**Admin Only**. *Date and initial when added to spread sheet* ………………………………………...…………

|  |  |  |
| --- | --- | --- |
|  | **Referral Form****Mentoring – Advocacy** **- Independent visiting (*Please circle as required*)** |  |
|  |
| **Referrer details** | Name: |  | Agency (if applicable): |  |
| Address: |  | Telephone No: |  |
|  | E-mail: |  |
|  |
| **Child details** | Name: |  | Other Names: |  | **Male** | **Female** |
| Address: |  | Home Telephone: |  | DOB: |  |
|   | Post-code: |  | Other Telephone: |  | Age:  |  |
| **White** | **Black/Black British** | **Asian/Asian British** | **Chinese/Other Ethnic** | **Mixed** |
| British |  | Caribbean |  | Indian |  | Chinese |  | White/Black Caribbean |  |
| Irish |  | African |  | Pakistani |  | Any Other |  | White/Black African |  |
| Other White |  | Other Black |  | Bangladeshi |  |  | White/Asian |  |
|  |  |  | Other Asian  |  |  | Other mixed |  |
| PREFERED LANGUAGE (other than English): |  |
|  |
| **Is the child disabled or any health needs?**  | **YES** | **NO** |
|  |
| **Details** |
|  |
| **Family Details** | Mother:  |  | Father: |  | Foster Carer: |  |
|  | Address (if different from above): | Address (if different from above): | Address (if different from above): |
|  |
|  | Telephone: |  | Telephone: |  | Telephone: |  |
|  |
| **Other Children in household** | **1** Name: | **2** Name: | **3** Name: |
| Age: |  | M/F | Age: | M/F | Age: | M/F |
| Relationship: |  | Relationship: | Relationship: |
|  | **4** Name: | **5** Name: | **6** Name: |
|  | Age: |  | M/F | Age: |  | M/F | Age: |  | M/F |
|  | Relationship: | Relationship: | Relationship: |
|  |
| **Current or previous social services involvement with any young person** (Please provide brief details) |
|  |
| **Educational Details** | Name of School (or other educational establishment): |
| Is the education placement at risk of breaking down (circle)  **YES NO** |
| Main contact at school: | Telephone: |
|  |
| **Is the child receiving support under the SEN Code of Practice 2001?**  | **YES** | **NO** |
|  |
| **Indicate below if young person is known to each service , give details of associated worker** |
|  |
| **SOCIAL CARE** (name)Legal status:Telephone:Type of contact prior to refInformation submitted **YES / NO** | **POLICE** (name) | **CAMHS** (name) | **OTHER – HIF/SAS** (name) |
| Telephone: | Telephone: | Telephone: |
| Type of contact prior to ref: | Type of contact prior to ref: | Type of contact prior to ref: |
| Information submitted **YES / NO** | Information submitted **YES / NO** | Information submitted **YES / NO** |
|  |  |  |
|  |
|  |

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| --- |
| **The following factors can be associated with Vulnerability. Please circle as many factors as you believe apply to the young person being referred and provide evidence for each:**  |
|  |
| **Living and Family Arrangements** | **Education, Training and Employment** |
| Child looked after | Inconsistent parenting | Not in full time education/training | Statement of SEN issued |
| Deprived household | Family involved in crime/ASB | Regular non-attendance | Difficulties with behaviour |
| Inconsistent supervision | Unstable accommodation | Bullies others / Bullied at school | Lack of attachment to eductaion |
| **Evidence** | **Evidence** |
|  |  |
| **Neighbourhood and Friends** | **Substance Misuse** |
| Lives in a crime hotspot area | Isolated location | Known to drink alcohol | Known to smoke tobacco |
| Lack of appropriate facilities | Non-constructive spare time | Known to take drugs | At risk of harm through use |
| Negative peer group | Few age-appropriate friends | Sees substance use as a positive part of life |
| **Evidence** | **Evidence** |
|  |  |
| **Emotional and Mental Health** | **Perception of self and others** |
| Has condition that affects everyday life e.g. ADHD/Asperger’s | Does not trust others | Discriminatory attitudes |
| Significant Bereavement/loss | Emotional Disturbance | Victim of discrimination | High/low self-esteem |
| Referral mental health service Attachment issues |  lacks self confidence  |
| **Evidence** | **Evidence** |
|  |  |
| **Thinking, Behaviour and Attitudes** | **Motivation/Positives** |
| Acts impulsively | Gives in to others easily | Understands problems in life | Supportive family/adults |
| Gets easily bored | Good moral values | Can think problems through | Ambitions for the future |
| Lacks an understanding of consequences of actions | Has pro-social friends | Good use of spare time |
| **Evidence** | **Evidence** |
|  |  |
| **Child’s Vulnerability** | **Risk of Harm by Child** |
| Due to the behaviour of other people | Has caused actual serious harm to somebody |
| Due to historical events or circumstances | Child has said they will cause serious harm |
| Due to their own behaviour (inc. self-harm/suicide) | Concerns expressed by other people about serious harm issues |
| **Evidence** | **Evidence** |
|  |  |
| **Are you aware of any risk associated with working with this young person YES NO**  |
| **Details** |
|  |
| **Reasons for the referral for mentor/independent visitor/Advocate and required outcome?****What work has your agency (if applicable) been doing with the young person to support them?****If the child has a child’s Safe Care plan are there any matters relating to this we need to know about?****Is there further support required (e.g. SAS, Parenting, HIF, YISP)?** |
|  |
| **To be completed by Junction 21: Is further info required YES NO** |
| **Further info needed:**Date Further Information Received:  |
| Verifier Name: | Signature: | **Child view ID:** |
| Verified Date: | Home visit date:  |
| Date of referral: | Allocated worker: | Date matched: |
| Referral Outcome: Accepted Rejected | Reason rejected:  |

**Consent – Child, Parent and Carer**

**We have had Junction 21 explained to us and we agree to a referral being made for a mentor/independent visitor. We understand that the support is voluntary and may involve support being offered from other services (SAS, HIF, YISP and Parenting). We agree to engage with the Junction 21 project.**

We also agree that information held by member agencies of Junction 21 and obtained through the referral and assessment process may be requested. This information may also be shared with relevant agencies or organisations for the purpose of developing and implementing an Integrated Support Plan. Information will also be shared with outside agencies for the purpose of evaluating the effectiveness of the Junction 21 Project both locally and nationally. The sharing of information will be carried out in accordance with the terms and procedures of North Somerset Councils information sharing protocol and with the registration with the office of the Information Sharing Commissioner.

We understand that this information will be stored either electronically or in manual records by Junction 21 for case management purposes for the length of the intervention and 5 years following to monitor and evaluate the success of Junction 21. Any information kept on yourself can be viewed upon request in accordance with the information sharing policy. After 5 years all information will be destroyed or deleted.

|  |  |
| --- | --- |
| **Parent/Carer Foster carer**  |  **Young Person**  |
| Print Name Print Name |  Print Name |
|  |  |
| Signature Signature |  Signature |
|  |  |
|  |  |
| Date: |  Date:  |   |  Date: |

Please return referral to:

Steve Coggins

Junction 21

Central Chambers

24 – 26 Walliscote Road

Weston–Super-Mare

BS23 1UP

Junction21@n-somerset.gov.uk