JUST B/ STARFISH Parent Support Workshops

Parent/carers and CYP consent must to be obtained for all referrals

Just B is a support service provided by North Yorkshire Hospice Care. This referral will provide Just B and Starfish with the information required so that we can make sure the workshops will educate and support the most relevant subjects relating to the family. All data will be stored by Just B. Is that ok? **Please mark the box to indicate that the client has given verbal consent for their personal information to be processed and stored by Just B ☐**			
Referrer Details			
Referrer Name:		Position/ Job title:	
Date referral taken:		Contact details (Phone and Email):	
Please password protect the completed referral form and email it to- JustBCYP@justb.org.uk			

Young Person Details							
Has the CYP accessed support from Just'B' in the past? Yes ☐ No ☐							
Young Person Name:				School:			
Date of Birth:		Age:		Year Group:		Ethnicity:	
Are there any communication difficulties, disabilities or other conditions the service should be aware of? Please specify:							
Is the young person a Looked after child?							
Have any interventions to support the CYP by school taken place?		Yes ☐ No ☐		If yes, please provide more details including type of work e.g. group work in school, mentor system, anxiety work, family support:			
Young Person Contact information and communication preferences							
CYP telephone number:				Permission to leave message: Yes ☐ No ☐			
CYP email address:				Permission to email: Yes ☐ No ☐			
CYP address:				Permission to send letters: Yes ☐ No ☐			
Parent/ Carer information and communication preferences Please include details of all primary carer givers if consent is given							
Primary Care giver(s)name:				Relationship(s) to client:			

Address & Postcode:		Email address:	
Does the client reside at this address	Yes ☐ No ☐	Permission to leave a message:	Home ☐ Mobile ☐
Telephone (home): Telephone (mobile):			
2nd parent/ carer name:		Relationship(s) to client:	
Address & Postcode:		Email address:	
Does the client reside at this address	Yes ☐ No ☐	Permission to leave a message:	Home ☐ Mobile ☐
Telephone (home): Telephone (mobile):			
Spoken to and consent gained?	Primary care giver: Yes ☐ No☐	Parent/ carer 2: Yes ☐ No ☐	

Other Agencies

GP Name & Surgery:			
Involvement with any other services? Ie. Early Help, Healthy Child Team, CAHM'S	☐ Yes ☐ No	If yes please provide more details:	
Consent to contact agency if required:	☐ Yes ☐ No		

Referral Details

Please tick any of the following categories that have been raised by the student prior to starting work with Just B:

Health worries	☐	Sexual abuse	☐	Physical abuse	☐	Friendships	☐
Loneliness	☐	Emotional abuse	☐	Neglect	☐	Mental health concerns	☐
Child sexual exploitation	☐	Sexual assault	☐	Family relationships	☐	Eating disorder	☐
Bullying	☐	Suicidal Ideation	☐	School pressures	☐	Bereavement	☐
Self esteem	☐	Suicidal Intent	☐	Domestic violence: CYP relationship	☐	Sexuality	☐
Body image	☐	Boyfriend/Girlfriend	☐	Domestic violence: Family relationship	☐	Mental health diagnosis	☐
Social media	☐	Pre-bereavement	☐	Substance abuse	☐	Spirituality/beliefs	☐
Anger	☐	Anxiety	☐	Sexual health	☐	Attendance	☐
Self-harm	☐	Radicalization	☐	Sex	☐	Other:	

JUST B/ STARFISH Parent Support Workshops

Parent/carers and CYP consent must to be obtained for all referrals

Agency Reasons for referral:		
Is the young person prone to violence?	Yes ☐ No ☐	If yes, please provide more details:
Are there suicidal concerns?	Yes ☐ No ☐	If yes, please provide a copy of the **safety plan** and more details above including disclosure of a plan:

FOR JUST B ADMIN ONLY – Pre Assessment	
Does the parent/carer agree with the content of the referral? Name of worker gaining consent: Date:	
What do you want to get out of sessions?	
What are your current concerns?	
How would you describe the family set up and relationships for the young person?	
Who will be attending the workshops? (2 places available per person)	
Do you have any learning/Medical or accessibility needs we will need to be aware of?	

Closing Summary of Parent/carer Workshops and CYP Sessions Participated in:					
Harrogate F2F	Yes ☐ No ☐	Zoom:	Yes ☐ No ☐	Thirsk F2F:	Yes ☐ No ☐

Total Number of Parent/Carer Workshops attended (out of 6):		Total Number of CYP activity Sessions attended:	

Any further information passed on and who it was passed onto: