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| **STREETWISE USE** | **Date received:** | **Worker:** | **Referral Route:** | **ECCHO+ No.** |

**Streetwise Referral Form**

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| **Is the young person aware of the referral?**  **\*young person’s permission must be obtained** | **Y/N** |
| **Name** | **Age** |
| **Gender** | **D.O.B** |
| **Address**  **Postcode** | **Can we send letters to this address? Y/N** |
| **Telephone number** | **Can we leave a message with someone? Y/N**  **Can we leave a voice message? Y/N**  **Can we text? Y/N** |
| **Email**  **Can we contact this email? Y/N** | **Contact preference? (Please circle)**  TEXT / EMAIL / PHONE / VIA REFERRER / VIA SCHOOL |
| **School / College / University attended** | **GP**  **Is the GP aware of the referral? Y/N** |
| **First Language**  **Is an interpreter required? Y/N** | **Any additional access needs? Y/N**  **(Please state)** |
| **Ethnic Background**  **White**   * English / Welsh / Scottish / Northern Irish / British * Irish * Gypsy or Irish Traveller * Any other White background, please describe   **Mixed / Multiple ethnic groups**   * White and Black Caribbean * White and Black African * White and Asian * Any other Mixed / Multiple ethnic background, please describe | **Asian**   * Asian British * Indian * Pakistani * Bangladeshi * Chinese * Any other Asian background, please describe   **Black / African / Caribbean**   * Black British * African * Caribbean * Any other Black / African / Caribbean background, please describe   **Other ethnic group**   * Arab * Any other ethnic group, please describe * **Prefer not to say** * **No data** |
| **Living Circumstances**   * Parents/carers/family * Supported accommodation * Residential/foster care | * Own/shared accommodation * Homeless * Prefer not to say * No data |
| **EET Status**   * Employed * In education * In training | * Not in Education, Employment or Training * Prefer not to say * No data |
| **Disability**   * Vision (for example blindness or partial sight) * Hearing (for example deafness or partial hearing) * Mobility (for example walking short distances or climbing stairs) * Dexterity (for example lifting and carrying objects, using a keyboard) * Learning or understanding or concentrating | * Memory * Mental health * Stamina or breathing or fatigue * Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome) * Other * None of the above * Prefer not to say * No data |
| **Sexuality \*Not to be asked via telephone\***   * Heterosexual * Gay * Bisexual * Questioning | * Asexual * Pansexual * Unsure * Prefer not to say * No data |
| **What type of support is needed?** | |
| * **Emotional Wellbeing Support** | |
| ***Please indicate up to 5 main issue/s:***   * Anger * Anxiety * Behaviour * Bereavement/loss * Bullying * Depression * Drugs/alcohol misuse * Eating issues * Family issues * Identity * Loneliness/isolation * Low mood * Mood swings | * Other * Panic attacks * Phobia * Physical, sexual or emotional abuse * Relationship issues * Self harm * Self-esteem/low confidence * Stress * Suicidal thoughts * Trauma * Victim of a crime |
| * **Groupwork** | |
| ***Please indicate:***   * **Youthwise** – Volunteering * **Level up** – Black, Asian, Minority Ethnic young men’s group * **Calm Minds** – Support for Anxiety & Stress Management * **Anger Workshops** – Anger Management * **BAME Young Woman’s Group** | * **EmpowHER** – Support for young women who have been affected by sexual assault/domestic abuse/unhealthy relationships * **Outer West Wellbeing Project** – Wellbeing Support for young people who raised in Outer West of Newcastle |

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| **Reasons for referral: What are the difficulties? How do these impact on the young person?** | |
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| **When did these difficulties start?** | |
| * Less than 6 weeks ago * 6-12 months ago | * Less than 6 months ago * More than 12 months ago |
| **Has the young person received any support for emotional wellbeing previously?**   * **No** * **Yes, give details below** | |
| **Please indicate any other difficulties the young person may be experiencing**  **(Tick all that apply)** | |
| * Misuse of drugs * Misuse of alcohol * Self Harm * Not in school, education, training or employment * Identity (at risk of discrimination or difficulties due to) * Disability (at risk of discrimination or difficulties due to) * Domestic Violence * Physical health * Suicidal thoughts | * In a caring role * Poor control of anger * Sexual Risk taking * Aggression towards others * Homelessness * Looked after/in care * Bullying * Eating Distress * Relationship difficulties * Other please state below |
| **Is there any current involvement or referrals to other agencies?**   * **No** * **Yes, give details of organisation, worker and contact info below:** | |
| **Are there any child protection or safeguarding issues?**   * **No** * **Yes, please give details below:** | |
| **Are there any safety issues for workers or other young people?**   * **No** * **Yes, please give details below:** | |
| **Any allergies or medical issues to be aware of?**   * **No** * **Yes, please give details:** | |
| **Emergency Contact details:**  **Name: Relationship to young person: Telephone number:** | |

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| **When are they available to come for support?**  **M T W TH FR SAT**  **Anytime Afterschool Weekends** | **Worker preference (Please circle)**   * MALE * FEMALE * NO PREFERENCE |
| **Referrers name and contact details** | **How did they find out about Streetwise?** |