

# MACS MENTORING REFERRAL FORM

## PLEASE READ THE FOLLOWING BEFORE COMPLETING THE REFERRAL FORM

### Criteria For Referral

MACS Mentoring addresses the needs of vulnerable young adults aged 16-25 years in the Eastern Health Board area who have:

- Experienced care
- Lived in the community but have had social work support
- Have had no social work support, but present to the project as being a child in need as stated in the Children's Order N.I. 1995 or as a vulnerable young adult.

The definition of a child in need is given as:

- Lone teenage parents
- Young people in the Juvenile Justice System and young offenders
- Young people who have been at risk of abuse / neglect
- Disabled young people
- Young people leaving care or who have left care
- Homeless young people

### Ethos

The MACS Mentoring relationship will be goal orientated but it will also have a holistic approach that will recognise the young adult's physical, social, emotional, psychological and spiritual concerns. Goals will be agreed at quarterly review meetings with the mentor, mentee and mentoring project worker.

### Aim

MACS Mentoring aims to provide a young adult with a one to one voluntary relationship that will focus on their needs, offer honest and positive support and not only recognise their everyday needs but also values dreams and aspirations.

### Benefits of the mentoring project

1. To provide a young adult with a one to one voluntary relationship offering informal support and encouragement.
2. To help set and achieve personal goals
3. A positive adult influence for estranged young people
4. Distraction from difficult psychological work
5. An independent ear outside Social Services
6. Opportunity to explore self (Thoughts, feelings, opinions in a non-threatening way)
7. Emotional Support for isolated young people
8. Alleviate loneliness
9. Provide positive and new experiences (helping to increase confidence)

### Objectives

- To provide a trained mentor who will meet with a young adult once a week for a period of a year
- To provide support to the young adult and the mentor in order to maximize the benefits of the relationship. This will be achieved by providing weekly phone support, quarterly review meetings with the mentor and the young adult, and group support meetings
- To provide a monthly budget of £30.00 to each mentor and young adult
- To offer a programme of group activities and user involvement opportunities

### Who are the mentors

MACS aim to recruit train and support a minimum of twenty mentors each year. MACS Mentors come from all walks of life and are aged over 21. Personal profiles of all MACS Mentors are available on request.

### Referrals

Referrals will be considered from all professionals working with young adults e.g. Social Workers, Youth and Community Workers, Health Workers, etc.

In order to make a referral to the project, a joint application form must be completed by the referral agency and the young adult.

Self referrals will also be considered.

### Charges

Mulholland After Care Services has been providing a free mentoring service since 2000 but unfortunately due to funding restrictions we are now asking Social Services trusts for a contribution of £100 per month to access the service. For further information on charges or to negotiate individual cases please contact the Mentoring Service Manager – Suzanne Melville Tel: 028 90 313163

**THIS FORM SHOULD BE FILLED IN BY THE REFERRER AND THE YOUNG PERSON TOGETHER.  
IN THE CASE OF A SELF REFERRAL THE YOUNG ADULT SHOULD COMPLETE THE FORM.**

**Referrer Information**

Social Worker / Referrer name:  Position:

Address of Work:   
 Postcode:

Telephone No:  Mobile No:  Email:

How long have you known this young adult and in what capacity?

Are you this young person's Primary Worker? Yes  No

If not please provide the Primary Workers name and contact number:

**Young Person Information**

Young person's name:

Current Address:   
 Postcode:

Previous Address:   
(Within last five years)  Postcode:

Date of Birth:  /  /  Age:  Place of Birth:

Telephone No:  Mobile No:  Email:

What type of accommodation are you currently living in?

Are you currently a student or on a training programme? Yes  No

If yes please give details:

Do you have a full or part-time job? Yes  No

If yes please give details:

**At MACS we are open to adapting to any specific needs you may have. The following section will offer you the opportunity to make us aware of what these might be**

Is English your first language? Yes  No

If not please give details:

Do you have any specific needs around language or communication?

Do you have any specific requirements regarding mobility, aids or equipment?

Would you have any special requirements due to your ethnic origin, culture or faith? If so please describe:

**MENTORING SECTION**

Why would you like a mentor?

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What are your hobbies or interests?

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What would you like to do with your mentor? Have you thought of any goals you would like to achieve with your mentor?

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As a referrer how do you think this young adult could benefit from the mentoring project?

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Is there any other information that you feel the mentoring project should know?

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## RISK MANAGEMENT

The following information is required to ensure the safety of the young person being referred as well as the safety of other young people and MACS staff and volunteers. The information will be held as confidential except in cases of child protection or legal issues arising. In some situations it may be necessary to gather further information on the risk(s) specific to the young person being referred. Should this be the case, we will seek this information in full consultation with the young person involved.

With regards to risk management give us a profile of the young person i.e. current situation, past risks, education, peer group, support needs and any risk to self or others:

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After discussion with your referrer, please score your needs in the areas below according to the following key. Scoring highly in any sections of the following will not necessarily rule you out of accessing support:

- 0 = No problem
- 1 = Mild problem
- 2 = Moderate problem
- 3 = Serious problem

Physical Health:            You                Referrer   

Please describe:

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Mental Health:            You                Referrer   

Please describe (identify and comment on prescribed medication):

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Safety to Self:  
(Self harm or suicide)    You                Referrer   

Please describe (identify and comment on past issues):

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Safety to Others:            You                Referrer   

(Refer here to any court, police or legal issues pending, recently past or at anytime past or present involving violence).

Please describe:

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Alcohol Use:                      You                            Referrer     

Please describe:

Three horizontal lines for describing alcohol use.

Drug Use:                         You                               Referrer     

Please describe:

Three horizontal lines for describing drug use.

Solvent Abuse:                      You                            Referrer     

Please describe:

Three horizontal lines for describing solvent abuse.

Who can the Project Worker contact in an emergency?

Three horizontal lines for emergency contact information.

It is important to MACS that the referral process reflects the views and opinions of the young person it relates to. Please comment on any issues, risks or questions that the young person and referrer disagreed on:

Three horizontal lines for comments on disagreements.

Please comment on any further information that the young person or referrer feels we may require and that is not covered in this referral form:

Three horizontal lines for further information.

It should be noted that an offence does not prevent your application from being considered. I certify that the above information is correct and I hereby consent to a police check being undertaken by MACS

Signature (Referrer):

Date:  /  /

Signature (Young Person):

Date:  /  /

Please return completed application form to: **Mulholland After Care Services  
4 Lower Crescent  
Belfast  
BT7 1NR**

**CHECKLIST** Please complete fully

- Have you included the name of the young person's Primary Worker?      Yes            No
- Have you identified all Risk Management issues relevant to this young person?      Yes            No
- Have you both participated in filling in this application for MACS?      Yes            No
- Have you included an emergency contact name and contact number/address?      Yes            No
- Have you both signed and dated this form?      Yes            No