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**Active Lancashire Referral Form***Active Lancashire is recognised as a Bronze Award Trauma Informed Organisation*

The Challenge through Sport Initiative (CSI) is delivered across Lancashire in partnership with all Young People Services including those in the Youth Justice Service. It empowers young people to improve their skills, build resilience, confidence and community engagement to help them make the right choices through engaging in activities. It aims to reach out to their family to help improve their home life. A support path is tailored to individuals needs by the CSI Mentors and partners.

CSI is a bespoke behaviour change programme for those in recovery from substance misuse, have Mental Health issues (especially Dual Diagnosis) and or in the Youth/Criminal Justice System. The key focus is to engage and mentor those who are often inactive and have poor mental health. They are encouraged to participate in physical activity to improve their long-term health and economic lifestyles and to meet new friends in positive, safe environments. They are encouraged to volunteer and in returned be upskilled.

The programme is led by support mentors who themselves have lived experience and have become role models through engaging in the CSI Programme. They are an extremely passionate and motivated team with enhanced DBS checks, safeguarding/first aid training/mental health first aid and various coaching qualifications. They have a wealth of experience and knowledge of the communities that helps them to signpost participants to other agencies to support participants individual needs enabling us to work together.

Activities vary as they are planned after consultation with participants. For sustainable and added benefit to the community the sessions are linked in with local community centres, gyms/clubs etc. Participants families and friends are encouraged to attend activities so they too can be supported to become active. This creates a ripple effect impacting on others around them improving everyone’s mental and physical wellbeing and way of life.

Referrals are encouraged to get involved in a positive way in their local community with the aim of people leading healthier and active lives and reducing the likelihood of re-offending.

**Benefits for service users:**

* Improve confidence, build resilience, and develop new skills
* Informal setting to work on personal development
* Opportunity to improve physical and mental health & wellbeing
* Team building and communication skill development through activities
* Building new social networks & integration into the community
* Volunteer opportunities
* Opportunities to undertake training including coaching qualifications

**Who should I refer?**

* Persistent no further action (NFA), re-offenders/substance misuse and or in recovery from substance misuse
* Anyone interested in sport and physical activity, improving their social skills.

**Want more information?**

Please contact: Anthony May (Admin)
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| **Section 1 – To be completed by the person making the referral** |
| If you have someone who you would like to refer to Active Lancashire’s (CSI Programme) could you please complete the following and send to your local point of contact. You will then be contacted by them to arrange a ‘3 way’ meeting with yourself and the participant. |
| **Name of Young Person (YP)** |  |
| **Date of birth** |  | **Age** |  |
| **Address of YP** |  |
| **Contact number of parent/guardian** |  |
| **Next of Kin Details** |  |
| **Days & Times of Availability** |  |
| **Medical Conditions** |  |
| **What disposal are they on and when does it finish?** |  |
| **Name of other agencies the YP currently works with** |  |
| **Current place of education** |  |
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| **Please comment on the following:** |
| *Risk issues/harm/safeguarding issues you feel Active Lancashire should be aware of; (include any triggers)* |
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| *Reason for referral (what support are they needing/looking for) including ideas & thoughts of what the participant wants:* |
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| *What has or has not worked if there has been previous engagement with organisations: -* |
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| *Comments or concerns from the person referred:* |
| **Completed by** | Name: | **Which Office** |
| Email: |  |
| Tel No: | **Date** |  |