



THE HAMPTON TRUST

Youth Empowerment Services (YES)

YOUNG PERSON'S REFERRAL PACK

ALL INFORMATION CONTAINED IN THIS
DOCUMENT IS CONFIDENTIAL

Referring Area:

Havant Fareham/Gosport Southampton Isle of Wight
(InteractED)

Once completed post the form marked

PRIVATE & CONFIDENTIAL to:

The Programme Manager

The Hampton Trust,

Fairways House,

Mount Pleasant Road,

Southampton,

SO14 0QB

Tel: 023 8021 3520 Fax: 023 8021 3530

REFERRAL DETAILS

Please ensure all details are completed as fully as possible

Ref No (Completed by The Hampton Trust)

1. Young Person details

Name: Date of Birth: Age:

Address inc postcode:

..... Tel No:

*Parent/Guardian/Carer name: Tel No:

Please delete as appropriate

Address (if different to YP):

Alternative / Emergency contact details:.....

Ethnicity:

White British <input type="checkbox"/>	Black or Black British <input type="checkbox"/>	Indian <input type="checkbox"/>
White Irish <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Other white background <input type="checkbox"/>	African <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Chinese <input type="checkbox"/>	Other Black background <input type="checkbox"/>	Other Asian background <input type="checkbox"/>
Any other background <input type="checkbox"/>	Asian or Asian British <input type="checkbox"/>	Not given <input type="checkbox"/>
First Language		

2. Referring Agency details

Agency:

Referrer Name: Tel No:

Address:

Relationship to young person:

3. Is the young person known to Children Services?

Yes	No	Not Known		
-----	----	-----------	--	--

If YES please answer the following questions

Accommodated by voluntary agreement with parents (s20 Children Act 1989)	Current	Previous	No	N/K
Subject to a care order (s31 CA 1989)	Current	Previous	No	N/K
Name on the child protection register	Current	Previous	No	N/K

Name of Social Worker:

4. Why are you referring this young person to Youth Empowerment Services?

(Please tick all criteria that apply to young person and give details beside)

- behavioural difficulties within education
- showing challenging or anti social behaviour
- socially excluded
- low self-esteem/confidence
- come into conflict with the law
- difficulties at home
- associating with offending peers
- misusing drugs / alcohol
- health / weight issues
- mental health issues
- literacy / numeracy issues
- affected by domestic abuse
- affected by sexual abuse
- come into contact/involved with conflict/violence
- other, please specify:

.....

5. Education Details: Which of the following best describes his/her current educational situation? (Please circle)

Mainstream School	Special School	Pupil Referral Unit	Other specialist unit
Home tuition	Part time timetable	Left school/college	Other

Name and address of school:.....

Telephone:.....

How many hours of education is he/she engaged in/receiving each week?

Is there evidence of non-attendance by the young person?

Yes	No	N/K
-----	----	-----

Details:

6. Please explain why you are referring this young person, including particular issues/support and/or any special needs.

.....
.....

7. Risk of Harm – Are there any issues about this young person or their family that would present a serious risk of harm to staff, volunteers or other young people on the programme?

.....
.....
.....

8. What would the young person/child like to gain from the programme?

.....
.....
.....

9. What interests/activities would the young person/child like to be involved in?

.....
.....
.....

10. To your knowledge what other agencies are involved with the young person they wouldn't mind us knowing about?

Name..... Agency.....

Name..... Agency.....

Name..... Agency.....

11. Referrals can not be accepted unless the programme has been discussed with the young person and if under 16 parental consent has been provided.

I confirm this referral has been discussed and agreed with:

Young person **Yes** **No** Parent / Guardian consent **Yes** **No**

Signature of referrer..... **Date of referral**.....

PARENT / GUARDIAN CONSENT AND HEALTH FORM

Young Person's Name:-

Parent / Guardian Name:-

Address:-

.....

Home Telephone Number:-

Emergency Contact Number:-

Name of Doctor:-

Address:-

.....

Telephone Number:-

Does he/she suffer from any medical problems? YES/NO. If yes, please specify:

Does he/she have any allergies? YES/NO. If yes, please specify:

Is he/she on any medication? YES/NO. If yes, please state type and dose:

Does he/she have any special dietary requirements? YES/NO. If yes, please give details:

Are there any other special needs we need to be aware of?

I give my consent to my son/daughter/guardian/ward of court to attend a YES Programme. I understand that this will mean he/she may spend time on an individual basis/or in group with a trained worker(s). This work will not be done in the home but could include travel in a workers car for visits to other agencies and to local public places of interest.

Parent / Carer Signature:- Date:-

I give my consent for him/her to be filmed or have their picture taken for publicity / funding purposes.

Parent / Carer Signature:- Date:-

Please tick box if you would like their identity concealed

PERMISSION TO SHARE INFORMATION

Please give details of any other services involved and initial to show that you are happy for us to share any relevant information with that agency.

Other Services	Involvement with the family	Permission to share information
Social Worker (Childcare)		
Child & Adolescent Mental Health Service (CAMHS)		
School nurse		
Education Welfare Officer		
YOT		
Housing		
Probation		
Police		
Alcohol/Drug services		
CAMHS		
Victim Support		
Connexions		
Hospital		
Other		
Parent / Carer	n/a	
Hampton Trust Worker / Mentor	n/a	

Young Person Signature:- Date:-

Parent / Carer Signature:- Date:-

RISK ASSESSMENT FORM

Young Person's Name:-

Assessor Name:-

Date of Assessment:-

History of violent and / or aggressive behaviour (Incidents):.....

.....

.....

Offending History:.....

.....

.....

Trigger Factors:

.....

.....

Background Factors (e.g. substance misuse, mental health etc):.....

.....

.....

People at Risk:

.....

.....

Protective Factors (What works to calm situation?) :.....

.....

.....

Information obtained from :.....

.....

ASSESSMENT FORM

(To be completed by Hampton Trust staff)

Please circle the statements that apply in each section and provide details

1. Living Arrangements:

Questions:

- Where do you think of as home?
- Is that where you sleep?
- Who lives there with you?
- Would you change anything in your home?
- Would you rather live anywhere else?

1st Assessment	2nd Assessment
0. Stable accommodation. 1. Some difficulties. 2. Satisfactory until better accommodation becomes available. 3. Homeless or unsatisfactory accommodation.	0. Stable accommodation. 1. Some difficulties. 2. Satisfactory until better accommodation becomes available. 3. Homeless or unsatisfactory accommodation.
Details:	Details:

On a scale of 1 – 10 with 1 being lowest how much do you like where you live?

1 2 3 4 5 6 7 8 9 10

What would make this score higher?.....

2. Family:

Questions:

- Who is your family?
- Are your family from this area?
- What do you like about your family?
- Would you change anything about your family?
- Do you look after anybody in your family?

1st Assessment	2nd Assessment
0. Stable and supportive. 1. Some conflict with parents/carers. 2. Sense of deeper conflict with parents/carers. 3. Complete breakdown of relationship with parents/carers.	0. Stable and supportive. 1. Some conflict with parents/carers. 2. Sense of deeper conflict with parents/carers. 3. Complete breakdown of relationship with parents/carers.
Details:	Details:

3. Education employment and training:

Questions:

- How is your reading and writing?
- Do you ever miss school or college?
- What would you like to do when you leave school or college?

1 st Assessment	2 nd Assessment
0. Enjoys learning and school. 1. Some problems with school and learning. 2. Has started truanting, behaviour concerns. 3. Excluded or regularly truanting, severe literacy and numeric problems.	0. Enjoys learning and school. 1. Some problems with school and learning. 2. Has started truanting, behaviour concerns. 3. Excluded or regularly truanting, severe literacy and numeric problems.
Details:	Details:

On a scale of 1 – 10 with 1 being lowest how do you feel about school / college?

1 2 3 4 5 6 7 8 9 10

What would make this score higher?.....

4. Lifestyle:

Questions:

- What's the area like where you live?
- Who do you hang about with?
- How do you spend your time?
- Would you say you have good friends?
- Are you involved in any activities / interests?

1 st Assessment	2 nd Assessment
0. Constructive use of time, has interests, few or no offending friends. 1. Often bored, little confidence in accessing leisure activities. 2. Few interests / few non-criminal friends. 3. Bored, no interests / most friends involved in crime.	0. Constructive use of time, has interests, few or no offending friends. 1. Often bored, little confidence in accessing leisure activities. 2. Few interests / few non-criminal friends. 3. Bored, no interests / most friends involved in crime.
Details:	Details:

On a scale of 1 – 10 with 1 being lowest what do you think about your life?

1 2 3 4 5 6 7 8 9 10

What would make this score higher?.....

5. Substance Misuse:

Questions:

- What do you think of as drugs?
- Are drugs much of a problem in your area?
- How easy is it to be / stay drug free / alcohol free?
- Have you ever taken drugs / alcohol?
- Do you take drugs / alcohol on a regular basis?

1 st Assessment	2 nd Assessment
0. No use 1. Controlled use 2. Occasional misuse leading to problems or impairment 3. Uncontrolled misuse / dependency.	0. No use 1. Controlled use 2. Occasional misuse leading to problems or impairment 3. Uncontrolled misuse / dependency.
Details:	Details:

On a scale of 1 – 10 with 1 being lowest do you think you have a drug / alcohol problem?

1 2 3 4 5 6 7 8 9 10

What would make this score lower?.....

6. Physical Health:

Questions:

- What do you do to maintain your physical?
- Do you have any worries about your weight?
- Could you be healthier?
- Does anyone else help you keep fit and healthy?
- Have you got a doctor / dentist?

1 st Assessment	2 nd Assessment
0. Fit and healthy. 1. Could be healthier. 2. Would benefit from some help. 3. Has significant health problems	0. Fit and healthy. 1. Could be healthier. 2. Would benefit from some help. 3. Has significant health problems
Details:	Details:

On a scale of 1 – 10 with 1 being lowest how healthy do you think you are?

1 2 3 4 5 6 7 8 9 10

What would make this score higher?.....

7. Emotional & Mental Health:

Questions:

- Who makes you feel happy when you are sad?
- Do you feel you have a problem with your anger?
- How easy is it for you to talk about your feelings to others?
- Have you seen or experienced bullying? How has this affected you?

1 st Assessment	2 nd Assessment
0. No problems. 1. Sometimes quite emotional. 2. Some minor emotional or psychological problems. 3. Senses mental health problems e.g. Significant self harm	0. No problems. 1. Sometimes quite emotional. 2. Some minor emotional or psychological problems. 3. Senses mental health problems e.g. Significant self harm
Details:	Details:

On a scale of 1 – 10 with 1 being lowest how would you rate your mood in the last week?

1 2 3 4 5 6 7 8 9 10

What would make this score higher?.....

8. Risk Taking / Offending:

Questions:

- Is there much crime or nuisance in your area?
- Does this affect you?
- Have you ever been in trouble with the law? How easy is it to get into trouble?

1 st Assessment	2 nd Assessment
0. Able to think through likely consequences of actions. 1. Mostly thinks through likely consequences of actions. 2. Occasionally impulsive, gives into pressure from others. 3. Often impulsive, instigates risk taking.	0. Able to think through likely consequences of actions. 1. Mostly thinks through likely consequences of actions. 2. Occasionally impulsive, gives into pressure from others. 3. Often impulsive, instigates risk taking.
Details inc offences / court dates:	Details inc offences / court dates:

On a scale of 1 – 10 with 1 being lowest how much risk do you think you take?

1 2 3 4 5 6 7 8 9 10

What would make this score lower?.....

9. Self Care:

Questions:

- What's life like for you?
- What makes you laugh?
- Can you get to places on time, make a cup of tea, fix yourself a meal?
- When you have a problem how do you cope?
- What do you think makes a person special?

1st Assessment	2nd Assessment
0. Able to manage age appropriately. 1. Able to manage age appropriately but far more expected from parents/careers. 2. Needs some help with finances, hygiene, health etc. 3. Needs help in most areas of self care.	0. Able to manage age appropriately. 1. Able to manage age appropriately but far more expected from parents/careers. 2. Needs some help with finances, hygiene, health etc. 3. Needs help in most areas of self care.
Details:	Details:

Views of the young person e.g. what they would like to gain from YES?

.....

Goals / Activity to be undertaken

1.	2.
3.	4.

Views of the parent:

.....

What programme (s) is/are most appropriate?

.....

Assessment 1

Completed by: Signature: Date:

Assessment 2

Completed by: Signature: Date:

Notes:

Notes continued:

Notes continued: