**North Somerset Youth Offending and Prevention Service**

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| **Youth Inclusion Support Project (YISP) Referral Form** |

We accept referrals for young people aged between 10-18 years old. Please complete the form with the young person present. Please note that we will not accept referrals if consent has not been obtained from the young person and their parent/ carer. If you would like to refer siblings into the service, please complete a separate form for each young person.

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| **INFORMATION ABOUT THE YOUNG PERSON YOU ARE REFERRING INTO OUR SERVICE** | | | | | | | | | | | |
| Name: |  | | | | | | | | | | |
| Date of Birth: | Click here to enter a date. | | | Age | | |  | | | | |
| Gender young person identifies as: | Male  Female  Non-binary  Prefer not to say  Transgender Choose an item. | | | | | | | | | | |
| Current accommodation: | Choose an item. | | | Other | |  | | | | | |
| Address: |  | | | | | | | | | | |
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|  | | | | | | | **Postcode** | |  | |
| Mobile tel. |  | | | | | | | | | | |
| Email address: |  | | | | | | | | | | |
| Ethic Origin: | **White** | **Mixed/ Multiple ethnic groups** | | | **Asian/ Asian British** | | | | **Black/ African/ Caribbean/ Black British** | | **Other ethnic group** |
| Choose an item. | Choose an item. | | | Choose an item. | | | | Choose an item. | | Choose an item. |
| Preferred language: | *Other than English* Click here to enter text. | | | | | | | | | | |
| Does the young person have a disability? | Blindness or low-vision  Hearing Impairment (deaf and hard of hearing)  Locomotor Disability  Intellectual Disability  Mental Illness  Autism Spectrum Disorder  Cerebral Palsy  Muscular Dystrophy  Chronic Neurological conditions Choose an item.  Specific Learning Disability Choose an item.  Speech and Language disability  Other | | | | | | | | | | |
| Please provide more detail below if needed: | | | | | | | | | | |
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| Is the young person currently in education? | Yes  No Choose an item. | | | | | | | | | | |
| Name of establishment: |  | | | | | | | | | | |
| Named parent/ carer details: | Name: | |  | | | | | | | | |
| Contact telephone: | |  | | | | | | | | |
| Email address: | |  | | | | | | | | |
| Date referral made: | Click here to enter a date. | | | | | | | | | | |

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| **INFORMATION ABOUT THE REFERRER** | |
| Name: |  |
| Agency: |  |
| Relationship to young person: |  |
| Contact telephone: |  |
| Email address: |  |

**Please note the following:**

* YISP is NOT a mentoring service. Mentoring referrals should be made to Junction 21.
* If a young person needs support with substance or alcohol misuse, then a referral should be made to SAS (Substance Advice Service) on the appropriate referral form.
* If a young person is at serious risk of school exclusion due to behaviours associated with or risk of involvement in exploitation or youth crime, then a referral should be made to EEP (Education Engagement Service).
* We will only accept a young person onto the YISP programme if they are not currently working with another agency in North Somerset Youth Prevention Service (Junction 21, SAS, EEP and Young Victims Service). This is to avoid duplication of work and overwhelm for the young person. You will be contacted in cases where a referral is made to YISP and we feel that an alternative service might be more appropriate.

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| **REASON FOR REFERRAL** |
| YISP is a preventative service that supports young people who are vulnerable to risk factors of exploitation or offending, due to emotional, mental health or behavioural issues.  **What is the main reason for your referral?** Please tick **ONE** only:  **Mental health concerns:** might involve anxiety, negative thoughts, difficulty managing feelings, self-esteem concerns, isolation, etc.  **Anti-social behaviour:** might include a concern about the young person entering or escalating within the criminal justice system, stealing, bullying, aggression and violence, challenging behaviour or altercations.  **Risk of sexual or criminal exploitation**: might include missing episodes, friendships and relationships with older, not pro-social individuals, unable to keep safe online (e.g. has been sharing images of self, connecting with strangers etc.) unknown sources of gifts, money etc.  **Inappropriate or harmful sexual behaviour that is causing harm or concern to others:** e.g. sending inappropriate and unwanted message and images, distributing inappropriate videos or images, sexualised language and concerning behaviours etc. Please note that if a young person has been charged with an offence, a YISP/HSB referral is not appropriate.  **Use of, or threats regarding use of weapons or knives.**  **Domestic abuse and intra-familial abuse:** the young person is demonstrating physical, verbal, economic, threatening or controlling behaviours or financial harm to family members (e.g. parent, sibling etc.) or intimate current or ex-partners). Victims of this should be referred into [the Young Victims Service](https://youngvictims.org.uk/).  **Recommendation from Out of Court Panel** (e.g. Outcome 22), **breach** **of informal or civil measures** (e.g. PSPO, ABC, ASB Injunction) or **discussed at VRU.**  Whilst referrals that meet certain criteria may be prioritised for reasons of risk and vulnerability, please be aware that YISP referrals are generally dealt with in chronological order and allocated for assessment (as capacity allows) on a fortnightly basis. YISP is not an emergency service. If you have a grave, immediate concern about the wellbeing of a young person you should then you should consider making a referral to Children’s Social Care (Contact number 01275 888808) or the Children’s hospital. |

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| **SUPPORT AROUND THE YOUNG PERSON** | | |
| Has the young person ever had a YISP, SAS, EEP, HSB intervention or J21 mentor before? | Yes  No | |
| If yes, did they successfully complete the programme? | Yes  No |
| If no, what does the young person feel will be different this time? | Click here to enter text. |
| Has the young person ever refused support from YISP in the past? | Yes  No | |
| If yes, why would the young person accept the support this time? | Click here to enter text. |
| **What support for the young person is currently in place?**  This could be from your service or others | | |
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| **Are you aware of any safeguarding concerns that a worker should be aware of if they were to work with the young person in their family home?** For example, previous aggression shown towards workers, allegations following 1:1 work or aggressive pets. Please give details. |
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| **Why does the young person need YISP support?**  Give more detail about the reason for your referral, including any other information that you feel that it is important to mention.  If you are concerned about inappropriate or harmful sexual behaviour, please ignore this box and complete the purple section on pages 5- 6. |
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| **Further to your concerns, what work do you think would be helpful for us to focus on when working with the young person?**  *E.g. Support with healthy relationships, managing feelings, self-esteem, consequential thinking, techniques for dealing with anxiety, safety-planning regarding self-harming, suicidal thoughts etc.* |
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| **There are a number of different types of YISP options available. In consultation with the young person and their parent, please indicate which programme/s would be appropriate:** |
| Full YISP programme working one-to-one (face to face) for up to 12 sessions. |
| Up to 6 sessions on managing feelings held in a small group setting of young people of a similar age. |
| A short burst of ‘one-to-one’ sessions on a specific topic. |
| A ‘one off’ session working on a particular area of focus/ concern. |

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| **Is there anything else you would like the YISP team to be aware of?** |
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**Please now refer to the consent information on page 7**

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| **INAPPROPRIATE OR HARMFUL SEXUAL BEHAVIOUR REFERRAL INFORMATION** |

**If you are completing this referral due to concerns around inappropriate or harmful sexual behaviour, please complete this section. Otherwise, please ignore pages 5-6 and go to the consent information on page 7.**

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| **Are you aware of any Criminal Justice Outcomes?** | |
| Have any agencies such as police or children’s social care been involved in the reasons for this referral? | Yes No  If yes, please give details:  Click or tap here to enter text. |
| Has the young person been charged with an offence?  **Any young person charged with an HSB related offence will automatically receive support with Court and Community Supervision Team and so is not suitable for a YISP/ ISB/ HSB referral.** | Yes No  Option for no further action if young person partakes in HSB intervention/ AIM assessment  If yes, please give details of charges:  Click or tap here to enter text. |
| Is the young person awaiting an outcome in the criminal justice system?  **Please note that whilst we can work with a young person around general issues of consent, we cannot talk about a specific incident if there is an active investigation taking place as it may interfere with the process of due justice.** | Yes No  Released under investigation  Released on bail |
| Please detail any bail conditions:  Click or tap here to enter text. |

If the young person is engaging in harmful or concerning sexualised behaviours it is important for us to have as much detail as possible. This will highlight information about behaviours, for example if they are increasing/ decreasing/ changing in severity/ victims to inform an analysis of risk. While the responsibility for filling out this form is with the adult with the best understanding of the behaviour, the young person’s opinions should also be noted.

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| **What was the behaviour?**  Describe in as much detail as possible what the young person has done or said. |
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| **What was the context of the behaviour?**  Describe what preceded the behaviour e.g. where did the behaviour occur, what was the young person doing immediately prior to the behaviour, was the behaviour spontaneous or planned, what was the atmosphere of the environment? If another young person was involved was there use of force, coercion, threats or other forms of manipulation? |
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| **What was the relationship between the young person and the harmed party?**  E.g. Are they of a similar age, would they normally associate with each other; is there anything to suggest that one may be more in control than the other e.g. size, ability, status, strength differences? |
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| **What was the response of the other children/young people involved?**  E.g. Did they engage freely? Were they uncomfortable? Were they anxious or fearful? |
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| **What was the response of the young person when challenged about the behaviour?**  E.g. Were they defensive, denying, aggressive, angry, or were they passive; or were they embarrassed, regretful and taking responsibility? |
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| **Has anything been attempted to address the behaviour?**  How did you respond to the behaviour? E.g. what did you say and do? How effective was this? Has safety plan been written? |
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| **How does the young person feel about what happened?**  Are they able to acknowledge the behaviours? Can they engage in discussions about them? Are they worried about the consequences? |
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| **Is there any other information that you would like to add?** |
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All children who meet the criteria for inappropriate/ harmful sexual behaviour are prioritised for assessment. Once the young person has been assessed, a decision will be made regarding the most appropriate intervention. If the concerns are significant enough, then a harmful sexual behaviour intervention will be offered, with the possibility of an AIM (Assessment, Intervention, Moving-on) assessment if appropriate. Inappropriate sexual behaviour will be managed through a YISP. All YOS workers supporting children regarding inappropriate or harmful sexual behaviour have specific training in this area of work.

**If you have any questions regarding HSB, please email Josie Bennett and Jenny Tungate-** [**Click here**](mailto:Jenny.Tungate@n-somerset.gov.uk;Josie.bennett@n-somerset.gov.uk?subject=Harmful%20Sexual%20Behaviour%20Query)**.**

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| **CONSENT FORM FOR YOUNG PERSON AND PARENT/ CARER** |
| **Sharing Information**  The Youth Offending and Prevention Service shares information on those using our services with partner agencies who constitute a part of the Youth Offending Service. Information may also be shared under other circumstances e.g. for the prevention and/ or detection of crime, for child protection purposes, for accessing relevant services to support your family and data returns to the Department of Communities and Local Government. The information stored on you will be deleted three years after the year in which the Programme is completed or on your 18th birthday.  The Data Protection Act and General Data Protection Regulation Act 2018 regulates the collection, storage, and use of your personal data. You have the right to see all information held on you. Please ask if you want to see any information or if you have any questions about this. The information you provide will be stored securely, both in a written file and also on a computer database called CHILDVIEW. Some of your personal information may be used for national monitoring by Public Health England and NHS England via these databases; however, this will not include any identifiable information. YISP will keep what you tell us confidential within the team. However, sometimes we need to talk to other workers or agencies about what you tell us because it helps us to help you. YISP has a duty to pass on information if they know anything about you being at risk of harm to yourself or to others. You have told us which organisations you consent to us contacting in the table above. We will only contact the organisations that you agree to and you may change your mind at any time, although this may affect our ability to ensure that the relevant support is provided to you and your family.  **Complaints and compliments procedure.**  Should you wish to provide a complement or make a complaint, you should contact the service manager on the address below. |

**I understand what the Youth Inclusion Support Programme (YISP) is and I agree to being referred into the service. I understand the reason why the referral has been made and this has been discussed with me. This referral form has been completed in consultation with myself and my parent/ carer. I understand that the support package is voluntary and may involve support being offered from other services, such as the Harmful Sexual Behaviour Intervention team, Substance Advice Service (SAS), Junction 21, the Education Engagement Project (EEP), or The Young Victims Service (YVS).**

**I understand that if the referral is accepted, I will be asked to complete a health and wellbeing assessment which will consider all aspects of my life and enable the YISP team to decide on the most appropriate package of support/ next steps. I understand that YISP will hold information about me and may share this in certain circumstances. I have had the opportunity to discuss what this means and consider this.**

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|  | **Parent/ Carer Consent** | **Young Person Consent** |
| Print Name | Click here to enter text. | Click here to enter text. |
| Signature |  |  |
| Date of signature or date verbal consent was obtained from parent/ carer and young person. | Click here to enter a date. | Click here to enter a date. |

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| Please note, referrals will not be accepted if consent has not been obtained from the parent/ carer and young person. The young person does not have to have consent from a parent/carer if they are over 16 or if they are deemed as competent according to Fraser guidelines, however we would always recommend that the referrer encourages the young person to obtain consent from their parent/ carer. Under 13s must have parental consent for a referral. |

**Please return referral or direct any queries to:** yosadmin@n-somerset.gov.uk