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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?** |
|  |
| **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?** |