

**Touchstone: Wakefield Community Enablement Team**

The service is for individuals living in Wakefield & District. **The aim of the service is to support people aged 16+ with multiple and complex needs.**

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| **Important notice:** We are unable to accept referrals without the client’s consent. By providing us with your data you are giving us your consent to process your data. **You must indicate this.** Please refer to page seven for our full Privacy Statement. |

**Wakefield Community Enablement Team supports those who:**

* Are aged 16+
* Are impacted by complex mental health needs.
* Would like support accessing community-based activities.
* Are at risk of a deterioration of mental health, tenancy related issues, re-admission to hospital or (re)offending.

## **We are a non-clinical team, and we may not be the right service for you if:**

* You need crisis support.
* You need acute mental health support.
* We are unable to offer 1-1 support safely.

**The Referral Process:**

1. Please complete this form and email it to wakefield-CET@touchstonesupport.org.uk. Include a risk plan/ assessment or WRAP/ safety plan if relevant.
2. We aim to acknowledge referrals within 7 days. We may ask referrers for further information in support of the referral, or to complete any incomplete sections of the form.
3. A CET Worker will arrange an in-person meeting with the referred individual. We may ask if referrers can attend this, to ease the transition between services.
4. Following the meeting a formal decision will be made by our team. The referrer will be informed (usually by email).
5. If we do not feel we are the right service for the individual, we are committed to signposting to other services. We do not hold a waiting list.

You can find an in-depth guide to our referral process on our website.

**Wakefield Community Enablement Team Team**

**Date Received:**

**Referral Form: 2025**

**Client Details:**

|  |  |
| --- | --- |
| Title: |  |
| Pronouns: |  |
| First Name(s): |  |
| Surname: |  |
| Preferred Name: |  |
| Date of Birth: |  |
| Age: |  |
| Contact Number: |  |
| Full Address (including Postcode): |  |

**Monitoring:**

**Please complete the tick-boxes below.** This information is requested by our funders. The answers you give will not influence our decision to offer the client support.

|  |  |
| --- | --- |
| 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) |
| **Asian or Asian British:**[ ] Indian. [ ] Pakistani. [ ] Bangladeshi. [ ] Kashmiri. [ ] Chinese[ ] Other (Please State) |
| **Black or Black British:**[ ] Caribbean. [ ] African. [ ] Other (Please State) |
| **Dual Heritage:**[ ] White/ Black Caribbean. [ ] White/Black African. [ ] White/Asian. [ ] 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 (Please State) |
| Religious/spiritual Beliefs:  | [ ] Christian. [ ] Jewish. [ ] Hindu. [ ] Sikh. [ ] Buddhist. [ ] Muslim. [ ] Atheist. [ ] Jehovah Witness. [ ] No Religion. [ ] Prefer Not to Say. [ ] Other (Please State) |

**Referrer’s Details:**

|  |  |
| --- | --- |
| Name:  |  |
| Organisation:  |  |
| Address:  |  |
| Telephone |  |
| Mobile |  |
| Email:  |  |
| How Long have you known the client? |  |
| How often do you have contact with the client? |  |

**GP’s Details:**

|  |  |
| --- | --- |
| **Name:**  |  |
| **Address:** |  |
| **Telephone:** |  |
| Does not have a GP. [ ]   | Details Unknown [ ]   | Refused to give details [ ]   |

**Other Support:**

Please provide the name and contact information for other services, organisations or individuals (including family and friends) from which the client receives support.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role/ Relation to client | Contact Details(number and/ or email) | Support provided:  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Managing Risk:**

Please answer the below questions. **Where risk is identified** **please provide details. This will enable us to process the referral as quickly as possible.**

|  |
| --- |
| Mental Health |
| Is there any identified risk in this area? | [ ]  Yes [ ]  No |
| If yes, please provide details: |  |
| When did this occur? | [ ]  Current [ ]  Historic (12 months +) |
| Physical Wellbeing  |
| Is there any identified risk in this area? | [ ]  Yes [ ]  No  |
| If yes, please provide details: |  |
| When did this occur? | [ ]  Current [ ]  Historic (12 months +)  |
| Offending:  |
| Is there any identified risk in this area? | [ ]  Yes [ ]  No  |
| If yes, please provide details: |  |
| When did this occur? | [ ]  Current [ ]  Historic (12 months+)  |
| Violence (including use of OR carrying weapons), harassment, threats, aggression, verbal abuse, inappropriate behaviours (including sexual offences/stalking, etc.)  |
| Is there any identified risk in this area? | [ ]  Yes [ ]  No  |
| If yes, please provide details: |  |
| When did this occur? | [ ]  Current [ ]  Historic (12 months+) |
| Safeguarding |
| Is there any identified risk in this area? | [ ]  Yes [ ]  No  |
| If yes, please provide details: |  |
| When did this occur? | [ ]  Current [ ]  Historic (12 months+)  |
| Drug Usage (illicit or misuse of prescription medication) |
| Is there any identified risk in this area? | [ ]  Yes [ ]  No  |
| If yes, please provide details: |  |
| When did this occur? | [ ]  Current [ ]  Historic (12 months+) |
| Alcohol Misuse |
| Is there any identified risk in this area? | [ ]  Yes [ ]  No  |
| If yes, please provide details: |  |
| When did this occur? | [ ]  Current [ ]  Historic (12 months+) |
| Lone Working (including any Pets) |
| Is there any identified risk in this area? | [ ]  Yes [ ]  No  |
| If yes, please provide details: |  |
| When did this occur? | [ ]  Current. [ ]  Historic (12 months+) |
| **NOTE:** If the client has a current risk assessment, please provide a copy of this when sending the referral form. |

**Support Areas & Reason for Referral:**

**Please answer the below questions, providing as much detail as possible.**

|  |
| --- |
| **Support Areas:** Does the client require support in any of the following areas? (Tick the relevant boxes)  |
| [ ]  (Re) Offending[ ]  Tenancy or Homelessness[ ]  Deterioration of Mental Health, including risk of re-admission/admission to hospital.  |
| If you have selected any of the above boxes, please explain more below: |
|  |
| **Reason for referral:** Please explain the reason for referral. Describe the main issues the client is experiencing and any aims or objectives for support. |
|  |

**Accessibility:**

|  |  |
| --- | --- |
| Does the Client define themselves as disabled? | [ ]  Yes [ ]  No [ ]  Prefer Not to Say  |
| Please tick those which apply: | [ ]  Learning Disability[ ]  Physical Disability[ ]  Sensory Disability[ ]  Dementia [ ]  Mental Health Condition[ ]  Autism [ ]  ADHD[ ]  Other (Please State) …………………………….. |
| Does the client have a specific condition or diagnosis?  | [ ]  Yes [ ]  No  |
| Please provide details: |  |
| Does the client have any communications or literacy needs? | [ ]  Yes [ ]  No |
| Please provide details: |  |

**Further Information:**

|  |  |
| --- | --- |
| Is the client a parent?  | [ ]  Yes [ ]  No  |
| Are the children living with parents? | [ ]  Yes [ ]  No [ ]  N/A |
| **Has the client given consent to share this information? Please refer to the privacy notice**  | [ ]  Yes [ ]  No  |

 **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 to provide (anonymous) feedback to our commissioners and funders.

To read our Service User Privacy Notice, please visit: [Touchstone Service User Privacy Notice - OCT 24 .docx](https://touchstoneleeds.sharepoint.com/%3Aw%3A/r/sites/Wakefield-CET-WKD-MT/Shared%20Documents/WKD%20-MT/CET%20WKD/Service%20operational/IT/Information%20governance/Touchstone%20Service%20User%20Privacy%20Notice%20-%20OCT%2024%20.docx?d=w550aa3210bb8454f965c7d533646332e&csf=1&web=1&e=OYFse7)

Or for our Privacy and Cookies Policy, please visit: Privacy Policy - Touchstone (touchstonesupport.org.uk)

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

Please email the completed referral form and a relevant risk assessment or safety plan/ WRAP to wakefield-CET@touchstonesupport.org.uk

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

**Website: https://touchstonesupport.org.uk/wakefield-community-enablement-team/**