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**Young People’s Support Referral Form**

**Referrer’s Details**

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| --- | --- | --- | --- |
| **Referrer’s name**  |  | **Organisation/agency name**  |  |
| **Brief description of referrer’s involvement with young person**  |  |
| **Phone number** |  | **Email address** |  |
| **Date referral made** |  |

**Young Person’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of young person**  |  | **Date of birth and age**  |  |
| **Name of school/college they attend** |  | **Does the young person have a disability?**  | If yes, add details |
| **Are there any attendance issues you are aware of?** |  | **Does the young person have any learning difficulties or educational needs?** | If yes, add details |

**Home Life**

|  |  |  |  |
| --- | --- | --- | --- |
| **Home address**  |  | **List who lives in the home**  |  |
| **Parents/guardians/next of kin**  |  | **Contact phone number(s)** |  |

**Referral Information**

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| **Please detail the reasons for your referral** |
|  |

**Level of Concern**

#### General Level of Concern guidelines

**(This is not a prescriptive list and should only be used as a guide to locate the young person)**

|  |  |
| --- | --- |
| **Level 3**  (reasons include) | Permanently excluded – Severe risk of being permanently excluded – not attending school / engaging in other positive activities outside of school – Actively involved with YOT or on an order – Known to be actively involved in crime, drugs, anti-social behaviour or risk taking sexual activity - Poor mental health and known to actively self-harm/have suicidal ideation – Severe risk of breakdown within current family.  |
| **Level 2**(reasons include) | Excessive truanting – temporary exclusion – Occasional truanting / involved in sporadic positive activities outside of school – Involved with YOT within last 6 months or high risk of becoming involved – known to associate with people who are actively involved in crime, drugs, anti- social behaviour or risk taking sexual activity. Poor mental health and have self-harmed/ had suicidal ideation within the last 6 months. Sibling of individual in Level 3 – Parent/guardian has expressed difficulties in coping with YP behaviour. |
| **Level 1**(reasons include) | Occasional Truanting – Low motivation for school – No concerns about schooling / engages in other positive activities outside of school– Involved with YOT within last 12 months or moderate risk of becoming involved – Known to associate with people who are occasionally involved in crime, drugs, anti- social behaviour or risk taking sexual activity - Poor mental health and have self-harmed/ had suicidal ideation within the last 12 months – Sibling of individual in Level 2 – Occasional issues managing emotions at home or at school. |

**Please indicate below with a X your perceived level of concern for the young person:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Level 1** |  | **Level 2** |  | **Level 3** |  |

|  |
| --- |
| **Please include details for your level of concern if you feel it is significant and not already highlighted in the guideline above:** |

**Area/Level of Support Required**

In the table below please mark with an X the areas and levels of support you feel the young person will need to ensure the most meaningful impact from our service. Please add any area of support you feel has been missed and is relevant to the young person in the blank spaces.

|  |  |  |  |
| --- | --- | --- | --- |
| Support needs | low | med | high |
| Truancy/non-school attendance/exclusion |  |  |  |
| Poor mental health  |  |  |  |
| Disability/other health issues  |  |  |  |
| Learning difficulties  |  |  |  |
| Alcohol/drug misuse |  |  |  |
| Anger management |  |  |  |
| Behavioural issues |  |  |  |
| Social isolation  |  |  |  |
| Risk taking behaviour |  |  |  |
| Risk taking sexual behaviour |  |  |  |
| Crime/anti-social behaviour |  |  |  |
| Violence/aggression  |  |  |  |
| At risk of exploitation |  |  |  |
| At risk of neglect  |  |  |  |
| Questioning identity/gender/sexuality |  |  |  |
| Bereavement  |  |  |  |
| Family break-up |  |  |  |
| Employment |  |  |  |
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| --- |
| **Is the young person and legal guardian aware that you are making this referral?** |
| **Young person** | Yes/no | **Legal guardian** | Yes/no |
| **Details any comments or concerns they have raised** |  |

**Other Professional/Agency Involvement with the Young Person and/or Family**

|  |  |  |
| --- | --- | --- |
| **Name** | **Job Title & Agency Name** | **Contact number/Email** |
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**Assessments/Action Plans**

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| --- | --- | --- |
| **Type and who completed the assessment/plan** | **Date completed** | **Copy available** y/n |
|  |  |  |
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**Lancashire Youth Challenge will ensure that the information on this form will be treated as confidential, stored securely and will only be shared with other agencies/professionals where is it deemed appropriate/necessary in order to provide the best support for our participants and their families.**

**We will acknowledge receipt of your referral and follow this up with you once we have reviewed the information provided/completed our initial assessment.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date referral received by LYC**  |  | **Staff Name**  |  |

**Please email directly to:** **rachel.parsons@lancashireyouthchallenge.co.uk**