

**TARGETED YOUTH SUPPORT (TYS)**

**Secondary Schools Early Help Group Work Offer**

Targeted Youth Support (TYS) are a small team of dedicated, professionally qualified youth workers who use their knowledge, skills and experience to build positive relationships with young people.

TYS are offering 7 group work modules led by an experienced qualified youth worker with each module being 4 weekly lessons which take place within school time. The work delivered is informal and involves activities and discussion. The work is aimed at young people that need support to prevent escalation in their behaviours. You may have already started an Early Help process to support them.

This offer is part of our service delivery and carries no charge. You just need to:

* Select a module
* Identify a group of young people (4 to maximum 6) you think would benefit from this support. Some modules might be better in single gender groups but you know your students and who might work best together
* Ensure the young person and their parent/carer are aware of this referral
* Be able to provide a suitable room with a regular timeslot to deliver the group work and be able to organise the young people to attend.
* Complete shaded areas of application form with all relevant information and return to [tys@warwickshire.gov.uk](mailto:tys@warwickshire.gov.uk)
* If you have any queries or would like more specific information about delivery in your school email [tys@warwickshire.gov.uk](mailto:tys@warwickshire.gov.uk), [holliehutchings@warwickshire.gov.uk](mailto:holliehutchings@warwickshire.gov.uk) (south) or [louisehargreaves@warwickshire.gov.uk](mailto:louisehargreaves@warwickshire.gov.uk) (north).

**Delivery Modules**

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| **Sharp Edge**  Focusing on peer group pressure and knife crime. This course would be useful for young people who you feel are at risk of being involved in **antisocial behaviour** out of school. This is the Early Help tackling **Knife Crime** offer |
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| **Managing Feelings**  Learning skills on how to manage anger and exploring reasons behind challenging behaviours. This course would be useful for young people who are struggling to keep it together. This is primarily about **preventing exclusion** from school |
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| **Respectful Relationships**  Looking at healthy relationships by exploring gender socialisation, personal rights and boundaries. This course would be useful for young women who might be a risk of being in a controlling relationship and young men who have a stereotyped idea of how men should behave. This links to the **Domestic Abuse** agenda |
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| **Digital Tattoo**  Exploring issues around social media and **Child Exploitation**. This course would be useful for young people who may be struggling to manage their social media presence and need support in setting themselves some safer boundaries |

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| **Different Thinking**  Looking at the decision-making process behind **alcohol** use and building practical skills to empower young people to address alcohol concerns |

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| **My Body, My Options**  Linked to our Health Store Project offer this looks at good decision making around **sexual health,** keeping safe, consent and where to go for support and help. |

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| **Roof**  Looking forward to the future and to learn about independence and skills you will need to survive when living away from home. Exploring ways of making your life happier when living with others. |

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| **Module Required** |  | | |
| **School** |  | **Referrer’s name** |  |
| **Telephone No** |  | **Email** |  |

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| **(1) Full Name:** | |  | | | | **DOB:** | |  | **Gender (M/F/O)** | |  |
| **Address:** | |  | | | | | | | | | |
| **Tick to confirm the YP is aware of the referral** | | | | |  | **Tick to confirm parent/carer is aware of referral** | | | | |  |
| **Please tick reasons you feel relate to the young person and give a brief explanation of why** | | | | | | | | | | | |
| **Safety** |  | **Behaviour out of school** |  | **Behaviour in school** | | |  | **Emotional wellbeing** |  | **Other** |  |
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| **(2) Full Name:** | |  | | | | **DOB:** | |  | **Gender (M/F/O)** | |  |
| **Address:** | |  | | | | | | | | | |
| **Tick to confirm the YP is aware of the referral** | | | | |  | **Tick to confirm parent/carer is aware of referral** | | | | |  |
| **Please tick reasons you feel relate to the young person and give a brief explanation of why** | | | | | | | | | | | |
| **Safety** |  | **Behaviour out of school** |  | **Behaviour in school** | | |  | **Emotional wellbeing** |  | **Other** |  |
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| **(3) Full Name:** | |  | | | | **DOB:** | |  | **Gender (M/F/O)** | |  |
| **Address:** | |  | | | | | | | | | |
| **Tick to confirm the YP is aware of the referral** | | | | |  | **Tick to confirm parent/carer is aware of referral** | | | | |  |
| **Please tick reasons you feel relate to the young person and give a brief explanation of why** | | | | | | | | | | | |
| **Safety** |  | **Behaviour out of school** |  | **Behaviour in school** | | |  | **Emotional wellbeing** |  | **Other** |  |
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| **(4) Full Name:** | |  | | | | **DOB:** | |  | **Gender (M/F/O)** | |  |
| **Address:** | |  | | | | | | | | | |
| **Tick to confirm the YP is aware of the referral** | | | | |  | **Tick to confirm parent/carer is aware of referral** | | | | |  |
| **Please tick reasons you feel relate to the young person and give a brief explanation of why** | | | | | | | | | | | |
| **Safety** |  | **Behaviour out of school** |  | **Behaviour in school** | | |  | **Emotional wellbeing** |  | **Other** |  |
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| **(5) Full Name:** | |  | | | | **DOB:** | |  | **Gender (M/F/O)** | |  |
| **Address:** | |  | | | | | | | | | |
| **Tick to confirm the YP is aware of the referral** | | | | |  | **Tick to confirm parent/carer is aware of referral** | | | | |  |
| **Please tick reasons you feel relate to the young person and give a brief explanation of why** | | | | | | | | | | | |
| **Safety** |  | **Behaviour out of school** |  | **Behaviour in school** | | |  | **Emotional wellbeing** |  | **Other** |  |
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| **(6) Full Name:** | |  | | | | **DOB:** | |  | **Gender (M/F/O)** | |  |
| **Address:** | |  | | | | | | | | | |
| **Tick to confirm the YP is aware of the referral** | | | | |  | **Tick to confirm parent/carer is aware of referral** | | | | |  |
| **Please tick reasons you feel relate to the young person and give a brief explanation of why** | | | | | | | | | | | |
| **Safety** |  | **Behaviour out of school** |  | **Behaviour in school** | | |  | **Emotional wellbeing** |  | **Other** |  |
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