True North
FUTURES

SUPPORTING YOUNG PEOPLE

REFERRAL DOCUMENT

A CLEAR AND CONSISTENT PROCESS FOR REFERRING, ASSESSING AND ADMITTING CARE EXPERIENCED YOUNG ADULTS AGED 18–25.

VERSION	EFFECTIVE DATE	REVIEW DATE	DOCUMENT OWNER	DOCUMENT TYPE
1.0	July 2026	July 2027	Director	Document

ACCOMMODATION • SUPPORT • LIFE SKILLS • INDEPENDENCE

Referring Local Authority / Organisation

Organisation:

Referrer Name:

Job Title:

Email:

Telephone:

Date of Referral:

Preferred Contact Method:

YOUNG PERSON DETAILS

Full Name:

Preferred Name:

Date of Birth:

Age:

Gender:

NHS Number (if known):

Current Address:

Current Placement/ Accommodation status:

Legal Status:

Nationality:

Ethnicity:

Religion/Faith:

First Language:

Relevant Culture/ Identity details:

Interpreter Required:

Emergency Contact:

REFERRAL SUMMARY

Please provide a brief overview of the referral.

Include:

- Current circumstances
- Reason for referral
- Current risks
- Why True North Futures is being considered
- Desired outcomes

ELIGIBILITY

Please indicate which criteria apply.

☐ Care Experienced ☐ Eligible Care Leaver

☐ Aged 18–25

☐ Transitioning from Children's Services

☐ Leaving Custody

☐ Homeless or At Risk of Homelessness

☐ Placement Breakdown

☐ Mental Health Needs

☐ Autism

☐ ADHD

☐ Learning Difficulties

☐ Emotional Regulation Difficulties

☐ Complex Trauma

☐ Substance Misuse

☐ Exploitation Risk

☐ Other

Details:

CURRENT SUPPORT

Social Worker:

Personal Adviser:

Mental Health Services:

Probation:

Youth Justice:

GP:

Other (Professionals or Family/ Friends):

PRESENTING NEEDS

Please describe support needs in relation to:

- Independent Living
- Emotional Wellbeing
- Mental Health
- Daily Living Skills
- Education
- Employment
- Finances
- Relationships
- Physical Health
- Community Engagement
- Emotional Regulation

Additional info:

RISK INFORMATION

Please provide information relating to any known risks. Please continue on additional info page if needed. (Click to tick the selection).

Risk Area	**Known Risk?** **Level of Risk (Please highlight)**	**First Known Incident (date and details)**	**Most Recent Incident (date and details)**	**Most Significant Incident (date and details)**	**Current Management / Comments**
Self harm Suicidal thoughts / ideation Suicide attempts	Yes/ No ☐ High ☐ Medium ☐ Low				
Missing from home / placement	Yes/ No ☐ High ☐ Medium				

	☐ Low				
Physical aggression	Yes/ No ☐ High ☐ Medium ☐ Low				
Violence towards peers	Yes/ No ☐ High ☐ Medium ☐ Low				
Violence towards adults	Yes/ No ☐ High ☐ Medium ☐ Low				
Verbal aggression	Yes/ No ☐ High ☐ Medium ☐ Low				
Domestic abuse	Yes/ No ☐ High ☐ Medium ☐ Low				
Exploitation Sexual County lines involvement Gang affiliation	Yes/ No ☐ High ☐ Medium ☐ Low				
Substance misuse Alcohol misuse	Yes/ No ☐ High ☐ Medium ☐ Low				
Arson / Fire setting behaviours	Yes/ No ☐ High ☐ Medium ☐ Low				
Damage to property	Yes/ No ☐ High ☐ Medium ☐ Low				

Theft	Yes/ No ☐ High ☐ Medium ☐ Low				
Possession or use of weapons	Yes/ No ☐ High ☐ Medium ☐ Low				
Police involvement	Yes/ No ☐ High ☐ Medium ☐ Low				
Criminal convictions	Yes/ No ☐ High ☐ Medium ☐ Low				
Sexualised Behaviour	Yes/ No ☐ High ☐ Medium ☐ Low				
Risk to children	Yes/ No ☐ High ☐ Medium ☐ Low				
Risk to vulnerable adults	Yes/ No ☐ High ☐ Medium ☐ Low				
Financial exploitation	Yes/ No ☐ High ☐ Medium ☐ Low				
Radicalisation Concerns	Yes/ No ☐ High ☐ Medium ☐ Low				

Online safety Concerns	Yes/ No ☐ High ☐ Medium ☐ Low				
Medication (Please comment on non compliance)	Yes/ No ☐ High ☐ Medium ☐ Low				
Absconding	Yes/ No ☐ High ☐ Medium ☐ Low				
Other (please specify)	Yes/ No ☐ High ☐ Medium ☐ Low				

HEALTH

GP Details

Current Medication

Diagnoses

Allergies

Dietary Requirements

Mobility Needs

Sensory Needs

Sleep Difficulties

Hospital Involvement

Additional Info:

COMMUNICATION

Preferred Communication Style

Communication Difficulties

Sensory Considerations

Reasonable Adjustments Required

Additional Info:

EDUCATION, EMPLOYMENT & TRAINING

Current Education

EHCP?

Employment

Training

Qualifications

Aspirations

Support Required

Additional Info:

DAILY LIVING SKILLS

Please indicate current abilities using the scoring below.

Score	Description

1	Unable to complete the task. Requires full support.
2	Can complete parts of the task but requires significant support or supervision.
3	Can complete the task with regular prompting, reminders or occasional assistance.
4	Usually completes the task independently but may require infrequent support.
5	Completes the task independently, consistently and safely.

Task	**Score**	**Comments**
Cooking	Select	
Cleaning	Select	
Laundry	Select	
Shopping	Select	
Budgeting	Select	
Medication	Select	
Appointments	Select	

Travel	Select	
Household Safety	Select	
Personal Care	Select	

SOCIAL NETWORK

Family Relationships

Positive Relationships

Support Network

Significant Adults

Children

Pets

Community Links

Additional Info:

ACCOMMODATION HISTORY

Please ensure this table provides a full history of accommodation and explain gaps where necessary, continue on additional info page if needed.

Address	**Dates and Type of Accommodation**	**Reasons for Leaving**

Please detail here:

- Placement Breakdown History
- Evictions
- Rent Arrears
- Property Damage History

Additional Info:

WHAT DOES SUCCESS LOOK LIKE?

What outcomes would the referrer like to achieve?

Tell us here:

Examples:

- Stable accommodation
- Increased independence
- Improved emotional wellbeing
- Education or employment
- Positive relationships
- Reduced risk
- Improved life skills

DOCUMENTS PROVIDED

Please attach where available.

☐ Care Plan

☐ Pathway Plan

☐ Risk Assessment

☐ EHCP

☐ Mental Health Information

☐ Medication Information

☐ Behaviour Support Plan

☐ Court Orders

☐ Capacity Assessment

☐ Other (please detail)

Additional Info:

DECLARATION

I confirm that the information provided is accurate to the best of my knowledge and that appropriate consent has been obtained to share this information where required.

Name:

Signature:

Date:

TRUE NORTH FUTURES ASSESSMENT (Office Use Only)

Referral Received:

Acknowledged:

Allocated To:

Initial Screening Completed:

Suitable for Assessment?

Yes ☐

No ☐

Further Information Required ☐

Assessment Date:

Decision:

Accepted ☐

Declined ☐

Reason:

Accommodation Identified:

Support Package Agreed:

Expected Move-in Date:

DECISION RATIONALE

The assessment has considered:

- Eligibility against the True North Futures Service Model.
- Ability to meet identified needs safely.
- Compatibility with current accommodation and support provision.
- Risk management requirements.
- Likelihood of successful placement.
- Young person's views and wishes.
- Long-term outcomes and progression towards independence.

QUALITY ASSURANCE

Manager Name:

Decision Reviewed:

Date:

Signature: