**Youth Connect South West Referral Form**

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| **Referring Agency/Name** |  | | |
| E-mail (referrer) |  | | |
| Phone Number (referrer) |  | | |
| Referral Date |  | | |
| **Young Person’s Name** (and preferred name) |  | | |
| Date of Birth |  | | |
| Gender | Male  Female  Other (Transgender, non-binary)  Prefer not so say | | |
| Ethnicity (eg. White British, Black Caribbean) |  | | |
| Address (YP) |  | | |
| Phone Number (YP) |  | | |
| Email (YP) |  | | |
| Current Education Setting |  | Year  Group | Attendance % |

**Reasons for Referral**  Please refer to the guidance notes. Please ensure that you give us further information about the issues and factors that you have indicated are applicable.

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| **Please tick the most relevant;**  NEET – Not in Education Employment or Training 16-18. Up to 25 with an EHCP | **Please tick all additional factors which apply to the young person’s current situation**  Emotional/mental health challenges  Significant health problems  Significant home or family issues  Low emotional resilience  Involvement in risky behaviour  School/college attendance below 85%  Social isolation  Challenging behaviour  Risk of offending  Addictive behaviour(s)  Has an EHCP and unplanned progression route |
| High Risk of NEET – Y11, Y12 or Y13 (Please see guidance notes) |
| Significant Issues – 13-18 in need of additional targeted support |
| **Please tick all other agencies which are involved with the young person:**  CAMHS  Social Care (please specify team)  Youth Offending Service (YOS)  Project 28  Mentoring Plus  Southside / BAPP | **Please list any other professionals involved or any additional information about services working with the young person:** |

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| Supporting information for the referral. (Please reference the additional factors) what support has been tried, if they have support from another service, any existing assessments. |
| **Young person’s comments:** |
| **Is the young person aware of and have they consented to this referral:**  **Young person’s signature (optional) …………………………………………………**  **Referrer signature ………………………………………………….**  **It is essential that you complete this form in full with reference to the guidance notes that are overleaf.**  **This form contains sensitive information and it is essential that it is sent by secure means.**  Referrals will **only** be accepted by email from internal BANES teams and Virgincare – the email address is [youth\_connectreferrals@bathnes.gov.uk](mailto:youth_connectreferrals@bathnes.gov.uk)  Referrals can be uploaded to the secure GLOBALSCAPE (Youth Connect) folder.  If you do not have access to either of these 2 secure electronic methods please send by post to:  YCSW, Southside Youth Hub, Kelston View Whiteway Bath BA2 1NR  YCSW will hold information you have provided on this form securely onat electronic database. By completing this form you agree to share your information with  YCSW staff. |
| **Office Use Only Date referral received:**  **CP  CIN  LAC  DCT  DUTY**  **CAF**  **STEP DOWN  SINGLE ASSESSMENT**  Previous Youth Connect Referral:  Referral Outcome : Date referral decision made:  Any other relevant info: |

**Guidance Notes**

YCSW provides a range of support for young people living in Banes aged 13-19 or up to 25 with an EHCP (Education, Health & Care Plan). This can be through individual 1:1 support, group work or information advice and guidance, depending on the needs of the young person. We support young people to move successfully into adulthood by raising their aspirations, confidence and building their resilience so they can participate in work or training and improve their general welling.

**Our Criteria**

**NEET - Not in Education, Employment or Training**

Youth connect provides support to young people living in Banes who are 16-18 or up to 25 if they have an EHCP.

**High Risk of NEET**

Youth Connect provides support to young people who are at significant risk of leaving Education without a progression plan. This support if for young people who are in Y11, Y12 or Y13, please note that they will need to meet a minimum of 3 of our other criteria to be considered. If referring for High Risk of NEET please include what your educational establishment has already done to support the young person in gaining a progression plan.

This service is for young people living in Banes, however if they are in Y11 and live outside of Banes but educated within they may be eligible for a short intervention support service for transition purposes, if they meet our criteria. Please contact us to discuss.

**Significant Issues**

Youth Connect provides support to young people living in Banes 13-18 who are in need of 1:1 targeted support. Please add what support you think the young person needs and what the main areas of concern are.

**Other Professionals**

YCSW are committed to supporting young people holistically and through a multi-agency approach as needed. If there is no Lead Professional we will take on this role as needed, however please note if there is a Lead Professional from another service we will not, however will contribute to their overall plan. We do ask to see a copy of the plan, (if this is refused then we cannot become part of the plan) with the young person’s consent.

**Consent**

We require all of our referrals to be discussed and agreed with the young person and parents/carers if under 14 years old. Our work is based on voluntary engagement and participation of the young person so their input and agreement to the referral is very important.

All referrals will be reviewed for their suitability within 7 working days and referrers notified of the outcome.

If you wish to discuss any referrals please email [youth\_connectreferrals@bathnes.gov.uk](mailto:youth_connectreferrals@bathnes.gov.uk) or call 01225 396980 leaving your contact details and one of our team will come back to you.