

## About the young person

Male ☐ Female ☐

### Personal details

Name ..... Other names .....

Address .....

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..... Home telephone .....

Other telephone ..... Date of birth ..... Age .....

### Ethnic classification

White	Black/Black British	Asian/Asian British	Chinese/Other Ethnic	Mixed
British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Chinese <input type="checkbox"/>	White/Black <input type="checkbox"/>
Irish <input type="checkbox"/>	African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Any other <input type="checkbox"/>	Caribbean <input type="checkbox"/>
Other White <input type="checkbox"/>	Other Black <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>		White/Black African <input type="checkbox"/>
		Other Asian <input type="checkbox"/>		White/Asian <input type="checkbox"/>
				Other mixed <input type="checkbox"/>

Information not obtainable ☐

Preferred language (if not English) ..... Religion (optional) .....

## Referrer details

Name ..... Agency .....

Address .....

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Telephone number ..... Email .....

Is the young person disabled? (see guidance for definition)

Yes ☐ No ☐ D/K ☐

Details

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### Family details

Who holds parental responsibility for the young person? Mother ☐ Father ☐ Other (please give details) ☐

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Mother	Name	Date of birth	Address	Phone number
Father	Name	Date of birth	Address	Phone number
Other carer	Name	Date of birth	Address	Phone number

### Other children and young people in the household

Name ..... Age ..... Relationship ..... Male ☐ Female ☐  
Name ..... Age ..... Relationship ..... Male ☐ Female ☐  
Name ..... Age ..... Relationship ..... Male ☐ Female ☐  
Name ..... Age ..... Relationship ..... Male ☐ Female ☐  
Name ..... Age ..... Relationship ..... Male ☐ Female ☐  
Name ..... Age ..... Relationship ..... Male ☐ Female ☐

### Current or previous social services involvement with any child, young person or adult mentioned above

Details

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## Educational details

Name of school (or other educational establishment) .....

Address .....

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Main contact at school ..... Telephone .....

Is the young person receiving support under the SEN Code of Practice 2001?

Yes ☐

No ☐

D/K ☐

Has the young person received any formal sanctions or punishment?

Yes ☐

No ☐

D/K ☐

Details

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Details of any other agencies you know are involved with the young person (for example, a GP, the police, or an educational welfare officer)

Name ..... Agency ..... Telephone .....

Details of involvement .....

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Name ..... Agency ..... Telephone .....

Details of involvement .....

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Name ..... Agency ..... Telephone .....

Details of involvement .....

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The following factors have been associated with the onset of offending and anti-social behaviour. Please place a tick against as many factors as you believe apply to the young person being referred. Provide evidence for each (note that YISP, YIP, SSP staff should update/amend in a different coloured pen for easy identification).

### Living and family arrangements

- is separated from either or both of his or her parents ☐
- lives in a deprived household ☐
- experiences inconsistent supervision at home ☐
- experiences harsh discipline in the home ☐
- family is known to be involved in crime/anti-social behaviour ☐
- is currently experiencing unstable accommodation ☐

Evidence .....

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### Statutory education

- not currently enrolled in full-time education ☐
- is regularly absent from school ☐
- bullies others at school ☐
- statement of special educational need has been issued ☐
- experiences difficulties with current level of school work ☐
- seems to have a lack of attachment to his or her school ☐

Evidence .....

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### Neighbourhood and friends

- lives in an area known for a high crime rate ☐
- there is a lack of age-specific facilities in the area ☐
- has friends who are known to the youth offending team ☐
- lives in an area that is relatively isolated ☐
- does not use spare time constructively ☐
- does not have an age-appropriate friend group ☐

Evidence .....

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## Substance misuse

- drinks alcohol ☐
- takes illegal drugs ☐
- seems to see his or her substance use as a positive and/or necessary part of life ☐
- smokes cigarettes ☐
- is thought to be at risk of harm through use ☐

Evidence .....

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## Emotional and mental health

- has a condition that affects his or her everyday life, for example, ADHD ☐
- has suffered a significant bereavement/loss that still affects him or her ☐
- a referral has been made to a mental health service ☐
- seems to be suffering from emotional problems ☐

Evidence .....

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## Perception of self and others

- is not able to trust others easily ☐
- is known or thought to be a victim of discrimination ☐
- does not believe that he or she has committed anti-social acts or done anything wrong ☐
- displays discriminatory attitudes towards others ☐
- displays inappropriate self-esteem (too high or too low) ☐

Evidence .....

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## Thinking, behaviour and attitudes

- acts impulsively most of the time ☐
- gets easily bored ☐
- does not seem to understand the consequences of his or her actions ☐
- seems to give in to others easily, for example, peers ☐
- is impatient and can't wait for things, getting agitated if made to ☐

Evidence .....

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## Positive factors

- has some understanding of the problems in his or her life ☐
- seems able to think through problems he or she faces ☐
- has some friends not known to the police or youth offending team ☐
- has a good support network ☐
- demonstrates some ambition and future plans ☐
- makes good use of any spare time he or she has ☐

Evidence .....

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## Young person's vulnerability

- due to the behaviour of other people ☐
- due to events or circumstances ☐
- due to his or her own behaviour (including self-harm/suicide) ☐

Evidence .....

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## Risk of harm by the young person

- has caused actual serious harm to somebody ☐
- has said that he or she will cause serious harm ☐
- concerns expressed by other people about serious harm issues ☐

Evidence .....

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## Reasons for the referral

What aspects of the young person's behaviour are you concerned about?

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What has been the impact of the behaviour? (for example, on the young person, individuals, the family, school or community)

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What work has your agency (if applicable) been doing with the young person to deal with the behaviour and risk factors identified above?

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Proposals for assistance from the prevention programme

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Are you aware of any dangers associated with home visits?  
(for example, dangerous dog, syringes, violent family)

Yes ☐ No ☐

Details

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### Checklist for completion of the referral form

- Have you completed the referral form in line with the guidance notes? ☐
- Have you completed as much of the referral form as you feel able, given your knowledge of the young person and family? ☐
- Have you provided evidence for each of the risk factors identified? ☐
- Have you included your contact details and details for the young person and parent/carer? ☐
- Have you highlighted how the risk factors link with offending or anti-social behaviour? ☐
- Have you explained the referral to both the young person and his or her parents/carers and obtained consent as detailed overleaf? ☐

Please return this form to:

### To be completed by the prevention programme

Is this referral suitable for your programme?

Yes ☐ No ☐

Verifier's name: .....

Signature: .....

Date: .....

Referral number



## Consent form

**The young person and parent/carer should read and sign this to show they are happy for the referral to be made**

We have had the initiative explained to us and we agree to a referral being made.

We also agree that information held by member agencies and obtained through the referral and assessment process may be shared with relevant agencies or organisations for the purpose of developing and implementing an intervention plan. Information will also be shared with outside agencies for the purpose of evaluating the effectiveness of the initiative both locally and nationally. The sharing of information will be carried out in accordance with the terms and procedures of the information-sharing protocol and with the registration with the office of the Information Sharing Commissioner.

We understand that this information will be stored either electronically or in the manual records for case management purposes. We understand that this will be for the length of the intervention plan and for (     )\* months following to monitor and evaluate the success of the scheme. Information will be updated as necessary and all recipients will be notified of any changes to ensure corrections are made.

**Parent/Carer**

Print Name: .....

Signature: .....

Date: .....

**Young Person**

Print Name: .....

Signature: .....

Date: .....

**Reasons for referral and proposal for assistance**

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\* Insert the locally agreed retention period