

**Touchstone**

**Community Enablement Team**

The service is for individuals living in Wakefield and surrounding areas.

**The aim of the service is to support people aged 16+ with multiple and complex needs.**

The support will be person centred and recovery focused to achieve better mental health and wellbeing. To maximise strengths and independence while reducing reliance on services and make better use of local community assets.

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| **Referral information and process**  |

**We aim to support people who have multiple & complex mental health needs in the following areas** -

Aged 16+

Those impacted by complex mental and emotional health needs.

Need support with accessing community-based activities.

Who may be at risk of a deterioration of mental health, tenancy related issues, re-admission to hospital or risk of re-offending.

**The Referral Process**

* Complete a referral form andinclude a recent risk plan / assessment or WRAP /safety plan.
* Receipt of referrals are acknowledged within 7 days.
* Formal decision made by the team.
* Referrer is informed of decision – usually by email.
* If we do not feel we are the right service for you or unable to offer support, we are committed to signposting to alternative services.

**Date**

**Received:**

**Wakefield Community Enablement Team**

**REFERRAL FORM 2023**

**Client Details**

**Referrers’ Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **First Name(s)** | **Surname** | **Preferred Name** |
| **Date of Birth** | **Age** | **NHS Number** | **Mobile Number** | **Landline Number** |
| **Client’s Full Address** | **Post code -** |

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| --- | --- |
| **Name** | **Organisation** |
| **Address** | **Telephone** |  |
| **Mobile** |  |
| **E-Mail** |  |
| **How long have you known the client?** | **How often do you have contact with the client?** |

**What services/organisations or individuals (including family and friends) do they receive support from ?**

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| **Service/Organisation** | **Contact Details** | **Support Provided** |
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| **Support needs in following areas – Please select option(s) below.** [ ]  Risk of re-offending [ ]  Risk of re-admission to hospital  [ ]  Risk to tenancy or homelessness  [ ]  Currently on ward requiring transitional support. **Please give further details.** |

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| **Referral information** |
| **Reason for Referral** *Please give a brief description of current issues, impact and areas of support required.* |

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| **Does the client define themselves as disabled?** | YES [ ]  NO [ ]  Prefer Not to Say [ ]   |
| **Please tick any which apply** | Learning [ ]        Physical [ ]       Sensory [ ]        Dementia [ ] Mental Health [ ]   Autism [ ]  ADHD [ ]  Other (please state) |

**Is there a specific diagnosis related to any of the above?** [ ]  YES [ ]  NO

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| **Please provide more details** |

**How does this affect mental health and wellbeing?**

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| **Please provide more details** |

**GP’s Details**

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| **Name** |  | **Tel** |  |
| **Address** |  |
| **Does not have a GP** [ ]  | **Details Unknown** [ ]  | **Refused to give details** [ ]  |

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| **Are they currently in hospital?** **Please give details –**  | [ ]  Yes [ ]  No [ ]  Unknown |
| **Further details (if you answer yes to any questions, please give details)** |
| **Is the client currently in receipt of any service offered by Adult Social Care e.g. personal budget, home care** Please state: | [ ]  Yes [ ]  No[ ]  Unknown |
| **At the point of referral is the client on CPA?** | [ ]  Yes [ ]  No[ ]  Unknown |

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| **Is the service user a parent?** | [ ]  YES [ ]  NO |
| **If yes, please provide details below** |
| **Name of Child** | **Gender**  | **Age** |
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| **Does the client own a pet?** | [ ]  YES (Details) [ ]  NO |

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| **Has the service user been involved in the completion of this referral form?** | [ ]  YES [ ]  NO |

**Monitoring**

**Please complete the following information, which is requested by our funders. The answers you give in this section will not influence our decision to offer the applicant a service.**

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| **Gender** | Male [ ]  Female [ ]  Non-Binary [ ]  Trans [ ]  Other [ ]  Prefer Not to Say [ ]  Is your gender identity the same as the gender you were assigned at birth?Yes [ ]  No [ ]  Prefer Not to Say [ ]   |
| **Marital Status** | Married [ ]  Single [ ]  Co-Habiting [ ]  Civil Partnership [ ]  Prefer Not to Say [ ]  Other (please state)  |
| **Sexual Orientation**  | Gay [ ]  Lesbian [ ]  Bisexual [ ]  Heterosexual/Straight [ ]  Prefer Not to Say [ ]  Other (please state) |
| **Ethnic****Origin** | **White**[ ]  English[ ]  British[ ]  Irish[ ]  Northern Irish[ ]  Scottish[ ]  Welsh[ ]  Gypsy/Irish Traveller[ ]  Other (please state) | **Dual Heritage**[ ]  White/Black Caribbean[ ]  White/Black African[ ]  White/Asian[ ]  Other (please state) |
| **Asian or Asian British**[ ]  Indian[ ]  Pakistani[ ]  Bangladeshi [ ]  Kashmiri[ ]  Chinese [ ]  Other (please state)  | **Black or Black British**[ ]  Caribbean[ ]  African[ ]  Other (please state) |
| Any Other Ethnicity (please state)[ ]  Prefer Not to Say  |
| **Residency** | [ ]  British Citizen [ ]  Asylum Seeker [ ]  EU National [ ]  Foreign Student [ ]  Refugee [ ]  Prefer Not to Say [ ]  Any Other  |
| **Religion/ Spiritual Beliefs** | [ ]  Christian [ ]  Jewish [ ]  Hindu [ ]  Sikh [ ]  Buddhist [ ]  Muslim [ ]  Atheist [ ]  Jehovah Witness [ ]  No Religion [ ]  Prefer Not to Say Any Other (please state)Additional Information |

**Community Enablement Team – Further Information:**

**The aims**

We will provide a 5 day a week service Monday - Friday (except Bank Holidays) in Wakefield and district in five towns including Pontefract, Castleford, Featherstone, Knottingley and Normanton. The Wakefield Community Enablement Team is a community-based support service which will support individuals with multiple and complex mental health needs to enable them to live independently within their own community. The service is for individuals who require support in some of the following areas:

* Aged 16+
* Have complex mental and emotional health needs.
* Need support with accessing community-based activities.
* Who may be at risk of a deterioration of mental health, tenancy related issues, re-admission to hospital or risk of re-offending.

**How we work**

The Community Enablement Team is a team of experienced Mental Health Outreach Workers who will provide person centered one-to-one support sessions. You will co-produce a recovery outcome star plan together, which is tailored to your individual needs to meet the agreed outcomes. You will be allocated a designated outreach worker who will identify outcomes with you which will be person centered and recovery focused. We can work alongside other services , as part of your care team .

**What informs our practice?**

The team has adopted a person-centered approach as the basis of its values and practice. Personalised support is key and central to the support we offer, we will focus on developing a collaborative, trusting, working relationship with service users, and focus on prioritising what matters to the individual. Building upon their own strengths and resources. More specifically staff may also draw on therapeutic coaching style approaches.

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**Touchstone Service User Privacy Statement**

Touchstone is committed to protecting and respecting your privacy and keeping your data secure. By providing us with your data you are giving us your consent to process your data. We will only process your personal data to provide you with the service that you have requested from us and provide (anonymous) feedback to our commissioners and funders.

To read our Service User Privacy Notice, please visit:

[Service User Privacy Notice - Touchstone (touchstonesupport.org.uk)](https://touchstonesupport.org.uk/contact-us/service-user-privacy-notice/)

Or for our Privacy and Cookies Policy, please visit:

[Privacy Policy - Touchstone (touchstonesupport.org.uk)](https://touchstonesupport.org.uk/contact-us/privacy-policy/)

**Thank you for your enquiry to the Community Enablement Team**

Please return the referral form and a relevant risk assessment, safety plan/WRAP

via email to wakefield-CET@touchstonesupport.org.uk

We aim to acknowledge referrals within 7 days. Please note that we will not be holding a waiting list. Our website will notify you if referrals are closed.

[**https://touchstonesupport.org.uk/wakefield-community-enablement-team/**](https://touchstonesupport.org.uk/wakefield-community-enablement-team/)