** | |
| **3** | **CETR Action Plans** | | | | | | **Attached** | |
| **4** | **EHCP** | | | | | | **Attached** | |
| **5** | **Behaviour Plan** | | | | | | **Attached** | |
| **6** | **Risk Assessments** | | | | | | **Attached** | |
| **7** | **Any known risks for this CYP that the key worker needs to consider?** | | | | | | **Yes  No**  **Comments:** | |
| **Keyworker Intervention discussed with Lead Professional?** | | | **Y/N**      **Comments:** | | | | | |
| **Referrer’s hopes for Outcomes:** | | | | | | | | |

Please return form to: [bsol.barnardos@nhs.net](mailto:bsol.barnardos@nhs.net)