|  |
| --- |
| Young Person’s Details |
| Name  |  | D.O.B. |  | Age |  |
| Address |  | Ethnicity |  | Gender |  |
| Contact no. |  | Preferred Language |  |
|  |  |  |  |
| Does the child have a disability? Yes [ ] No [ ]  | Details |  |
|  |
| Family Information |
| Mother  |  | Address  |  | Contact no.  |  |
|  |  |  |
| Father |  | Address |  | Contact no. |  |
|  |  |  |
| Other Carer & relationship |  | Address |  | Contact no. |  |
|  |  |  |
|  |  |  |  |  |  |  |
| Other children at home |  |
|  |  |
| Name |  | Relationship  |  | Age  |  |
| Name |  | Relationship |  | Age |  |
| Name  |  | Relationship  |  | Age |  |
| Name  |  | Relationship |  | Age |  |
| Name  |  | Relationship  |  | Age |  |
|  |  |  |  |  |  |
| Referrer Details |
| Name  |  | Agency |  | Contact no. |  |
| Email  |  |
|  |  |
| Education/Employment Details |
| Contact Person |  | School/workplace |  |  | Contact no. |
|  |  |  |  |  |
| Email |  |
| Is the child receiving support under the Additional Learning needs (ALN) Act?  |  |
| Yes [ ] No [ ]  | Details |  |
|  |
| Current/Previous Children’s Services Involvement |
| Social Worker  |  | Team |  |  | Contact no. |
| Please include dates of involvement and whether the child is open via Care and Support or Child Protection or is looked after by the local authority. If Child Protection, please provide categories of registration. |  |  |  |  |
| Details |  |
|  |
|  |
| Other agencies details |
| Name |  | Agency |  | Contact no. |  |
| Details of involvement |
|  |
| Name |  | Agency |  | Contact no. |  |
| Details of involvement |
|  |
| Name |  | Agency |  | Contact no. |  |
| Details of involvement |
|  |
|  |
| Adverse Childhood Experiences (ACEs) |
| Has the child/young person experienced or been witness to any of the following? Please tick all that apply |
|  |
| Verbal Abuse [ ]  | Physical Abuse [ ]  | Sexual Abuse [ ]  |
|  |  |
| Parental Separation [ ]  | Domestic Violence [ ]  | Parental Serious Mental Illness [ ]  |
|  |  |
| Parental Alcohol Abuse [ ]  | Parental Drug Use [ ]  | Parental Incarceration [ ]  |
|  |
| Relevant Information |
| The following factors can be associated with the onset of offending. Please provide as much detail as possible for each section below highlighting areas of concern that could increase the likelihood of offending in addition to the strengths and what is going well with the child. |
| **Personal, Family and Social Factors** ● family relationships ● parental separation ● parenting styles ● care and supervision ● witness of domestic abuse and violence ● offending by family members ● home stability |
| Details:  |  |
| **Anti-Social and Offending Behaviour**● Current or previous involvement in criminal or ASB ● Peer associations involved in crime or ASB ● Other concerning behaviours ● Young person’s resilience ● Age at first involvement in crime or ASB. |
| Details: |  |
| **Education, Employment and Training**● Qualifications already achieved/working towards ● Is the young person in full time education/employment? ● Interactions with other pupils/colleagues |
| Details: |  |
| **Foundations for Change**● Resilience/goals ● Understanding of the potential negative consequences of behaviour ● Opportunities for change ● Motivation ● Level of engagement |
| Details: |  |
|  |
| **Risk of Harm to Others**● Has the young person caused or said that they will cause serious harm to somebody? ● Have concerns been expressed by other people about the potential for the young person to cause serious harm? |
| Details:  |  |
|  |  |
| Reasons for Referral |
| What behaviours are your main concerns? |
| Who has been/is being affected by this behaviour? |
| What has happened to address this behaviour previously? |
| If any, what interventions has the child/young person previously had in relation to the Youth Justice System?  |
| What intervention do you think would be effective from the Prevention Service? |
|  |
| Brief Timeline |
| On this timeline, please give some significant positive and negative events that have happened in the young person life. |
| Short Description of event | Date |
|  |  |
|  |  |
|  |  |

**Consent – Child and Parent or Carer**

**We have had the interventions provided by the Prevention Service explained to us and we have read and agree to a referral being made.**

We also agree that the information held by member agencies of the Youth Justice & Early Support Service (YJESS) delivering the interventions and obtained through the referral and assessment process may be shared with relevant agencies or organisations for the purpose of developing a greater understanding of need. Information will also be shared with outside agencies for the purpose of evaluating the effectiveness of the Prevention Service. The sharing of information will be carried out in accordance with the terms and procedures of the YJESS 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 by the YJESS for statistical purposes for the length of the intervention and 12 months following to monitor and evaluate the success of the service. The YJESS will keep the information updates and notify all recipients of any changes to ensure corrections are made.

|  |  |  |
| --- | --- | --- |
| Young person       |  | Parent/Carer       |
| Print Name  |  | Print Name  |
| Signature |  | Signature |
| Date  |  | Date  |
|  |  |  |
| If you have not been able to gain written consent, have the young person and Parent/Carer given verbal consent?  |  |  |
|  | Yes |  | No |  |
| **If consent is not gained, unfortunately we will not be able to process the referral** |
|  |  |  |  |  |

Please send completed referral to

yosadmin@valeofglamorgan.gov.uk

Youth Justice & Early Support Service

91 Salisbury Road

Barry

CF62 6PD

For further information please contact

01446 745820