

# Making Tracks Project (MtP)

## GP Information Pack (January 2010)

YASP (Young Adults Advice and Support Project)  
832 Stockport Road  
Levenshulme  
Manchester  
M19 3AW  
Tel: 0161 221 3054  
Web: [www.harp-project.org](http://www.harp-project.org)  
Email: [info.yasp@harp-project.org](mailto:info.yasp@harp-project.org)



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## **1. Agency contact details**

**Nina Roach** - Office Manager

**Sinéad O'Connor** - Project Manager

**Ann Salter** - Counsellor

**Naomi Taylor** - Advisor

**Jan McVittie** - Caseworker

**Gemma Ottiwell** - Caseworker

**Debbie Grue** - Caseworker

**Martin Stanier** - Café and Therapeutic Activities Manager

## **2. Making tracks project**

The Making Tracks Project aims to improve services for 18 to 25 year olds with complex needs, by developing better partnership working between GPs, Primary Care Trusts (PCTs) and Young People's Information, Advice and Counselling Services (YIACS).

Three pilot sites based in Manchester, Norwich and Newcastle have been selected to develop a distinctive package of holistic support for 'harder to reach' young adults experiencing a range of mental and physical health problems and social welfare difficulties such as problems with housing, homelessness and debt.

The benefit to GPs is the ability to access a specialist service which improves the practical and emotional health of patients. This frees up precious GP time to focus on the presenting medical issues.

The anticipated outcomes for the Making Tracks Project, and for those young adults receiving the service, include:

- Improvements in the young adult's social, mental and physical health.
- Increasing the awareness of young adults' needs within local PCT and GP commissioning practices.
- Better partnership working between GPs and YIACS leading to improved services.
- A contribution to local PSA 16 and 18 targets and developments on Improving Access to Psychological Therapies (IAPT) to improve inclusion, mental health and physical well-being.

## **3. YASP**

### ***Introduction***

YASP is a multi-disciplinary team providing 'wrap around' services for 15-25 year olds with mental health problems. We are committed to reducing the stresses faced by patients by providing a combination of social welfare advice, counselling sessions and therapeutic activity. We are committed to working closely with GPs and see our role as offering our specialist working knowledge of young people which can free up GPs' time and resources. We make and receive referrals from GPs and provide summaries of our work with patients. Additionally, we can signpost and refer patients on to Voluntary and Community Sector services who can deliver other specialist services useful to patients aged 15-25 years old.

We have an open referral system allowing 15-25 year olds to simply 'walk in off the street'. We can also accept GP referral and are able to work in partnership through co-ordinated appointments and information sharing.

#### 4. YASP reference document

***What this service can offer:***

- **Direct work with patients** referred to the team, following allocation to either the **Counsellor, Therapeutic Activities Manager, Advice Worker** or the **Casework Team**, depending on level and type of need (please see table overleaf for details).
- **Social Welfare advice and casework** to increase patients' income, improve unsatisfactory housing situations, reduce debt and access employment. This can involve liaison between the Housing Department/Benefits Agency and GPs. Home visits can be arranged for patients who would otherwise struggle to attend appointments.
- **Free Counselling service** to improve the mental well-being of patients. This service is delivered by a specialist young persons' service. Counselling can be provided through a translator if necessary.
- **Therapeutic activities** to engage young people through all stages of their mental distress. This includes 'light' activities such as trips out and short workshops for those who are unwell and would benefit from distraction and socialising with their peer group (e.g. cinema visits, walking group, horse riding etc). This can increase to more involved activities such as volunteering in our friendly Café and a weekly football group.
- **Internet Café** providing free internet access and cheap, healthy meals. Café staff are on hand to make patients feel welcome and to help them navigate around services. Volunteers are able to offer peer support to patients and provide positive role models for recovery.

Our service is for patients aged 15-25, we have an advice/casework and activities service for over 25's based at the Zion Centre in Hulme (HARP 0161 226 9907).

If a referral does not meet our criteria, we will inform the referrer of the reasons why, and suggest other agencies that may offer appropriate support. We provide GPs with assessment and discharge reports, and keep them appropriately informed of progress (*please note - the GP retains overall clinical responsibility for patients referred to the service*).

We may also redirect referrals to other Voluntary or Community Sector services, where appropriate.

***What this service is unable to provide:***

- We are not a crisis service; we operate weekdays between 9-5, and we *cannot see people immediately, whatever their circumstances*.

- We have no statutory powers.
- We do not provide a designated Support Service. Patients in need of this type of intervention should be referred to the services with this focus (e.g. Creative Support, People First, Carr Gomm etc).
- We are particularly concerned not to place workers in any situation of undue risk.
- We are not able to advise or provide counselling to two people involved in a conflict (e.g. relationship breakdown, harassment etc). Where a conflict comes to light, the second patient will be referred onto another service. Counselling would rarely be offered to more than one person from a family, or to both parties in a relationship, even after the first person had finished counselling

**YASP Framework**

	<b>Advice/Casework</b>	<b>Counsellors</b>	<b>Therapeutic Manager</b>
<b>Qualification/ Profession</b>	Experience in application, review, appeal and tribunal level in Benefits and Housing	<ul style="list-style-type: none"> <li>• Minimum 'diploma' level recognised counselling/ psychotherapy qualification.</li> <li>• UKCP, BACP (or equivalent) accreditation. This requires annual re-accreditation.</li> </ul>	Experience in volunteer management and event organisation.
<b>Quality Standards</b>	CLS Quality Mark	<ul style="list-style-type: none"> <li>• Youth Access Quality standards in counselling</li> </ul>	Health and Safety is independently audited annually by Peninsula.
<b>Allocation criteria</b>	15-25 year olds with an identified advice or casework need	<ul style="list-style-type: none"> <li>• 15-25 year olds experiencing emotional distress (e.g. anxiety, depression, PTSD or other mental health difficulties), or physical symptoms which may be psychological in cause.</li> <li>• Patients who want to address difficult life circumstances, e.g. family relationships.</li> <li>• Patients who self harm and/or have suicidal ideation/intent.</li> <li>• The patient needs to agree to the referral.</li> <li>• The patient needs to be able to make their way to YASP, and to have some ability, even if this is limited, to engage with the counselling process.</li> <li>• We do see patients with a diagnosis of psychosis, as long as their symptoms are sufficiently managed to allow them to engage in the counselling.</li> <li>• We do provide counselling to patients with addictions. This does not replace drug and alcohol services and is in fact an excellent complement to specialist addiction interventions (e.g. home detox).</li> <li>• We use interpreters for patients who need this.</li> </ul>	15-25 year olds who are interested in positive activities and are motivated to attend sessions.
<b>Inappropriate referrals</b>	Patients who live outside of Manchester. Patients under 15 or over 25.	<ul style="list-style-type: none"> <li>• Patients who live outside of Manchester.</li> <li>• Partners of patients already using YASP Counselling Service.</li> <li>• Patients who are so severely agoraphobic that they can't leave the house, or patients who do not speak, would not be appropriate referrals.</li> <li>• Counselling is provided to patients with addictions. However, we will stop any individual session if the client is clearly</li> </ul>	Patients who live outside of Manchester. Patients who are so severely agoraphobic that they can't leave the house. Family sessions are available once a month. Children of patients are not able to

		under the influence of alcohol or illegal drugs. It is therefore not advisable to refer patients who cannot present sober.	accompany them to more general activities.
<b>Structure of sessions</b>	<p>Advice in an emergency or ad-hoc basis can be accessed through a weekly 'duty' session. This operates on a first come-first served basis at the YASP Café.</p> <p>Casework is provided over a period of three to six months, duration depending on the nature of the problem. Usually three sessions of an hour long are needed (e.g. to complete paperwork and assemble documentation). This is followed by fortnightly sessions of 40 minutes each.</p>	<ul style="list-style-type: none"> <li>• An initial appointment is offered, with the clear information that this is a chance for both counsellor and patient to make a decision as to whether counselling might be of benefit at present. If not, alternative referrals to more appropriate services will be made.</li> <li>• If a client decides to attend counselling, then a decision is made in the first session whether to agree a long-term or short-term contract. The majority of clients attend for 5 or 6 sessions, in some instances it can be longer, up to a year.</li> </ul>	<p>Weekly trips out to places of interest to patients</p> <p>Sessions are free and last two hours. These can be accessed on a one-off-basis or more regularly.</p> <p>Specialist groups run throughout the year (e.g. creative writing, photography etc).</p>
<b>Types of interventions and outcome tools used</b>	<p>Advice on welfare and housing rights. Representation to challenge decisions at tribunal level.</p> <p>Help with form filling (e.g. housing application).</p> <p>Information about accessing services (e.g. self-help groups).</p> <p>Weekly open-access 'duty session'.</p> <p>Home visits.</p> <p>Accompanying to relevant appointments.</p> <p>Assessments are completed using IAPT Employment Questions, the Work and Social Adjustment Scale and the MANSA satisfaction scale. These assessments are used again at the end of the advice/casework.</p>	<ul style="list-style-type: none"> <li>• The Counsellor will use PHQ9, GAD7 and CORE10. An IAPT PHB will be completed where appropriate. A standard counselling assessment is also carried out to ensure counselling is appropriate. If not, alternative referrals to more appropriate services will be made.</li> <li>• These assessment tools are used again at the end of the Counselling contract.</li> <li>• Counselling is delivered using a Humanistic Integrative Approach.</li> </ul>	<p>Patients meet at the YASP Café and are provided with transport to the activity.</p> <p>There is a weekly programme of activities which includes bowling, cinema, ice skating, horse riding as well as monthly family activities.</p>

Counselling Service

Internet Café

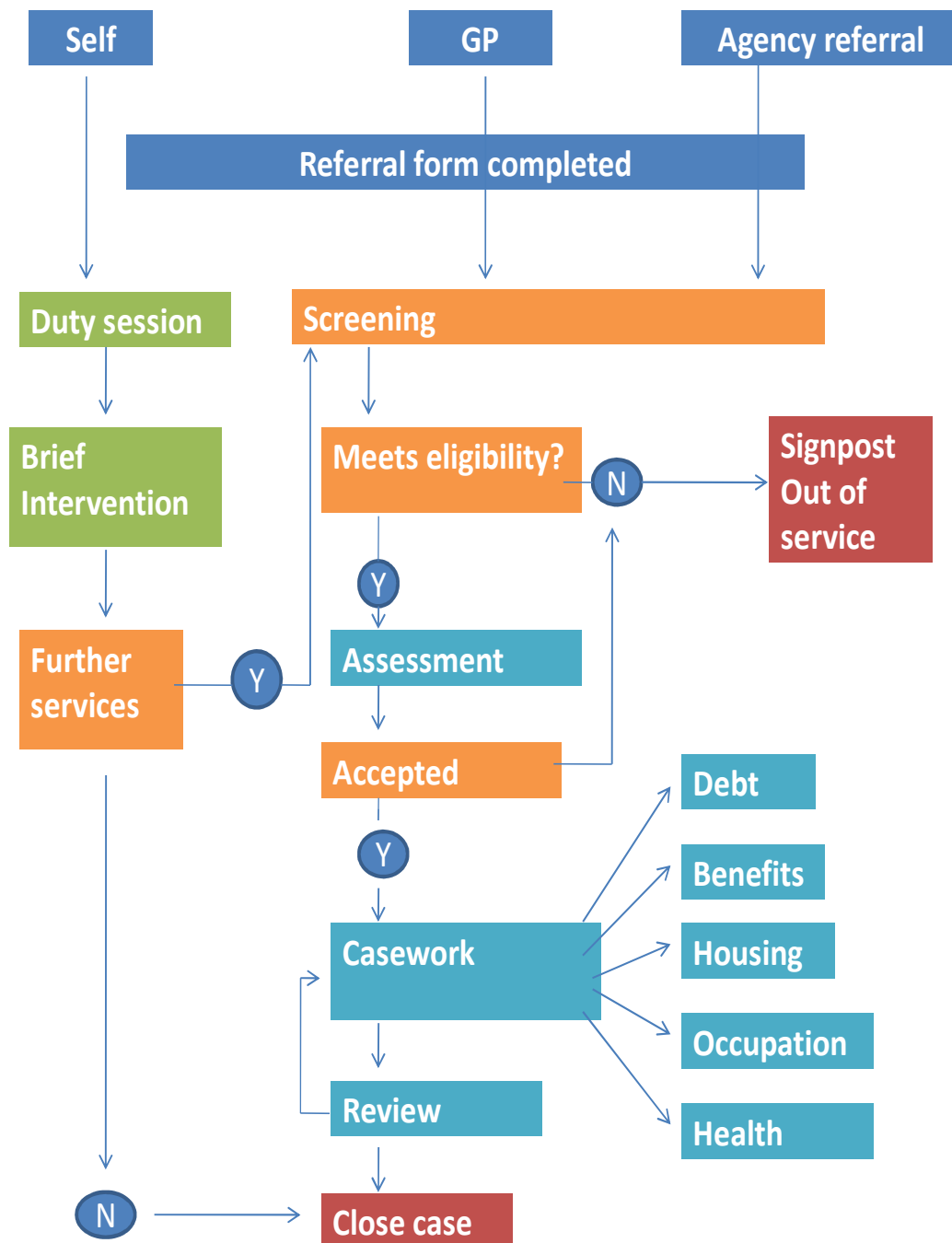
advice+support:15-25  
**YASP**<sup>TM</sup>

Advice and Casework

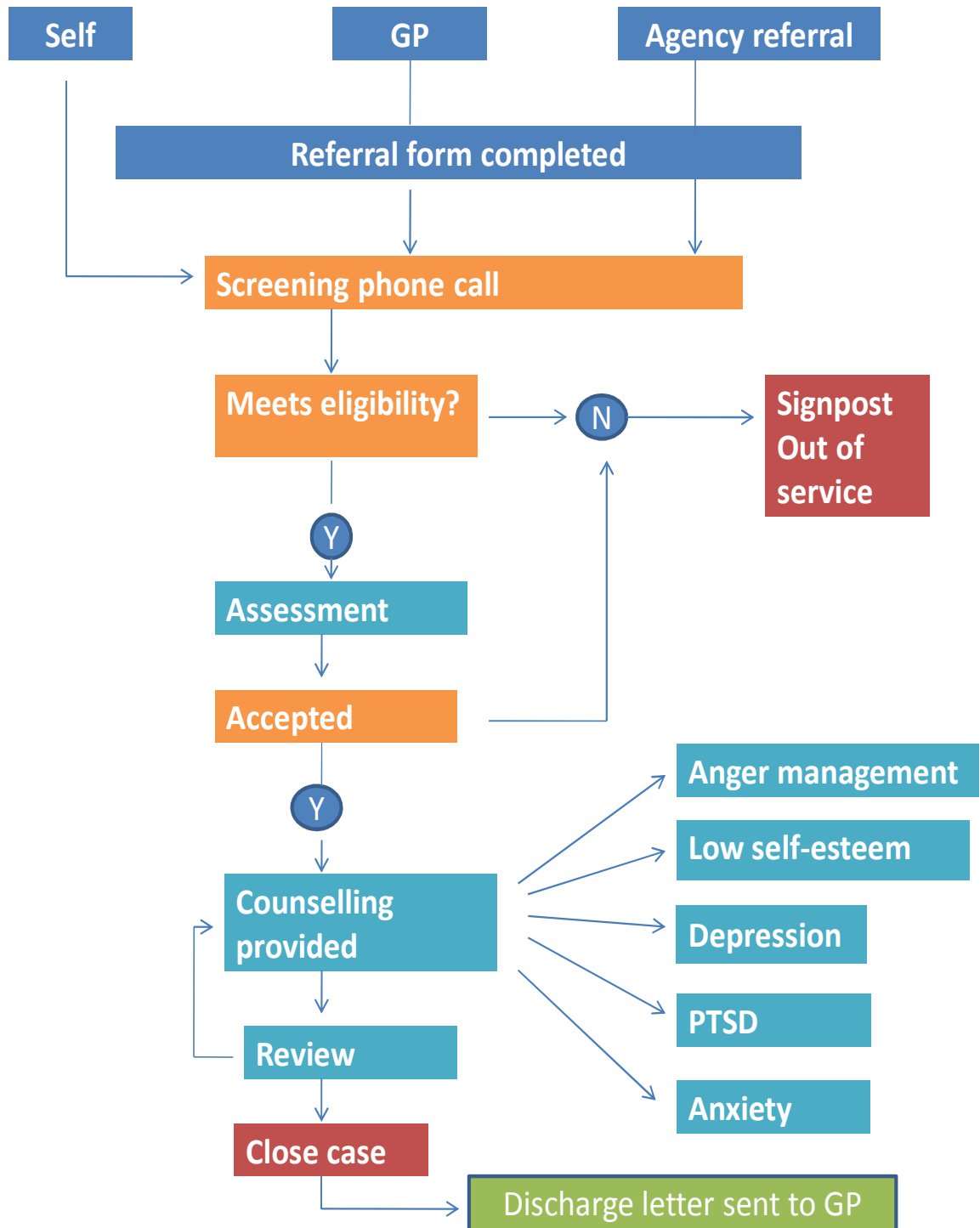
Free Activities

Volunteering

YASP Advice and Casework Process Map



YASP Counselling Process Map



## 5. Guidance on completing the referral form.

### **Making Tracks Service is for young adults aged between 18 and 25 years.**

To enable a smooth transition between agencies and to prevent the young person having to repeat information, it is vital that the referring agency completes as much as possible on the referral form before sending it to external agency. You can print out the form and fill it in or you are welcome to complete the form electronically and return it by e-mail. Don't worry if you cannot answer all of the questions. Complete what you can and we can always contact you later for clarification.

#### **Gaining consent**

It is essential that the agency that makes the referral gains consent from the young person. The agency should explain to the young person the reasons for gathering this information, who and in what circumstances information will be shared and how it will be stored.

Once the form is completed, (either electronically or paper based), ask the young person to sign and complete consent section at the end. Then send the form to the agency. Should you send the form electronically, i.e. via email, the agency accepting the referral **must ask** the young person to sign the consent and information sharing statement (manually).

Below is an example of a completed form, please ensure that as much of the form is completed, any missing information will need to be collected by the agency accepting the referral.

#### **Purpose of gathering this information**

Making Tracks is a pilot project which will be independently evaluated, it is essential for the project's evaluation to gather important baseline information on the young person and the reasons for the referral. The project evaluators will analyse and evaluate data collected via the outcome tools and the Making Tracks service evaluation to demonstrate any improvements in the lives of young people accessing the MTP's combined interventions (counselling, advice and physical health).

Information collected from young people, will be sited anonymously, in the final report and used to make recommendations to local and national providers, commissioners and policy makers.

*Adapted from the Central Manchester Primary Care Mental Health Team  
GP Information Pack (Manchester Community Health)*

## 6. Example of a completed form

### SECTION 1: YOUNG PERSON'S DETAILS:

1.1 First name: Asha Surname: Singh

1.2 Age: 17 D.O.B: 18/11/91

1.3 Gender: Male  Female  Transgender  Transsexual   
Prefer not to say

1.4 Address: 2 Dodbrook Road, anytown Postcode: SE27 0AQ

1.5 Email address: asha17@hotmail.com

Telephone number: 07923 456789

Can we send letters to this address: Yes:  No:

Can we call you on this number: Yes:  No:

Can we leave a message: Yes:  No:

Can we text: Yes:  No:

Can we email you: Yes:  No:

### 1.6 Sexuality:

Bisexual  Heterosexual / straight   
Gay man  Prefer not to say   
Gay woman / lesbian

### 1.7 Does the young person have a:

Learning disability: Yes  No  Prefer not to say

Physical disability: Yes  No  Prefer not to say

Mental ill health: Yes  No  Prefer not to say

Physical ill health: Yes  No  Prefer not to say

1.8 Has the young person been given a medical diagnosis? Yes  No  Prefer not to say

If yes please give details: \_\_\_\_\_

### 1.9 Ethnicity:

#### White

- White British
- White Irish
- Any other White background

#### Black or Black British

- Caribbean
- African
- Any other Black background

#### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

#### Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

#### Chinese or other ethnic group

- Chinese
- Other Chinese background
- Traveller of Irish Heritage
- Gypsy/Roma
- Other ethnic group
- Prefer not to say

**1.10 First/preferred language, if not English:**

- |                       |                          |                        |                          |
|-----------------------|--------------------------|------------------------|--------------------------|
| • Albanian/Kosovan    | <input type="checkbox"/> | • Latvian              | <input type="checkbox"/> |
| • Arabic              | <input type="checkbox"/> | • Lithuanian           | <input type="checkbox"/> |
| • Bengali             | <input type="checkbox"/> | • Pashto               | <input type="checkbox"/> |
| • Bulgarian           | <input type="checkbox"/> | • Polish               | <input type="checkbox"/> |
| • Chinese (Cantonese) | <input type="checkbox"/> | • Portuguese           | <input type="checkbox"/> |
| • Croatian            | <input type="checkbox"/> | • Punjabi              | <input type="checkbox"/> |
| • Czech               | <input type="checkbox"/> | • Romanian             | <input type="checkbox"/> |
| • Dari                | <input type="checkbox"/> | • Russian              | <input type="checkbox"/> |
| • Estonian            | <input type="checkbox"/> | • Serbian              | <input type="checkbox"/> |
| • Farsi /Persian      | <input type="checkbox"/> | • Slovak               | <input type="checkbox"/> |
| • French              | <input type="checkbox"/> | • Slovenian            | <input type="checkbox"/> |
| • German              | <input type="checkbox"/> | • Somali               | <input type="checkbox"/> |
| • Greek               | <input type="checkbox"/> | • Spanish              | <input type="checkbox"/> |
| • Gujarati            | <input type="checkbox"/> | • Swahili              | <input type="checkbox"/> |
| • Hindi               | <input type="checkbox"/> | • Turkish              | <input type="checkbox"/> |
| • Hungarian           | <input type="checkbox"/> | • Urdu                 | <input type="checkbox"/> |
| • Italian             | <input type="checkbox"/> | • Vietnamese           | <input type="checkbox"/> |
| • Japanese            | <input type="checkbox"/> | • Other (please state) | <input type="checkbox"/> |

**1.11 Is an interpreter or signer needed?** Yes  No  (if yes please give details)

**1.12 Is the young person in care?** Yes  No  Prefer not to say

**1.13 Is the young person a care leaver?** Yes  No  Prefer not to say

**1.14 Is the young person subject to a court order i.e. attends the Youth Offending Team?** Yes  No  Prefer not to say

**1.15 Has the young person ever received a custodial sentence?** Yes  No  Prefer not to say

**1.16 What's the young person's current housing status?**

- |                                       |                          |                                |                                     |
|---------------------------------------|--------------------------|--------------------------------|-------------------------------------|
| • Adult Services residential care     | <input type="checkbox"/> | • Living with friends          | <input checked="" type="checkbox"/> |
| • Assured short hold tenant           | <input type="checkbox"/> | • Sofa surfing                 | <input type="checkbox"/>            |
| • B&B                                 | <input type="checkbox"/> | • Staying with extended family | <input type="checkbox"/>            |
| • Children's Services Care            | <input type="checkbox"/> | • Street homeless              | <input type="checkbox"/>            |
| • Council tenant                      | <input type="checkbox"/> | • Student accommodation        | <input type="checkbox"/>            |
| • Hostel                              | <input type="checkbox"/> | • Supported lodgings           | <input type="checkbox"/>            |
| • Housing association                 | <input type="checkbox"/> | • Traveller                    | <input type="checkbox"/>            |
| • Housing tenant (Assured short hold) | <input type="checkbox"/> | • Unauthorised occupants       | <input type="checkbox"/>            |
| • Licensee                            | <input type="checkbox"/> | • Prefer not to say            | <input type="checkbox"/>            |
| • Living with family                  | <input type="checkbox"/> |                                |                                     |

**1.17 Is the young person pregnant or expecting a child?** Yes  No  Prefer not to say

**1.18 Is the young person a parent?** Yes  No  Prefer not to say

**1.19 Is the young person the resident parent?** Yes  No  Prefer not to say

**1.20 What's the education status of the young person?**

- |                       |                                     |   |                          |
|-----------------------|-------------------------------------|---|--------------------------|
| • Apprenticeship      | <input type="checkbox"/>            | • Training  | <input type="checkbox"/> |
| • Full time education | <input checked="" type="checkbox"/> | • University                                      | <input type="checkbox"/> |
| • Further education   | <input type="checkbox"/>            | • Not in education, employment or training (NEET) | <input type="checkbox"/> |
| • Higher education    | <input type="checkbox"/>            | • Prefer not to say                               | <input type="checkbox"/> |
| • Part time education | <input type="checkbox"/>            |   |                          |

**1.21 What is the young person's source of income?**

- |   |                                     |                                      |                          |
|---|-------------------------------------|--------------------------------------|--------------------------|
| • Apprenticeship                              | <input type="checkbox"/>            | • JSA (CB)                           | <input type="checkbox"/> |
| • Carers allowance                            | <input type="checkbox"/>            | • JSA (IB)                           | <input type="checkbox"/> |
| • Child benefit                               | <input type="checkbox"/>            | • Maternity allowance                | <input type="checkbox"/> |
| • Child tax credit                            | <input type="checkbox"/>            | • Part time work                     | <input type="checkbox"/> |
| • DLA (Disability Living Allowance)           | <input type="checkbox"/>            | • SDA (Severe Disablement Allowance) | <input type="checkbox"/> |
| • Earned income or salary                     | <input type="checkbox"/>            | • SMP (Statutory Maternity Pay)      | <input type="checkbox"/> |
| • EMA (Education Maintenance Allowance)       | <input checked="" type="checkbox"/> | • SPP (Statutory Paternity Pay)      | <input type="checkbox"/> |
| • ESA (CB) (employment and support allowance) | <input type="checkbox"/>            | • SSP (Statutory Sick Pay)           | <input type="checkbox"/> |
| • ESA (IB) (employment and support allowance) | <input type="checkbox"/>            | • Student loan                       | <input type="checkbox"/> |
| • Full time work                              | <input type="checkbox"/>            | • Working tax credit                 | <input type="checkbox"/> |
| • Housing Benefit                             | <input type="checkbox"/>            | • None                               | <input type="checkbox"/> |
| • Incapacity Benefit                          | <input type="checkbox"/>            | • Prefer not to say                  | <input type="checkbox"/> |
| • Income Support                              | <input type="checkbox"/>            |                                      |                          |

**SECTION 2: REFERRER'S DETAILS:**

**2.1 Name of Referrer:** Dr Jones **Position:** GP

**2.2 Address of Agency/Practice:** Jones Surgery, 1 High Street, Anytown

**2.3 Referral type**

- Self
- Agency referral
- Internal referral

**2.4 Which agency has the referral come from?**

External

- AMHS
- CAFRASS (asylum/immigration agency)
- CAMHS
- Children's services
- College
- Drug/Alcohol service
- Early Intervention Into Psychosis Team
- GP/Nurse
- Housing project/agency
- PCT
- Probation
- Sexual health team
- YOT
- Other youth organisation

(please state) \_\_\_\_\_

Internal

- Advice team
- Counselling team
- Sexual Health team
- Drop-in team
- Other (please state)

\_\_\_\_\_

**2.5 Relationship to client:** \_\_\_\_\_ GP \_\_\_\_\_

**Date of referral:** \_\_\_\_\_ 12/12/09 \_\_\_\_\_

**2.6 What medication or intervention is being offered? (GP to complete)** \_\_\_\_\_ *Patient is being offered counselling and advice* \_\_\_\_\_

**2.7 Risk information:**

- |                   |                                     |                 |                          |
|-------------------|-------------------------------------|-----------------|--------------------------|
| Risk of self harm | <input checked="" type="checkbox"/> | Risk from abuse | <input type="checkbox"/> |
| Risk of suicide   | <input type="checkbox"/>            | Risk to others  | <input type="checkbox"/> |
| Risk from neglect | <input type="checkbox"/>            |                 |                          |

**If yes to any of the above, please give further information:** \_\_\_\_\_ Patient has a history of self harm \_\_\_\_\_

**2.8 Rating score (GP to complete if appropriate)**

PHQ9..... GAD7.....

**2.9 Is the young person taking any other prescribed medication currently?**

Yes  No  *Please give details:* \_\_\_\_\_

**2.10 Is this medication for:**

- |                       |                          |                    |                          |
|-----------------------|--------------------------|--------------------|--------------------------|
| • Mental ill health   | <input type="checkbox"/> | • Substance misuse | <input type="checkbox"/> |
| • Physical ill health | <input type="checkbox"/> | • Other            | <input type="checkbox"/> |

**SECTION 3: BACKGROUND INFORMATION ON YOUNG PERSON:**

**3.1 Presenting Problem (s):**

- |                                   |                                     |                             |                                     |
|-----------------------------------|-------------------------------------|-----------------------------|-------------------------------------|
| • Alcohol misuse                  | <input type="checkbox"/>            | • Low mood                  | <input checked="" type="checkbox"/> |
| • Anxiety                         | <input checked="" type="checkbox"/> | • Low self esteem           | <input checked="" type="checkbox"/> |
| • Asthma                          | <input type="checkbox"/>            | • Obsessive-compulsive      | <input type="checkbox"/>            |
| • Backache                        | <input type="checkbox"/>            | • Overdose                  | <input type="checkbox"/>            |
| • Benefits                        | <input type="checkbox"/>            | • Panic attacks             | <input type="checkbox"/>            |
| • Bereavement                     | <input type="checkbox"/>            | • Phobia                    | <input type="checkbox"/>            |
| • Bullying                        | <input type="checkbox"/>            | • Physical abuse            | <input type="checkbox"/>            |
| • Communication difficulties      | <input type="checkbox"/>            | • Post-traumatic stress     | <input type="checkbox"/>            |
| • Cuts/breaks/bruises             | <input type="checkbox"/>            | • Pregnancy                 | <input type="checkbox"/>            |
| • Debt problems                   | <input type="checkbox"/>            | • Racism                    | <input type="checkbox"/>            |
| • Depression                      | <input checked="" type="checkbox"/> | • Rape                      | <input type="checkbox"/>            |
| • Difficult/ aggressive behaviour | <input type="checkbox"/>            | • Relationship difficulties | <input type="checkbox"/>            |
| • Discrimination                  | <input type="checkbox"/>            | • Self harm                 | <input checked="" type="checkbox"/> |
| • Drug misuse                     | <input type="checkbox"/>            | • Sexual abuse              | <input type="checkbox"/>            |

- |   |                                     |                                |                          |
|---|-------------------------------------|--------------------------------|--------------------------|
| • Ear infections                                | <input type="checkbox"/>            | • Sexual transmitted infection | <input type="checkbox"/> |
| • Eating disorders                              | <input type="checkbox"/>            | • Skin conditions              | <input type="checkbox"/> |
| • Family problems                               | <input checked="" type="checkbox"/> | • Stomach upsets               | <input type="checkbox"/> |
| • Harassment                                    | <input type="checkbox"/>            | • Stress                       | <input type="checkbox"/> |
| • Headaches                                     | <input type="checkbox"/>            | • Suicidal thoughts            | <input type="checkbox"/> |
| • Housing problems                              | <input type="checkbox"/>            | • Suicide attempts             | <input type="checkbox"/> |
| • Identity issues (sexuality, gender, cultural) | <input type="checkbox"/>            | • Unhappiness                  | <input type="checkbox"/> |
| • Isolation                                     | <input type="checkbox"/>            | • Victim of crime              | <input type="checkbox"/> |
| • Lack of confidence                            | <input type="checkbox"/>            | • Violence                     | <input type="checkbox"/> |
| • Lack of support                               | <input type="checkbox"/>            | • Work/education problems      | <input type="checkbox"/> |
| • Legal issues                                  | <input type="checkbox"/>            | • Other (please state)         | <input type="checkbox"/> |
| • Loss/Grief                                    | <input type="checkbox"/>            |                                |                          |

**3.2 Duration of current problem:**

- 0-6 months                       6 -12 months                       More than 12 months

**3.3 Has there been previous contact with other services?**

- |  |                                     |  |                          |
|--|-------------------------------------|--|--------------------------|
| • No                                     | <input type="checkbox"/>            | • Housing department                         | <input type="checkbox"/> |
| • AMHS                                   | <input type="checkbox"/>            | • Housing support service (floating support) | <input type="checkbox"/> |
| • CAMHS                                  | <input type="checkbox"/>            | • In Care                                    | <input type="checkbox"/> |
| • Child protection                       | <input type="checkbox"/>            | • Probation                                  | <input type="checkbox"/> |
| • Drug/alcohol service                   | <input checked="" type="checkbox"/> | • Social services                            | <input type="checkbox"/> |
| • Early intervention into Psychosis team | <input type="checkbox"/>            | • Young offending teams                      | <input type="checkbox"/> |
| • GP/Nurse                               | <input type="checkbox"/>            | • Other (please state)                       | <input type="checkbox"/> |

*If yes please give details: \_\_\_ Patient has previously seen a worker about her drug use \_\_\_\_\_*

**3.4 Is there current contact with other services?**

- |  |                                     |  |                          |
|--|-------------------------------------|--|--------------------------|
| • No                                     | <input type="checkbox"/>            | • Housing department                         | <input type="checkbox"/> |
| • AMHS                                   | <input type="checkbox"/>            | • Housing support service (floating support) | <input type="checkbox"/> |
| • CAMHS                                  | <input type="checkbox"/>            | • In Care                                    | <input type="checkbox"/> |
| • Child protection                       | <input type="checkbox"/>            | • Probation                                  | <input type="checkbox"/> |
| • Drug/alcohol service                   | <input type="checkbox"/>            | • Social services                            | <input type="checkbox"/> |
| • Early intervention into Psychosis team | <input type="checkbox"/>            | • Young offending teams                      | <input type="checkbox"/> |
| • GP/Nurse                               | <input checked="" type="checkbox"/> | • Other (please state)                       | <input type="checkbox"/> |

*If yes please give the name and telephone of the service/worker: see above for details*

**3.5 Is the young person currently using drugs? If yes, how often?**

- |                  |  |
|------------------|--|
| • Amphetamines   | No <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally <input type="checkbox"/>            |
| • Benzos         | No <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally <input type="checkbox"/>            |
| • Cannabis/skunk | No <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally <input type="checkbox"/> |
| • Cigarettes     | No <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally <input type="checkbox"/> |
| • Cocaine        | No <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Occasionally <input type="checkbox"/> |
| • Crack          | No <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally <input type="checkbox"/>            |
| • Heroin         | No <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally <input type="checkbox"/>            |

- MDMA No  Daily  Weekly  Monthly  Occasionally
- Parental Use No  Daily  Weekly  Monthly  Occasionally
- Poly Use No  Daily  Weekly  Monthly  Occasionally
- Solvents No  Daily  Weekly  Monthly  Occasionally
- Other \_\_\_\_\_ No  Daily  Weekly  Monthly  Occasionally
- Prefer not to say

**3.6 Is the young person currently using alcohol? If yes, how often?**

- Alcohol pops No  Daily  Weekly  Monthly  Occasionally
- Beer No  Daily  Weekly  Monthly  Occasionally
- Cider No  Daily  Weekly  Monthly  Occasionally
- Sprits No  Daily  Weekly  Monthly  Occasionally
- Wine No  Daily  Weekly  Monthly  Occasionally
- Other \_\_\_\_\_ No  Daily  Weekly  Monthly  Occasionally
- Prefer not to say

**Consent statement for information storage and information sharing**

We need to collect the information in this form so that we can understand what help you may need. If we cannot cover all of your needs we may need to share some of this information with the other organisations, we will tell you who, so that they can help us to provide the services you need. If we need to share information with any other organisation(s) later to offer you more help we will ask you about this before we do it.

We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.

**Yes**  **No**  I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to me.

**Yes**  **No**  I have had the reasons for information sharing explained to me and I understand those reasons.

**Yes**  **No**  I agree to the sharing of information as and when necessary.

Signed.....*Asha Singh*.....Name...Asha Singh.....Date... 12/12/09

**TO BE COMPLETED BY YASP:**

**Name of worker:**

---

**Action taken:**

- Referred to GP/Nurse
  - Referred to Counselling team
  - Referred to advice team
  - Referral not appropriate, referred to other service
- (please give details \_\_\_\_\_)

Date of initial counselling assessment \_\_\_\_\_

Date of initial advice interview/assessment \_\_\_\_\_

Start date: \_\_\_\_\_

End Date: \_\_\_\_\_

**Intervention offered:**

- Number of counselling sessions  and type  
(Please give details \_\_\_\_\_)
- Number of GP/Nurse sessions  and type  
(Please give details \_\_\_\_\_)
- Number of advice sessions  and type  
(Please give details \_\_\_\_\_)

**Number of sessions attended:**

- Counselling sessions \_\_\_\_\_
- GP/Nurse sessions \_\_\_\_\_
- Advice sessions \_\_\_\_\_

## 7. MAKING TRACKS PROJECT REFERRAL FORM

Please post, fax or email this form to: YASP, 832 Stockport Road,  
Levenshulme, Manchester, M19 3AW.

T: 0161 221 3054 F: 0161 221 3124 Email: info.yasp@harp-project.org

### SECTION 1: YOUNG PERSON'S DETAILS:

1.1 First name: \_\_\_\_\_ Surname: \_\_\_\_\_

1.2 Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

1.3 Gender: Male  Female  Transgender  Transsexual   
Prefer not to say

1.4 Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

1.5 Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Can we send letters to this address: Yes:  No:

Can we call you on this number: Yes:  No:

Can we leave a message: Yes:  No:

Can we text: Yes:  No:

Can we email you: Yes:  No:

### 1.6 Sexuality:

Bisexual  Heterosexual / straight

Gay man  Prefer not to say

Gay woman / lesbian

### 1.7 Does the young person have a:

Learning disability: Yes  No  Prefer not to say

Physical disability: Yes  No  Prefer not to say

Mental ill health: Yes  No  Prefer not to say

Physical ill health: Yes  No  Prefer not to say

1.8 Has the young person been given a medical diagnosis? Yes  No

Prefer not to say

If yes please give details: \_\_\_\_\_

**1.9 Ethnicity:**

**White**

- White British
- White Irish
- Any other White background

**Black or Black British**

- Caribbean
- African
- Any other Black background

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

**Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

**Chinese or other ethnic group**

- Chinese
- Other Chinese background
- Traveller of Irish Heritage
- Gypsy/Roma
- Other ethnic group
- Prefer not to say

**1.10 First/preferred language, if not English:**

- |  |   |
|--|---|
| • Albanian/Kosovan <input type="checkbox"/>    | • Latvian <input type="checkbox"/>              |
| • Arabic <input type="checkbox"/>              | • Lithuanian <input type="checkbox"/>           |
| • Bengali <input type="checkbox"/>             | • Pashto <input type="checkbox"/>               |
| • Bulgarian <input type="checkbox"/>           | • Polish <input type="checkbox"/>               |
| • Chinese (Cantonese) <input type="checkbox"/> | • Portuguese <input type="checkbox"/>           |
| • Croatian <input type="checkbox"/>            | • Punjabi <input type="checkbox"/>              |
| • Czech <input type="checkbox"/>               | • Romanian <input type="checkbox"/>             |
| • Dari <input type="checkbox"/>                | • Russian <input type="checkbox"/>              |
| • Estonian <input type="checkbox"/>            | • Serbian <input type="checkbox"/>              |
| • Farsi /Persian <input type="checkbox"/>      | • Slovak <input type="checkbox"/>               |
| • French <input type="checkbox"/>              | • Slovenian <input type="checkbox"/>            |
| • German <input type="checkbox"/>              | • Somali <input type="checkbox"/>               |
| • Greek <input type="checkbox"/>               | • Spanish <input type="checkbox"/>              |
| • Gujarati <input type="checkbox"/>            | • Swahili <input type="checkbox"/>              |
| • Hindi <input type="checkbox"/>               | • Turkish <input type="checkbox"/>              |
| • Hungarian <input type="checkbox"/>           | • Urdu <input type="checkbox"/>                 |
| • Italian <input type="checkbox"/>             | • Vietnamese <input type="checkbox"/>           |
| • Japanese <input type="checkbox"/>            | • Other (please state) <input type="checkbox"/> |

**1.11 Is an interpreter or signer needed?** Yes  No  (if yes please give details)

**1.12 Is the young person in care?** Yes  No  Prefer not to say

**1.13 Is the young person a care leaver?** Yes  No  Prefer not to say

**1.14 Is the young person subject to a court order i.e. attends the Youth Offending Team?** Yes  No  Prefer not to say

**1.15 Has the young person ever received a custodial sentence?**

Yes  No  Prefer not to say

**1.16 What's the young person's current housing status?**

- |                                       |                          |                                |                          |
|---------------------------------------|--------------------------|--------------------------------|--------------------------|
| • Adult Services residential care     | <input type="checkbox"/> | • Living with friends          | <input type="checkbox"/> |
| • Assured short hold tenant           | <input type="checkbox"/> | • Sofa surfing                 | <input type="checkbox"/> |
| • B&B                                 | <input type="checkbox"/> | • Staying with extended family | <input type="checkbox"/> |
| • Children's Services Care            | <input type="checkbox"/> | • Street homeless              | <input type="checkbox"/> |
| • Council tenant                      | <input type="checkbox"/> | • Student accommodation        | <input type="checkbox"/> |
| • Hostel                              | <input type="checkbox"/> | • Supported lodgings           | <input type="checkbox"/> |
| • Housing association                 | <input type="checkbox"/> | • Traveller                    | <input type="checkbox"/> |
| • Housing tenant (Assured short hold) | <input type="checkbox"/> | • Unauthorised occupants       | <input type="checkbox"/> |
| • Licensee                            | <input type="checkbox"/> | • Prefer not to say            | <input type="checkbox"/> |
| • Living with family                  | <input type="checkbox"/> |                                |                          |

**1.17 Is the young person pregnant or expecting a child?**

Yes  No  Prefer not to say

**1.18 Is the young person a parent?**

Yes  No  Prefer not to say

**1.19 Is the young person the resident parent?** Yes  No  Prefer not to say

**1.20 What's the education status of the young person?**

- |                       |                          |  |                          |
|-----------------------|--------------------------|--|--------------------------|
| • Apprenticeship      | <input type="checkbox"/> | • Training                                       | <input type="checkbox"/> |
| • Full time education | <input type="checkbox"/> | • University                                     | <input type="checkbox"/> |
| • Further education   | <input type="checkbox"/> | • Not in education, employment or training NEET) | <input type="checkbox"/> |
| • Higher education    | <input type="checkbox"/> | • Prefer not to say                              | <input type="checkbox"/> |
| • Part time education | <input type="checkbox"/> |  |                          |

**1.21 What is the young person's source of income?**

- |   |                          |                                      |                          |
|---|--------------------------|--------------------------------------|--------------------------|
| • Apprenticeship                        | <input type="checkbox"/> | • JSA (CB)                           | <input type="checkbox"/> |
| • Carers allowance                      | <input type="checkbox"/> | • JSA (IB)                           | <input type="checkbox"/> |
| • Child benefit                         | <input type="checkbox"/> | • Maternity allowance                | <input type="checkbox"/> |
| • Child tax credit                      | <input type="checkbox"/> | • Part time work                     | <input type="checkbox"/> |
| • DLA (Disability Living Allowance)     | <input type="checkbox"/> | • SDA (Severe Disablement Allowance) | <input type="checkbox"/> |
| • Earned income or salary               | <input type="checkbox"/> | • SMP (Statutory Maternity Pay)      | <input type="checkbox"/> |
| • EMA (Education Maintenance Allowance) | <input type="checkbox"/> | • SPP (Statutory Paternity Pay)      | <input type="checkbox"/> |

- |   |                          |                            |                          |
|---|--------------------------|----------------------------|--------------------------|
| • ESA (CB) (employment and support allowance) | <input type="checkbox"/> | • SSP (Statutory Sick Pay) | <input type="checkbox"/> |
| • ESA (IB) (employment and support allowance) | <input type="checkbox"/> | • Student loan             | <input type="checkbox"/> |
| • Full time work                              | <input type="checkbox"/> | • Working tax credit       | <input type="checkbox"/> |
| • Housing Benefit                             | <input type="checkbox"/> | • None                     | <input type="checkbox"/> |
| • Incapacity Benefit                          | <input type="checkbox"/> | • Prefer not to say        | <input type="checkbox"/> |
| • Income Support                              | <input type="checkbox"/> |                            |                          |

**SECTION 2: REFERRER'S DETAILS:**

**2.1 Name of Referrer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**2.2 Address of Agency/Practice:** \_\_\_\_\_

**2.3 Referral type**

- Self
- Agency referral
- Internal referral

**2.4 Which agency has the referral come from?**

External

- AMHS
  - CAFRASS (asylum/immigration agency)
  - CAMHS
  - Children's services
  - College
  - Drug/Alcohol service
  - Early Intervention Into Psychosis Team
  - GP/Nurse
  - Housing project/agency
  - PCT
  - Probation
  - Sexual health team
  - YOT
  - Other youth organisation
- (please state) \_\_\_\_\_

Internal

- Advice team
  - Counselling team
  - Sexual Health team
  - Drop-in team
  - Other (please state)
- \_\_\_\_\_

**2.5 Relationship to client:** \_\_\_\_\_

Date of referral: \_\_\_\_\_

**2.6 What medication or intervention is being offered? (GP to complete)**

---

**2.7 Risk information:**

- |                   |                          |                 |                          |
|-------------------|--------------------------|-----------------|--------------------------|
| Risk of self harm | <input type="checkbox"/> | Risk from abuse | <input type="checkbox"/> |
| Risk of suicide   | <input type="checkbox"/> | Risk to others  | <input type="checkbox"/> |
| Risk from neglect | <input type="checkbox"/> |                 |                          |

***If yes to any of the above, please give further information:***

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**2.8 Rating score (GP to complete if appropriate)**

PHQ9..... GAD7.....

**2.9 Is the young person taking any other prescribed medication currently?**

Yes  No  *Please give details:* \_\_\_\_\_

**2.10 Is this medication for:**

- |                       |                          |                    |                          |
|-----------------------|--------------------------|--------------------|--------------------------|
| • Mental ill health   | <input type="checkbox"/> | • Substance misuse | <input type="checkbox"/> |
| • Physical ill health | <input type="checkbox"/> | • Other            | <input type="checkbox"/> |

**SECTION 3: BACKGROUND INFORMATION ON YOUNG PERSON:**

**3.1 Presenting Problem (s):**

- |                                   |                          |                                |                          |
|-----------------------------------|--------------------------|--------------------------------|--------------------------|
| • Alcohol misuse                  | <input type="checkbox"/> | • Low mood                     | <input type="checkbox"/> |
| • Anxiety                         | <input type="checkbox"/> | • Low self esteem              | <input type="checkbox"/> |
| • Asthma                          | <input type="checkbox"/> | • Obsessive-compulsive         | <input type="checkbox"/> |
| • Backache                        | <input type="checkbox"/> | • Overdose                     | <input type="checkbox"/> |
| • Benefits                        | <input type="checkbox"/> | • Panic attacks                | <input type="checkbox"/> |
| • Bereavement                     | <input type="checkbox"/> | • Phobia                       | <input type="checkbox"/> |
| • Bullying                        | <input type="checkbox"/> | • Physical abuse               | <input type="checkbox"/> |
| • Communication difficulties      | <input type="checkbox"/> | • Post-traumatic stress        | <input type="checkbox"/> |
| • Cuts/breaks/bruises             | <input type="checkbox"/> | • Pregnancy                    | <input type="checkbox"/> |
| • Debt problems                   | <input type="checkbox"/> | • Racism                       | <input type="checkbox"/> |
| • Depression                      | <input type="checkbox"/> | • Rape                         | <input type="checkbox"/> |
| • Difficult/ aggressive behaviour | <input type="checkbox"/> | • Relationship difficulties    | <input type="checkbox"/> |
| • Discrimination                  | <input type="checkbox"/> | • Self harm                    | <input type="checkbox"/> |
| • Drug misuse                     | <input type="checkbox"/> | • Sexual abuse                 | <input type="checkbox"/> |
| • Ear infections                  | <input type="checkbox"/> | • Sexual transmitted infection | <input type="checkbox"/> |
| • Eating disorders                | <input type="checkbox"/> | • Skin conditions              | <input type="checkbox"/> |
| • Family problems                 | <input type="checkbox"/> | • Stomach upsets               | <input type="checkbox"/> |

- |   |                          |                           |                          |
|---|--------------------------|---------------------------|--------------------------|
| • Harassment                                    | <input type="checkbox"/> | • Stress                  | <input type="checkbox"/> |
| • Headaches                                     | <input type="checkbox"/> | • Suicidal thoughts       | <input type="checkbox"/> |
| • Housing problems                              | <input type="checkbox"/> | • Suicide attempts        | <input type="checkbox"/> |
| • Identity issues (sexuality, gender, cultural) | <input type="checkbox"/> | • Unhappiness             | <input type="checkbox"/> |
| • Isolation                                     | <input type="checkbox"/> | • Victim of crime         | <input type="checkbox"/> |
| • Lack of confidence                            | <input type="checkbox"/> | • Violence                | <input type="checkbox"/> |
| • Lack of support                               | <input type="checkbox"/> | • Work/education problems | <input type="checkbox"/> |
| • Legal issues                                  | <input type="checkbox"/> | • Other (please state)    | <input type="checkbox"/> |
| • Loss/Grief                                    | <input type="checkbox"/> |                           |                          |

**3.2 Duration of current problem:**

- 0-6 months     6 -12 months     More than 12 months

**3.3 Has there been previous contact with other services?**

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| • No                                     | <input type="checkbox"/> | • Housing department                         | <input type="checkbox"/> |
| • AMHS                                   | <input type="checkbox"/> | • Housing support service (floating support) | <input type="checkbox"/> |
| • CAMHS                                  | <input type="checkbox"/> | • In Care                                    | <input type="checkbox"/> |
| • Child protection                       | <input type="checkbox"/> | • Probation                                  | <input type="checkbox"/> |
| • Drug/alcohol service                   | <input type="checkbox"/> | • Social services                            | <input type="checkbox"/> |
| • Early intervention into Psychosis team | <input type="checkbox"/> | • Young offending teams                      | <input type="checkbox"/> |
| • GP/Nurse                               | <input type="checkbox"/> | • Other (please state)                       | <input type="checkbox"/> |

*If yes please give details*

---

**3.4 Is there current contact with other services?**

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| • No                                     | <input type="checkbox"/> | • Housing department                         | <input type="checkbox"/> |
| • AMHS                                   | <input type="checkbox"/> | • Housing support service (floating support) | <input type="checkbox"/> |
| • CAMHS                                  | <input type="checkbox"/> | • In Care                                    | <input type="checkbox"/> |
| • Child protection                       | <input type="checkbox"/> | • Probation                                  | <input type="checkbox"/> |
| • Drug/alcohol service                   | <input type="checkbox"/> | • Social services                            | <input type="checkbox"/> |
| • Early intervention into Psychosis team | <input type="checkbox"/> | • Young offending teams                      | <input type="checkbox"/> |
| • GP/Nurse                               | <input type="checkbox"/> | • Other (please state)                       | <input type="checkbox"/> |

*If yes please give the name and telephone of the service/worker*

---

**3.5 Is the young person currently using drugs? If yes, how often?**

- |                  |                             |                                |                                 |                                  |                                       |
|------------------|-----------------------------|--------------------------------|---------------------------------|----------------------------------|---------------------------------------|
| • Cannabis/skunk | No <input type="checkbox"/> | Daily <input type="checkbox"/> | Weekly <input type="checkbox"/> | Monthly <input type="checkbox"/> | Occasionally <input type="checkbox"/> |
| • Cocaine        | No <input type="checkbox"/> | Daily <input type="checkbox"/> | Weekly <input type="checkbox"/> | Monthly <input type="checkbox"/> | Occasionally <input type="checkbox"/> |

- Crack No  Daily  Weekly  Monthly  Occasionally
- Heroin No  Daily  Weekly  Monthly  Occasionally
- Cigarettes No  Daily  Weekly  Monthly  Occasionally
- Solvents No  Daily  Weekly  Monthly  Occasionally
- Benzos No  Daily  Weekly  Monthly  Occasionally
- MDMA No  Daily  Weekly  Monthly  Occasionally
- Amphetamines No  Daily  Weekly  Monthly  Occasionally
- Poly Use No  Daily  Weekly  Monthly  Occasionally
- Parental Use No  Daily  Weekly  Monthly  Occasionally
- Other \_\_\_\_\_ No  Daily  Weekly  Monthly  Occasionally
- Prefer not to say

**3.6 Is the young person currently using alcohol? If yes, how often?**

- Beer No  Daily  Weekly  Monthly  Occasionally
- Wine No  Daily  Weekly  Monthly  Occasionally
- Sprits No  Daily  Weekly  Monthly  Occasionally
- Cider No  Daily  Weekly  Monthly  Occasionally
- Alcohol pops No  Daily  Weekly  Monthly  Occasionally
- Other \_\_\_\_\_ No  Daily  Weekly  Monthly  Occasionally
- Prefer not to say

**Consent statement for information storage and information sharing“**

We need to collect the information in this form so that we can understand what help you may need. If we cannot cover all of your needs we may need to share some of this information with the other organisations, we will tell you who, so that they can help us to provide the services you need. If we need to share information with any other organisation(s) later to offer you more help we will ask you about this before we do it.

We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.

**Yes**  **No**  I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to me.

**Yes**  **No**  I have had the reasons for information sharing explained to me and I understand those reasons.

**Yes**  **No**  I agree to the sharing of information as and when necessary.

Signed.....Name.....Date.....

**TO BE COMPLETED BY YASP:**

**Name of worker:** \_\_\_\_\_

**Action taken:**

- Referred to GP/Nurse
- Referred to Counselling team
- Referred to advice team
- Referral not appropriate, referred to other service   
(please give details \_\_\_\_\_)

**Date of initial counselling assessment** \_\_\_\_\_

**Date of initial advice interview/assessment** \_\_\_\_\_

**Start date:** \_\_\_\_\_

**End Date:** \_\_\_\_\_

**Intervention offered:**

- Number of counselling sessions  and type  
(Please give details \_\_\_\_\_)
- Number of GP/Nurse sessions  and type  
(Please give details \_\_\_\_\_)
- Number of advice sessions  and type  
(Please give details \_\_\_\_\_)

**Number of sessions attended:**

- Counselling sessions \_\_\_\_\_
- GP/Nurse sessions \_\_\_\_\_
- Advice sessions \_\_\_\_\_

## 8. Referral examples

### Appropriate referrals to Advice and Casework Service

18 year old woman worried about being evicted because her housing benefit has stopped

23 year old man who has given up his job due to anxiety who now has no income

18 year old woman with debts with utilities

18 year old man who is living in supported housing but wants to get their own place when he turns 19.

### Appropriate referrals to Counselling Service

18 year old woman who cannot get on with her parents

21 year old man who is having nightmares due to his experiences before claiming asylum

24 year old woman who has trouble controlling her anger

20 year old man with a history of self-harm who is very upset about a relationship breakdown.

## Service Principles

**GP referral** – We have an open referral system to our general service and can accept referrals directly from GPs.

**Other service involvement** - We will see patients already receiving (or on waiting list for) other therapeutic services, or under the care of specialist mental health services (e.g. Psychiatry, Community Mental Health Team).

**Routine, non-crisis service** - Patients presenting with acute and/or high levels of risk must be referred to the most appropriate crisis service.

**Common mental health problems** - Please note that we are a service for patients with a broad spectrum of common mental health problems and are also able to provide services for patients with more severe and enduring mental health problems eg Psychosis, Bi-polar disorder.

## When to refer

**The following is guidance only – please refer to individual service for their eligibility criteria.**

**Counselling** – Counselling is a psychological talking therapy for patients who present with moderate symptoms of anxiety and/or depression, usually as a response to a specific problem, such as bereavement, loss, illness, abuse, or relationship difficulties.

We also have a specialism in providing counselling to patients with more complex psychological disorders (e.g. post traumatic stress disorder and obsessive compulsive disorders)

### **Advice and Casework Service–**

Advice can help a patient untangle their anxieties into practical issues which can be improved. These can include insecure housing, lack of independent income, desire to access education and wanting contact with people who experience similar difficulties to themselves.

Casework will help a patient to get their legal entitlement in welfare and housing rights. This can include applications for Disability Living Allowance (DLA), help to prepare for medical examinations necessary to claim Employment Support Allowance (ESA) and compiling the necessary evidence to support a housing application. Caseworkers can help patients to prepare for and to attend tribunal appointments.

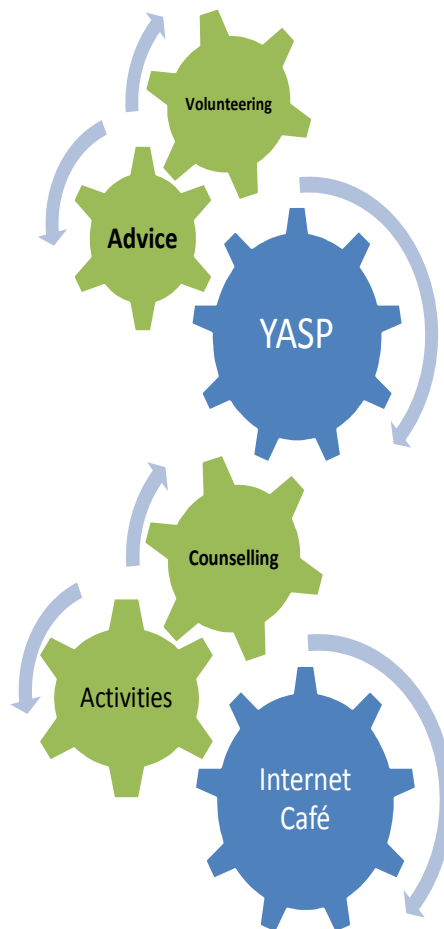
### **Activities–**

The weekly activities group will help patients to stay active and to receive peer support from other young people. This life-line can significantly help patients with common mental health problems such as depression and anxiety but can also promote recovery in patients experiencing longer-term problems such as psychosis.

**Volunteering–**

Volunteering is supervised by professionals with experience of supporting patients with mental health problems. Patients benefit from regular activities and the chance to learn new skills. Many volunteers move on to employment, but all patients benefit from increased confidence and meaningful occupation.

**For advice on management of cases, service available, or to discuss a referral to YASP you can contact us on 0161 221 3054.**



*Produced January 2010*