**Brook One-to-One Education Work Criteria**

Brook is a free and confidential sexual health service for young people under the age of 25. As a national organisation, we provide information, advice, condoms, all methods of contraception, pregnancy testing, STI testing and STI treatment.

One-to-One education work is available in circumstances for young people who need additional support. Agencies will need to demonstrate that there are no other suitable opportunities to provide information to the young person and/or it is inappropriate to provide information to them in a group setting. The work requested must be for education purposes only. This service is currently funded in Sandwell but is chargeable in other areas. Agencies may refer young people (under 25) to Brook if they meet one or more of the criteria set out below.

**For a young person to be referred to Brook one-to-one education they must:**

* Be under 25 years of age
* Live, work or be educated in Sandwell

And either……

* Be in looked after or leaving care
* Have a learning disability\*\*
* Be under the young offender system
* Be in supported housing
* Be an asylum seeker
* Be pregnant or have had a miscarriage/ abortion
* Be at high risk of becoming pregnant
* Be at risk of harm or danger related to sex and relationships (whether online or out in the community).
* Be at risk of bullying or intimidation by peers
* At risk of engaging in unprotected sexual activity
* Needing support around sexuality awareness, identity, self-esteem and acceptance

A Referral Form will need to be completed as fully as possible and returned to the Midlands Education Team. Please note, young people have the right to see their form so complete bearing this in mind.

**The young person MUST be aware of the referral being made**

**What happens next?**

Once a referral form has been received you will be notified. Your referral will be considered and if successful a Brook Practitioner will be assigned. They will contact the Referrer to arrange a meeting to discuss the young person’s need and agree session times and dates.

\*\* Young people with a learning disability will be given the option to have a support worker or nominated adult join them in their one to one sessions.

If you are unsure about a referral or wish to discuss this in more detail please call in the first instance our Education Coordinator on 07824 164336 or alternatively, our safeguarding lead on 07733 168306.

***Please note this is NOT a counselling service***

Email completed referral forms to our **Midlands.education@brook.org.uk**

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| **Referrer Details**  |
| Name of referrer |  |
| Job title and agency  |  |
| Address |  |
| Telephone number  |  |
| Email address  |  |
| Date of referral  |  |
| Date received**(FOR OFFICE USE ONLY)** |  |

Please indicate if you have gained consent from the young person for this referral to be made. **YES**[ ]  **NO** [ ]

If no please explain why below.

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| **Young Person’s Details** |
| Name: |  |
| Age at the time of referral: |  | D.O.B |  |
| Gender:  |  | Address  |  |
| Ethnicity  |  | First Language  |  |
| Contact number |  | SEN/Disabilities |  |
| Is the young person LAC? | **YES/NO** |
| Is the young person on a CIN or CP plan | **YES/NO** |

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| **Education / Training / Employment Details** |
| Name:  |  |
| Address:  |  |
| Telephone number |  |
| Other Agencies/ Services/ involved in Young Persons care  | *Agency or service name/ Contact person/phone number/ Email address* 1.2.3. |

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| --- |
| **Parent/ Carer Details**  |
| 1. Parent/Carer
 | 1. Parent/Carer
 |
| Full Name:  | Full Name:  |
| Relationship to young person:  | Relationship to young person:  |
| Address:  | Address:  |
| Telephone/ mobile number:  | Telephone/ mobile number:  |
| Spoken Language(s):  | Spoken Language(s):  |
| Please indicate whether Parent/Carer is aware of the referral being made **YES/NO**  |

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| **Please provide a summary of the concern you have, including comments on any vulnerabilities and risk factors.***Please indicate why issues cannot be addressed in a group setting and please give as much information as possible* |
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| **Please describe any positive/protective factors for this young person:** |
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| **Additional Information** |
| *If you are aware of any safeguarding concerns, referrals to other agencies or of police involvement, or any possible identified risks to professionals (e.g. aggression towards agencies by young person/parents,) please provide details:* |

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