**Referral Form: The Junction Foundation**

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| **This referral form is used to refer those children and young people you think will benefit from interventions delivered by The Junction.**  ***Referral criteria for each service is found at the end of this form***  **Please consult other providers if you are seeking a stand-alone/urgent crisis intervention.** |
| **Please complete ALL the sections.** The box design of this form has been chosen to reduce the amount of free text you are expected to provide. This makes it easier to outline all relevant details.  **INCOMPLETE REFERRAL FORMS WILL BE RETURNED TO YOU.**  Providing the most up to date and comprehensive information *available to you* willensure both a timely and appropriate response from The Junction, and reduce ‘rework’ for our referrers. |

**Personal Details of the Child or Young Person:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and preferred name if different** |  | | |
| **Prefix** (circle) | He She They | | |
| **Address** |  | | |
| **Telephone** (landline &/or mobile) |  | | |
| **Email Address** |  | | |
| **Date of Birth** |  | **NHS Number** |  |
| **Gender** |  | **First Language** |  |
| **Name of GP Practice:** |  | **Name of School/College:** |  |

**Details of Parent or Guardian:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name(s) of Parent or Guardian(s)** |  | | |
| **Address** |  | | |
| **Relationship to young person** |  | **Parent/ guardian first language** |  |
| **Telephone**  (landline &/or mobile) |  | | |
| **Email Address** |  | | |

**Demographic Details**

**Ethnicity:**

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| --- | --- |
| **White**  English☐ Welsh☐ Scottish☐ Northern Irish☐ Irish☐ British☐ Gypsy or Irish Traveller ☐  Any other white background, please state: ………………………………  **Mixed/multiple ethnic groups**  White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐  Any other mixed background, please state: ……………………………….  **Asian/Asian British**  Indian☐ Pakistani☐ Bangladeshi☐ Chinese☐ Any other Asian background, please state: ………….    **Black/ African/ Caribbean/ Black British**  African☐ Caribbean ☐Any other Black/African/Caribbean background, please state: …………………  **Other ethnic group**  Arab ☐ Prefer not to say ☐ Any other ethnic group, please state: ………………………… | |
| **Child/ Young Persons first language:** | **Parents First Language:** |

**Religion:**

|  |
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| No religion or belief ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐  Muslim ☐ Sikh ☐ Prefer not to say ☐ Other religion or belief, please state: …………………………… |

**Tick service(s) you are making referral to?** If multiple, number in priority order.

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| --- | --- |
| **Young Carers/Young Adult Carers**  Service offers 1-1 young carers support, group work, activities and whole family support for young carers aged 5 to 25 in **Middlesbrough, Redcar and Cleveland**. |  |
| **Youth Employment, Education and Skills Service**  Flexible 1-1 outreach support for young people age 16 – 25 who are not in employment, education or training in **Redcar and Cleveland**. |  |
| **Emotional Wellbeing/Mental Health**  Range of emotional wellbeing support including early intervention and psychological therapies for children and young people aged between 5-25 years living in **Middlesbrough, Redcar and Cleveland.**  PLEASE SEE PAGE 7/8 FOR MORE INFORMATION – IF THE YOUNG PERSON ATTENDS A SCHOOL PLEASE MAKE SURE NOTED ON THE REFERRAL FORM.  *.* |  |
| **NB: INFORMATION SHARING CONSENT IS REQUIRED FOR THIS SERVICE**  ***please note: if the young person is gillick competent (and over 13 years of age), parent/carer consent is not mandatory***  I/We agree with this referral being made to The Junction. It has been explained to me/us that details will be shared with other services offering therapy (NHS CAMHS, The Link, The Junction Foundation, Middlesbrough & Stockton Mind, Time 4 U Counselling, InsideOut MHST). I/We understand that this is to make sure the most suitable therapy is found and the right assessment is carried out. I/We have the right to change my/our consent to information being shared. In this case I/we will immediately inform the person who made the referral.  **Signature of Parent/Carer:**  Print Name: Date:  **Signature of Young Person:**  Print Name: Date: | |
| **Youth Work Services**  Short Breaks for children with additional needs or a disability aged 5 to 18 (**Redcar and Cleveland)** |  |
| **Targeted Youth Support**  One to one and structured small group work for young people aged 11 to 18 years (& up to 25 years for those with additional needs), who require additional support through structured, personalised support planning with a trusted adult. For example, those involved (or at risk of) anti-social behaviour, substance misuse, disengagement from education etc. (**Middlesbrough)** |  |

**Consent to make this referral** (tick all that apply)

|  |  |
| --- | --- |
| **I am the parent/carer/ guardian of the young person and I give my consent for this referral to be made** |  |
| **I am a professional and I have gained verbal or written consent from the young person (over 16) to make this referral** |  |
| **I am a professional and I have gained verbal or written consent from parent/ carer/ guardian of the young person (under 16) to make this referral** |  |

**This Section Relates to Complexity of Needs**

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| --- | --- | --- | --- |
| **Is the Child/Young Person a Young carer?** | Yes ☐ No ☐ | **Is the Child/Young Person a Looked After Child (LAC)?** | Yes ☐ No ☐ |
| **Does the Child/Young Person have a disability or SEN?** | No ☐  Yes ☐ (please give details)  Education Health Care Plan (EHCP) ☐ | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Accommodation Status** | Living with Family/Friends ☐  Temporary Accommodation ☐  Homeless ☐ Squatting ☐  Sheltered Housing ☐ Other ☐ | **Education or Employment Status** | Full/Part Time Education ☐  Employed ☐  NEET/Unemployed ☐ |

**Safeguarding (current status,includingyour response to risk you have identified)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child Protection** | **Child in Need** | **CAF/Early Help** | **Professionals involved in these actions (name, contact details)** |
| Already in Place Yes ☐ No ☐ | Already in Place Yes ☐ No ☐ | Already in Place Yes ☐ No ☐ |  |
| Activated  Yes ☐ No ☐ | Activated  Yes ☐ No ☐ | Activated  Yes ☐ No ☐ |  |

**Concerns about Health or Welfare**

**(Expanding the background for ongoing safeguarding awareness across care services)**

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| --- | --- |
| **Notification of a new concern**  Yes ☐ No ☐ | Detail |
| **Previous child and/or family concerns documented**  Yes ☐ No ☐ | List |

**Details of person making the referral:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Name** |  | | |
| **Organisation/ Relationship to young person** |  | | |
| **Address & Postcode** |  | | |
| **Telephone** |  | | |
| **E-mail** |  | | |
| **Line manager’s contact details**  (you may not always be available) |  | | |
| **Signature of referrer** |  | **Date** |  |

**Background to your decision to make this referral today**

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| **Briefly describe the presentation of needs to be met by the service you are referring to** e.g. caring role, emotional wellbeing, or youth employment needs) |
| **List any other agencies involved in monitoring or meeting this need** (with contacts) |
| **Does the child/young person, their family, or their environment present any risks to self or others?** (Suicidal thoughts, self-harm, anger management issues, risk to others, risk from others) |
| **List any other agencies involved in monitoring and managing risks** (with contacts) |
| **What outcome do you hope for?** |
| **How did you hear about The Junction?** |

**Young Carers ONLY:**

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| --- | --- |
| **Name of cared for person** |  |
| **Relationship to young person** |  |
| **Medical condition, diagnosis** |  |

**Youth Employment Service ONLY:**

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| **Is the Young Person Economically Inactive** (Not in Education, Employment or Training, NEET)?  Yes  No   **Unemployed** (please tick)  0-6 Months  6-12 months  12 Months+  |
| **Household Status** (please tick)  Jobless Household  Jobless Household with dependent children   Single adult Household with dependent children (lone parent)  None Applicable  |

**Please return this form to:**

Email: [referrals@thejunctionfoundation.com](mailto:referrals@thejunctionfoundation.com)

Post: Strictly Private and Confidential - The Junction Foundation, Westfield Farm, The Green, Dormanstown, Redcar, TS10 5NA

**List of and Referral Criteria for The Junction Services**

**Please consult other providers if you are seeking a stand-alone/urgent crisis intervention**

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| **Emotional Wellbeing/Mental Health**  Early intervention and psychological therapies for Children and Young People aged between 5-25 years living in the South Tees area. This is the right service for children/young people who are experiencing mild to moderate difficulties relating to their emotional wellbeing/mental health. This could include:   * **Early Intervention:** Support from the first signs of emotional wellbeing issues**.** Low level anxiety, low mood, psychoeducation, goal planning and outreach support. * **Low Intensity CBT:** Difficulties with Social Anxiety, Separation Anxiety, Panic Disorder, Obsessions and Compulsions, Generalised Anxiety, Low Mood, Stress and Sleep Difficulties. These may range from **mild to moderate** presentations. * **High Intensity CBT:** Difficulties with Social Anxiety, Separation Anxiety, Panic Disorder, Obsessions and Compulsions, Generalised Anxiety, Health Anxiety, Low Mood/Depression and PTSD. These may range from **mild to more complex** presentations. * **Turning Tides-** Long term, low level emotional wellbeing support for young people aged 15-21 living in Redcar and Cleveland. Supports difficulties with confidence, self-esteem, direction in life, relationships and friendships, and general coaching support that is led by the young person. |

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| **Young Carers/Young Adult Carers**  Young carers are impacted on by a caring role for another family member. This could be through mental ill health, substance misuse, physical or learning disability or chronic illness. We provide family support, 1-1 support, small therapeutic groups and large social activities. We accept referrals from school, GPs, Social Care, other VCSE organisations  Referrals accepted for;   * Children and young people aged 5 to 25 * Living in the Middlesbrough and Redcar and Cleveland areas |

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| **Youth Employment, Education and Skills Service**  To be eligible young people need to be NEET (not in employment, education and training). We accept referrals from Job Centres, Self-referral and other external services   * Aged between 16 – 25 * Not in employment, education and training (NEET) |

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| **Youth Work Service**  Short Breaks   * Activities for children and young people with additional needs. * Aged between 5 – 18 * Weekly sessions on Saturdays (term time only) at Guisborough Youth Centre and Monday’s Skelton Youth Centre * Living in the Redcar and Cleveland areas   Junction Heart   * Aged between 11 – 18 years old * Participation and social action on a range of children and young people services * Activities and projects |

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| **Targeted Youth Support (agency and self-referrals accepted)**   * For young people aged 11 to 18 years (and up to 25 years with an additional need) living in Middlesbrough * Require additional support to progress their personal and social development than can be offered through universal services * Belong to a targeted at-risk group – including young people involved with or at risk of anti-social behaviour, risk taking behaviour, exploitation, poor relationships or disengagement from EET.   Services that can be offered include:   * Detached Youth Provision in targeted communities * Person centred assessment and support action planning * Access to one to one support to address barriers to progression and positive outcomes * Access to structured small group work to develop skills and understanding in specific areas of need * Support to access additional voluntary and statutory services where appropriate   **Note to agency referrals –** The Targeted Youth Support Service forms part the Early Help Offer for Middlesbrough. Where Early Help or other statutory services are already leading work with young people or their families TYSS **does not replace** this (but TYS may add value to support plans). Where no agency is assigned as leading support and young people have been identified as having a need that can predominantly be met by trusted adult and informal education approaches, workers from the service will act as lead practitioner and coordinate support. If you are unsure and would like to discuss before making a referral please contact 01642 756000 and discuss with a member of the team. |