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**Agency Referral Form – Friendship Works Youth Mentoring**

**Care Experienced Service**

**Please fill in the form and return in a password protected format to us at:**

[**info@friendshipworks.org.uk**](mailto:info@friendshipworks.org.uk)**;**

**www.family-action.org.uk/what-we-do/children-families/mentoring/friendshipworks**

**Family Action/Friendship Works: 3 Wharf Studios, 34 Wharf Road, London N1 7GR.**

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| **Please note the following:** | |
| Care Experienced (adults) Service is for 18-25 year olds. | Referrals with insufficient or inaccurate information cannot be screened. A case it not ‘live’ until it is allocated, following notification from managers. Please note: comprehensive information is required for referrals forms due to the long-term nature of the service. |

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| Please verify that you have discussed Friendship Works youth mentoring with the Care Experienced Young Adult and confirm that they are interested in learning more about the service, *and* that they understand this programme is voluntary/consent based. | **YES – I HAVE CONSENT** | **NO – I DO NOT HAVE CONSENT** |
|  | **PLEASE DO NOT SEND REFERRALS WITHOUT EXPLICIT CONSENT** |

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| **Referral details: Please clearly mark ‘X’ for selected answers.** | | | | | |
| Name of referee (Care Experienced Young Adult): |  | | | | |
| Date of birth and age: |  | | | | |
| Gender identity: | MALE: | | |  | |
| FEMALE: | | |  | |
| NON-BINARY: | | |  | |
| OTHER (please state): | | |  | |
| Do they identify as Transgender? |  | | | | |
| State preferred pronouns: |  | | | | |
| Ethnicity: | White British |  | White Irish | |  |
| White and Black African |  | White and Black Caribbean | |  |
| White and Asian |  | Other White background | |  |
| Indian |  | Pakistani | |  |
| Bangladeshi |  | Other Asian background | |  |
| Caribbean |  | African | |  |
| Other Black background |  | Chinese | |  |
| Other ethnic group (please state): |  | Unknown | |  |

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| **Personal details:** | | |
| Address:  (Where does the Care Leaver live and how long they have lived there for) | BIRTH FAMILY: |  |
| ADOPTED FAMILY: |  |
| FOSTER CARE: |  |
| KINSHIP CARE: |  |
| STAYING PUT ARRANGEMENT: |  |
| RESIDENTIAL UNIT: |  |
| INDEPENDENT LIVING: |  |
| SEMI-INDEPENDENT: |  |
| SUPPORTED/ASSISTED HOUSING: |  |
| OTHER: |  |
| Contact Details: | PHONE NUMBER: |  |
| EMAIL ADDRESS: |  |
| State planned transition of tenancy outlined in Pathway Plan: |  | |
| Outline any contact with parent/s they are not currently living at with: | FREQUENT: |  |
| OCCASSIONAL: |  |
| NEVER: |  |
| Current legal status Care Leaver: | CARE LEAVER STATUS -please state eligible child, relevant child, former relevant child or qualifying child: |  |
| UNACCOUNPANIED MINOR: |  |
| REFUGEE: |  |
| ASYLUM SEEKER: |  |
| NO RECOURSE TO PUBLIC FUNDS |  |
| GUARDIANSHIP/CAPACITY: |  |
| HISTORIC STATUS(S) INCLUDING ANY OF THE ABOVE: |  |
| Language spoken: |  | |
| Is an interpreter required to communicate and in what language: |  | |
| Any additional information or details of family background: |  | |

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| **Referrer and relevant contact details:** | |
| Name and role of referrer: |  |
| Organisation: |  |
| Address: |  |
| Telephone number: |  |
| Email: |  |
| What is your involvement with the Care Leaver – what support are you currently providing: |  |
| How long have you known the Care Leaver: |  |
| State when you are or plan to close the case: |  |
| State date of last review of Pathway Plan – please share latest copy with consent: |  |
| State whether you (referrer) can be present at initial meeting to discuss the service: |  |
| Name and contact details of allocated Social Worker or Personal Advisor: |  |

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| **Please list any other agencies currently working with the Care Leaver:** | |
| CAHMS: |  |
| ADULT MENTAL HEALTH SERVICES: |  |
| DRUG AND ALCOHOL SERVICES: |  |
| CRIMINAL JUSTICE/YOUTH OFFENDING OR POLICE INVOLVEMENT: |  |
| ADVOCACY SERVICES: |  |
| OTHER *(please list):* |  |

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| Does the Care Leaver have a suspected or diagnosed disability? I.e. behavioural/emotional, sensory, physical, developmental or ‘invisible’ disability (please provide more details): |
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| **Experience of further education setting:** | | | | | | |
| Care Leaver currently: | In education (please state): | | Working in zero hours, temporary, part-time or full time work: | | Is NEET (not in education, employment or training): | |
|  | |  | |  | |
| Name of Care Leaver’s education setting: |  | | | | | |
| Contact person education setting: |  | | | | | |
| Education setting address, email and telephone number: |  | | | | | |
| Experience of education: | GOOD | AVERAGE | | BELOW AVERAGE | | UNKNOWN |
| Attendance |  |  | |  | |  |
| Behaviour |  |  | |  | |  |
| Performance: |  |  | |  | |  |
| Does the Care Leaver have an EHCP: |  | | | | | |
| List further relevant details regarding school/further education: |  | | | | | |

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| **Referral details:** | |
| The overall aims and basic minimum criteria of the service are listed below. Please outline:   * Why it is your assessment that this Care Leaver has the need for the long term support of an adult mentor and why it is your assessment that they can safely engage with this type of long-term mentoring? | |
| 1. To improve young people’s social and emotional development through access to quality friendship, increasing ability to understand others, manage and express feelings; show empathy; make and maintain positive relationships and attachments. Please expand: |  |
| 1. To enable young people to have a better view of themselves, and a strong sense of their identity and increased resilience; increased self esteem and self confidence, sense of self control, self efficacy and self determination. Please expand: |  |
| 1. To broaden young people’s horizons through access to new opportunities; increased access to fun and play, develop new hobbies, leisure interests and promotion of talents.Please expand: |  |
| 1. This service is for Care Leavers facing multiple disadvantages and challenges in their lives. Please expand: |  |
| 1. The Care Leaver will meet with their mentor x3 meetings per month for a minimum of 2 years for activities *outside of home*. This requires a basic minimum level of sustained engagement from the Care Leaver. Why do you believe they can engage and how do you think this will work? Please expand: |  |

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| **Risk assessment:** | | |
| Are any of the following concerns relevant for the Care Leaver: | | |
| Lived experience or signs of: | WHO AND WHAT: | CURRENT OR HISTORIC: |
| Verbal or physical conflict aimed towards those outside of Care Leaver, i.e. professionals: |  |  |
| Discriminatory abuse, i.e. unequal treatment of an individual based on age, gender, gender-reassignment, marriage, maternity, race, religion, belief, sex or sexual orientation: |  |  |
| Sexual abuse or risk of: |  |  |
| Domestic abuse/violence, including coercive control: |  |  |
| Psychological or emotional abuse: |  |  |
| Financial or material abuse: |  |  |
| Substance misuse including drugs and alcohol: |  |  |
| Risky online behaviour: |  |  |
| Mental health issues, including self-harm: |  |  |
| Episodes of going missing: |  |  |
| Criminal behaviour/at risk of, including radicalisation: |  |  |
| Homelessness/at risk of, including temporary accommodation: |  |  |
| Difficult peer relationships, i.e. cyber bullying: |  |  |
| Gang affiliation/at risk of: |  |  |
| Grooming/at risk of: |  |  |
| Trafficking or modern slavery: |  |  |
| Female genital mutilation: |  |  |
| Self-neglect: |  |  |
| If you have indicated any of these risks are current please provide more details including any actions being taken to minimise/mitigate risk:  Please note: we encourage referrers to share risk assessments with us once consent has been obtained. |  | |

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| Tell us how you heard about Friendship Works: |  |

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| Signature of referrer: |  |
| Date of referral: |  |