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**Request for Support Form**

## Checklist to identify if additional support

## is needed for a Young Person

**Please complete this request for support form with the young person to ensure that their views on the type of support they need is what is being requested.**

*If you do not know the information and cannot obtain it from your systems or discussion with the young person/parent then please write – Not known.*

*Always ensure you have obtained consent from the young person before sharing this form with any of the services below.*

**Requests for support cannot be accepted without the young person’s consent.**

**Hull & East Yorkshire Mind Counselling**

Hull & East Yorkshire Mind offer one-to-one counselling for young people aged 10 – 19 years old in schools and within their local community. They also offer online counselling using Microsoft Teams (Free App on Laptop/Mobile/Tablet).

Issues they can address include bullying / anxiety/ depression / living with domestic abuse / attachment issues / bereavement / separation and loss / sexuality and gender / self-esteem/ Anger and relationships.

This is person centred focusing on the voice of the Young Person.

**E-Mail completed forms to:** [**Therapyservices@heymind.org.uk**](mailto:Therapyservices@heymind.org.uk) **or call: 01482 240200**

**Emotional Resilience Coaches (School Years 6 - 11)**

Who are we? The Emotional Resilience Coaches are a team of 6 working across Hull with young people aged 10 -16 years old referred for additional support to help with a range of emotional health issues.

What do we do? Emotional Resilience Coaches work 121 with a young person to help them identify their issues and the changes they want to make.

They work alongside the young person to look at positives and interests as well as issues and triggers. They are young person led and use fun challenges and creative tools to help a young person to understand themselves.

The coaches will support a young person to set personal goals and work towards them to develop coping strategies for the future.

Where and when? A young person has the choice of receiving the support in school or in a local venue like a youth centre or in an outdoor space. The meetings can face to face, on-line or phone.

How long does the coaching last? 8 to 10 weekly sessions.

**E-mail referrals to** [**emotionalresiliencecoaches@hullcc.gov.uk**](mailto:emotionalresiliencecoaches@hullcc.gov.uk)

**Emotional Resilience Coaches 16+**

Two city-wide Emotional Resilience Coaches 16+ offer short term interventions to help young people whose emotional wellbeing/ mental health issues are a barrier to achieving a positive transition to adulthood. Using a tailored and strengths-based approach to help a young person identify and reach future goals.

The young person can choose when, where and how they receive this support and can self-refer.

**e-mail the completed form to** [**emotionalresiliencecoaches@hullcc.gov.uk**](mailto:emotionalresiliencecoaches@hullcc.gov.uk)

**or call 01482 331238**

**SMILE Group Work**

SMILE - community-based group work for young people aged 10 – 16 years old (school years 6-11)

SMILE is a 12 week group work intervention delivered in local youth centres (early evenings) by youth workers and offers a mix of activities to help young people understand their feelings, gain confidence, and build positive relationships in a supportive environment with peers who have experienced similar issues.

**e-mail the completed form to -** [**smile@hullcc.gov.uk**](mailto:smile@hullcc.gov.uk)

**or call your local Youth Centre:**

Andrew Marvell Youth Centre – 01482 791226

Route One Youth Centre - 01482 491960

Kingston Youth Centre - 01482 331238

Astra Youth Centre - 01482 310925

**Request for Support**

**Please complete all sections of the checklist.**

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| 1. **Information & Contact Details** |

**Information about the worker completing the checklist to make the initial referral**

|  |  |
| --- | --- |
| Name of professional |  |
| Job title/role |  |
| Organisation |  |
| Contact number |  |
| Contact email/address |  |
| For how long have you known the young person (approx.) and in what capacity do you work with them |  |
| Date Completed |  |
| Date Sent |  |
| Name of service requested |  |

**Information about the young person**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Contact number |  |
| Gender |  |
| Date of Birth |  |
| School/Home Schooled and year |  |
| Ethnicity |  |
| Number of siblings - and approximate ages and schools and whether they live at home or not |  |
| Any additional needs (e.g. any physical or learning disabilities, English not first language, other). Please specify including first language if not English. |  |
| How have you obtained informed consent from the **young person** to share their information and make a request for additional support? | Yes(written) / Yes (verbal) |

**Information about the parents/carers**

|  |  |  |
| --- | --- | --- |
|  | Parent/Carer 1 | Parent/Carer 2 |
| Name |  |  |
| Gender |  |  |
| Relationship to young person |  |  |
| Do they have parental responsibility | Yes/No/Don’t know | Yes/No/Don’t know |
| Contact number for parent/ carer |  |  |
| Address of parent / carer (including postcode) if different from young person |  |  |
| E-Mail |  |  |
| Date of Birth |  |  |
| Ethnicity |  |  |
| Any additional needs (e.g. any physical/learning disabilities, mental health issues, English not first language, other) Please specify including first language if not English. |  |  |
| If appropriate, how have you obtained informed consent from the **parent/carer** to share information about the family and make a request for additional support? **Please note – checklists requesting support for a parent without consent cannot be accepted**. | Yes (written) / Yes (verbal) | Yes (written) / Yes (verbal) |

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| 1. **Additional issues to consider** |

| **Is the young person** | Please circle |
| --- | --- |
| Does the young person already have social care involvement e.g. on a child protection plan? | Yes No |
| Is the young person a Children looked after (CLA)? | Yes No |
| Special Educational Needs and Disabilities (SEND) | Yes No |
| Is the young person involved with the Youth Justice Service? | Yes No |
| Is the young person already accessing CAMHS Emotional Wellbeing and Mental Health? | Yes No |
| Is the young person already accessing the Hull & East Riding Neurodiversity Service  If has the young person a diagnosis, please state: | Yes No |
| Are receiving private treatment/therapy? | Yes No |
| Has the young person been identified as RONI (risk of becoming NEET (not in education, employment or training)) in year 9 or 10? | Yes No |
| Is the young person a young carer? | Yes No |
| Does the young person have any risks/concerns due to their language/ culture? | Yes No |
| Is the young person in or approaching a period of transition – e.g. moving to a new school/PRU/college/job? | Yes No |
| Does the young person have any known substance misuse issues? | Yes No |
| Is the young person already accessing Refresh (young people’s substance misuse service) | Yes No |
| If you have answered yes to any of the questions above please provide the name and contact details of the relevant named worker e.g. social worker, youth justice worker, CAMHS worker, Refresh worker etc. |  |
| Are there any risks/triggers the service you are referring to needs to be aware of in relation to the young person?  *If yes please provide further information:* | Yes No |

|  |  |
| --- | --- |
| **In the family** | Please circle |
| Is the parent/carer part of a family already accessing early help? | Yes No |
| Do any other children/young people in the family have social care involvement? | Yes No |
| Is there any known substance misuse in the family? | Yes No |
| Is there any known history of domestic abuse/DV in the family home? | Yes No |

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| --- | --- |
| 1. **Presenting issues for the young person** | |
| What is the Young Person asking for support with based on the conversation you have had with them?  What is happening for the young person that that needs to be addressed?  What emotions is the young person expressing they are feeling?  Is there any preferences of the t type of support they would like (e.g. Groupwork, 1:1, Digital / in person, Community/School venues)? |  |
| For approximately how long has the issue/concern(s) been occurring? |  |
| Has anyone else expressed concerns about the young person?  Who? (e.g. family member, school, friends, other professional) |  |
| What is the young person’s view of the situation? |  |
| What is the family’s view of the situation? |  |

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| --- | --- |
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| **In the Child/Young Person:** | | | 🗸 |
| Low self-esteem, confidence, aspirations | | |  |
| Poor/deteriorating behaviour at home – e.g. disruptive, withdrawn, early signs of self-harm, observed increase in risk taking | | |  |
| Body image issues | | |  |
| Change(s) in family circumstances, e.g. family breakdown, decline in parental mental health, new parent/stepparent, new child in family | | |  |
| Separation, bereavement, loss (friends, family, other). | | |  |
| Domestic abuse in the family | | |  |
| Poor attendance at school | | |  |
| Poor /worsening engagement or attainment in the school/classroom - dip in progress etc. | | |  |
| Poor/worsening behaviour at school – disruptive, withdrawn, early signs of self-harm, increase in risk taking etc. | | |  |
| Lack of friends/supportive peer networks | | |  |
| Is there a period of transition approaching and in addition are there any concerns around this | | |  |
| Experiencing bullying (including physical, sexual, emotional, teasing, name calling) | | |  |
| Stress/exam stress | | |  |

**Any further comments?**