

## REFERRAL FORM

### INTERVENTIONS FOR VULNERABLE YOUTH

**INSTRUCTIONS:** Please **complete all sections of the form in full** and be as specific as possible with the information you give. The form should be **handwritten clearly in black ink** or **typed**. Please **DO NOT** attach any additional reports/information to this referral form. All appropriate information should be summarised within this form or discussed at the consultation. See the end of the form for contact details.

#### DEMOGRAPHIC INFORMATION

ID of Child/Name of Young Person:

Young Person's Postcode Sector (i.e. AB25)

Age and Date of Birth:

Gender:

Ethnicity:

Local Authority of Young Person:

Current legal status (tick all that apply):

Compulsory Supervision Order (CSO)	
Interim Compulsory Supervision Order (ICSO)	
Voluntary Supervision	
Permanence Order	
Community Payback Order	
Remand/Sentenced	
MAPPA	
Other (please specify):	

## VIOLENT BEHAVIOUR CONCERNS

**VIOLENCE BEHAVIOUR CONCERNS.** Please detail the young person's history of aggressive, violent or sexually problematic behaviour. Please be as specific as possible and if available, provide a chronology.

## BACKGROUND INFORMATION

**CHILD/YOUNG PERSON'S FAMILY CIRCUMSTANCES.** Please detail the young person's family circumstances, e.g., family structure, parenting styles, caregiver disruption, family involvement in anti-social behaviour, family history of mental illness, current circumstances, number and type of residential placements, functioning at home, etc.

**CHILD/YOUNG PERSON'S EDUCATION.** Please detail the young person's current education placement, education history, level of attainment, behaviour within school, attendance, etc.

	YES	NO	NOT KNOWN
Has the young person ever been excluded from school? (please tick)			

**CHILD/YOUNG PERSON'S COMMUNITY.** Please detail the young person's social context eg., local neighbourhood, peer relations, gang involvement, any involvement in structured prosocial activities.

**CHILD/YOUNG PERSON'S NON-VIOLENT CRIMINAL HISTORY/ANTI-SOCIAL BEHAVIOUR.** Please detail formal and informal accounts of police and/or children's reporter involvement, previous/current charges or concerns and outcomes.

**CHILD/YOUNG PERSON'S MENTAL HEALTH AND HISTORY OF TRAUMA.** Please detail the young person's mental health history including any assessments and diagnoses, history of self-harm, low mood, disturbed thinking, etc. medication history, developmental disorder/delay. If there is a history of trauma and/or attachment problems, please provide details.

	YES	NO	NOT KNOWN
Does the young person have or are they suspected to have speech, language and communication needs (SLCN)? (please tick)			

**CHILD/YOUNG PERSON'S SUBSTANCE AND ALCOHOL USE.** Please detail the young person's alcohol, solvent, drug abuse etc. and their attitudes to this aspect of their functioning.

## INFORMATION ON RISK

**WHAT IS YOUR OPINION ON RISK?** Please provide us with details of this young person's currently assessed risk. What tools have you used? What is your interpretation? What concerns do you have over the validity of your assessment? Are there any imminent risks? What type of harmful behaviour do you think this young person will commit and to whom? How serious is the likely outcome? In what situation/circumstances is the child/young person at most risk of causing harm to others? What measures are currently in place to manage the risk of harm posed by the young person?

## ADDITIONAL INFORMAITON

Please state any additional information not covered by the above sections that you consider important to our consideration of this referral e.g. a chronology.

**REFERRER AND OTHER CONTACT DETAILS**

Name of Referrer:		Designation:	
Address:			
Telephone number:			
Email address:			
Signed:		Date:	
Do you have access to Skype or other video conferencing technology Y/N		Do you have a date for submitting a report that we need to accommodate? Give details:	
Name & contact number of manager/supervisor:			
Other Agencies or Key Professionals Currently Involved:			
Agency:	Contact Name:	Address:	Telephone Number:
List professionals who will participate in consultation:			



**By submitting this form, you agree that:**

- **You are authorised to share this information with the IVY Project within the Centre for Youth and Criminal Justice.**
- **You have discussed this with the young person and/or parent concerned where possible.**

**Please see our Data Processing Agreement for information about how we will handle this information.**

**The IVY project recommends that you submit this form via encrypted email to [ivy-admin@strath.ac.uk](mailto:ivy-admin@strath.ac.uk) or by Recorded Delivery post if submitting it via hard copy, or in line with your organisational policy. If this is not possible, please contact the IVY team on 0141 444 8622. The postal address is:**

IVY Project  
The Centre for Youth & Criminal Justice  
University of Strathclyde  
Level 6 Lord Hope Building  
141 St. James Building  
Glasgow  
G4 0LT

**Following receipt of your referral we will make contact with you to either get further information, if required, and/or arrange a consultation in the first instance.**