



# Referral

Please return to:



<b>Referrer details</b>	Name:	Agency (if applicable):
	Address:	Telephone No:
		E-mail:

<b>Child details</b>	Name:	Other Names:	Male	Female
	Address:	Home Telephone:	DOB:	
	Post-code:	Other Telephone:	Age:	

<b>Ethnic Classification (based on 2001 census)</b>					<b>Information not obtainable</b>		<input type="checkbox"/>
<b>White</b>	<b>Black/Black British</b>	<b>Asian/Asian British</b>	<b>Chinese/Other Ethnic</b>	<b>Mixed</b>			
British	Caribbean	Indian	Chinese	White/Black Caribbean	<input type="checkbox"/>		
Irish	African	Pakistani	Any Other	White/Black African	<input type="checkbox"/>		
Other White	Other Black	Bangladeshi		White/Asian	<input type="checkbox"/>		
		Other Asian		Other mixed	<input type="checkbox"/>		
PREFERRED LANGUAGE (other than English):							

<b>Is the child disabled (see guidance for definition)?</b>	<b>YES</b>	<b>NO</b>
Details		

<b>Family Details</b>	Mother:	Father:	Other Carer:
	Address (if different from above):	Address (if different from above):	Address (if different from above):
	Telephone:	Telephone:	Telephone:

<b>Other Children in household</b>	<b>1</b> Name:		<b>2</b> Name:		<b>3</b> Name:	
	Age:	M/F	Age:	M/F	Age:	M/F
	Relationship:		Relationship:		Relationship:	
	<b>4</b> Name:		<b>5</b> Name:		<b>6</b> Name:	
	Age:	M/F	Age:	M/F	Age:	M/F
	Relationship:		Relationship:		Relationship:	

<b>Current or previous social services involvement with any child, or adult, mentioned above</b> (Please provide brief details)
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<b>Educational Details</b>	Name of School (or other educational establishment):
Address:	
Main contact at school:	Telephone:

<b>Is the child receiving support under the SEN Code of Practice 2001?</b>	<b>YES</b>	<b>NO</b>
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<b>Is the child Statemented?</b>	<b>YES</b>	<b>NO</b>
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<b>Has the child received a police reprimand?</b>	<b>YES</b>	<b>NO</b>	<b>If yes, offence:</b>	<b>Date:</b>
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<b>Details of any other agencies involved with child (where known)</b>	Name:	Name:	<b>GP NAME:</b>
	Agency:	Agency:	<b>GP ADDRESS:</b>
	Telephone:	Telephone:	Telephone:
	Details of Involvement:	Details of Involvement:	Details of Involvement:

The following factors can be associated with the onset of offending. Please circle as many factors as you believe apply to the child being referred and provide evidence for each:

(NOTE: YISP staff should update/amend in a different coloured pen for easy identification)

**Living and Family Arrangements**

Not living with Mother/father or both      Harsh discipline at home  
 Deprived household      Family involved in crime/ASB  
 Inconsistent supervision      Unstable accommodation

**Statutory Education**

Not in full time education      Statement of SEN issued  
 Regular non-attendance      Difficulties with school work  
 Bullies others at school      Lack of attachment to school

Evidence

Evidence

**Neighbourhood and Friends**

Lives in a crime hotspot area      Isolated location  
 Lack of appropriate facilities      Non-constructive spare time  
 Known pro-criminal peers      Few age-appropriate friends

**Substance Misuse**

Known to drink alcohol      Known to smoke tobacco  
 Known to take drugs      At risk of harm through use  
 Sees substance use as a positive part of life

Evidence

Evidence

**Emotional and Mental Health**

Has condition that affects everyday life e.g. ADHD  
 Significant Bereavement/loss      Emotional Disturbance  
 Referral has been made to mental health service

**Perception of self and others**

Does not trust others      Discriminatory towards others  
 Victim of discrimination      Inappropriate self-esteem  
 Does not believe s/he commit anti-social acts

Evidence

Evidence

**Thinking, Behaviour and Attitudes**

Acts impulsively      Gives in to others easily  
 Gets easily bored      Demonstrates immediate need for gratification  
 Lacks an understanding of consequences of actions

**Motivation/Positives**

Understands problems in life      Supportive family/adults  
 Can think problems through      Ambitions for the future  
 Has some pro-social friends      Good use of spare time

Evidence

Evidence

**Child's Vulnerability**

Due to the behaviour of other people  
 Due to events or circumstances  
 Due to their own behaviour (inc. self-harm/suicide)

**Risk of Harm by Child**

Has caused actual serious harm to somebody  
 Child has said they will cause serious harm  
 Concerns expressed by other people about serious harm issues

Evidence

Evidence

Are you aware of any danger associated with home visits? For example: dangerous dog, syringes, violent family      YES      NO  
 Details

**Reasons for the Referral**

What behaviour by the child are you concerned about?

What has been the impact of the behaviour? e.g. on the child, individuals, the family, school or community

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

Proposals for assistance from the Youth Inclusion and Support Panel

**To be completed by Youth Offending Team:                      Is this referral being verified?                      YES    NO**

Verifiers Name:

Signature:

**Referral Number:**

Date: