



Giving all Middlesbrough Young People the Necessary Support to build resilience to achieve good emotional health

Referral Form-Emotional Wellbeing Support for Children and Young People

The **Headstart Middlesbrough** Team (a partnership between the Junction, The Link CIC and Middlesbrough and Stockton Mind) offer low level emotional support to children and young people (from Year1 to Year 11) that attend mainstream Middlesbrough schools. We offer:

- One to One
- Group Work

PLEASE NOTE THAT INCOMPLETE REFERRAL FORMS CANNOT BE ACCEPTED

Personal Details of the Child or Young Person:

Name					
Address					
School					
Date of Birth		Year at School		Attendance %	
Ethnicity		Religion		Male or Female	

Parent or Guardian Information:

Name of Parent or Guardian(s)	
Telephone (also include relationship to child)	

Consent:

Has the child/young person been informed of referral?	Yes	No
Has the parent/guardian been informed and consented to this referral if child/young person under 16?	Yes	No
Has the young person consented to this referral? (in line with "Gillick competencies)	Yes	No



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Reasons for referral and description of support needs:

Presenting and prevalent Issues (Please tick appropriate boxes):

Risk Factors		Symptoms	
Separation	<input type="checkbox"/>	Substance Misuse	<input type="checkbox"/>
Loss	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Bereavement	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Changes to local economic climate	<input type="checkbox"/>	Young Carer- Negative impact of caring responsibilities	<input type="checkbox"/>
			Attendance
			Attainment
			Behaviour
			Early Help Hub

Please summarise your view of the emotional wellbeing needs does the child or young person have? And how support would help-what needs to change?

How can the HEADSTART Middlesbrough Emotional Well Being Worker help?

One-to-one Emotional Support	<input type="checkbox"/>	Group Work (If available)	<input type="checkbox"/>
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Has the child or young person been supported (within the last year) or are they currently receiving support from the following agencies?

Agency/support	<input checked="" type="checkbox"/>	Name of Worker-contact details, short summary of support
CAMHS	<input type="checkbox"/>	
Social Care/Stronger Families	<input type="checkbox"/>	
Counselling-In school	<input type="checkbox"/>	
Barnardos (SECOS)	<input type="checkbox"/>	
Young Carers-The Junction	<input type="checkbox"/>	
Harbour	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
	<input type="checkbox"/>	

Do they have any additional needs? (Please include LAC, SEND and SALT information)



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Has/is the child/young person on Child Protection Plan	Yes	No
Does the child/young person have a CAF / EHA / My Family Plan in place	Yes	No
Does the child/young person have an Education Health Care Plan or SEND	Yes	No
Is the child/young person a Child in Need	Yes	No
Does the child/young person have a Pastoral Support Plan	Yes	No

<p>Does the young person present any risks to self or others?</p> <p>No.</p>

Details of person making the referral:

Referrer Name	
School	
Contact Address	
Telephone	
E-mail	

Signature of Referrer		Date	
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Thank you for your referral

Please return to:

Email: referrals@thejunctionfoundation.com

Headstart Middlesbrough, The Mind Centre, 90-92 Lothian Road, Middlesbrough, TS4 2QX

Phone: 01642 756000

Consent Form

Parent and Guardian Consent and Information Sharing:

Consent is necessary to enable engagement with the service.

The Headstart Middlesbrough Partnership includes staff from Middlesbrough and Stockton Mind, The Junction and The Link. The Partnership is commissioned to deliver emotional support to children and young people in Middlesbrough schools on behalf of the HeadStart programme.



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	Yes	No
I am the parent/Guardian/Carer and I give consent for my child to access support from Headstart Middlesbrough		
I am the parent/Guardian/Carer and I give consent for Headstart Middlesbrough to work together with other agencies to achieve the best outcomes for my child and/or my family.		
I consent and agree for my child's details such as name, address, contact information, medical information, assessments, notes and outcome information to be held by Headstart Middlesbrough.		
Loco-Parentis - I hereby grant full authority to the staff of Headstart Middlesbrough to act "in loco parentis" in respect of my child during any group sessions and activities.		

Signature of Parent, Guardian or Child		Date	
Name of child			