**Referral Form for Children and Young Peoples Mentoring Service**

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**NB: As referrals contain sensitive personal data please password protect this form and email through. You will need to telephone through the password to the contact at the end of the form.**

**Please complete all three pages of the form**

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| **Criteria**  Young males aged between 11 and 18 years of age;   * who have experienced domestic abuse within their family home; * are at risk of entering into abusive relationships in the future; * and/or are at current risk within an abusive relationship |

**N.B. This service may not be suitable for those meeting Tier 3 or above so please telephone to discuss prior to making the referral**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Referral:** | | | **Referring agency:** | | | | | | |
| **Contact name:** | | | **Contact role:** | | | | | | |
| **Contact number:** | | | **Contact email:** | | | | | | |
| **Does CYP consent to referral?**  **Y / N** | | | **Does parent/carer consent? Y / N**  **Is consent required? Y / N** | | | | | | |
| **Any other agencies working with client? Y / N**  **Agency contact details:** | | | **Is client at work/School/College:**  **Contact details:** | | | | | | |
| **Name of young person:** | | | **DOB:** | | | | | **Age:** | |
| **Name of parent/carer:** | | | **DOB:** | | | | | **Age:** | |
| **Address:** | | | | | | | | **Permission to write:**  **Y / N** | |
| **Home phone number:** | | | | **Permission to call:**  **Y / N** | | | | **Permission to leave message:**  **Y / N** | |
| **Mobile number:** | | | | **Permission to call:**  **Y / N** | | | | **Permission to leave message:**  **Y / N** | |
| **Safe email address:** | | | | | | | | | |
| **Child/young person currently living in abusive/potentially abusive environment?** | | | | **YES** | | | **NO** | | |
| **Child/young person previously living in abusive/potentially abusive environment?** | | | | **YES** | | | **NO** | | |
| **Has a CAF been completed for the young person?** | | | | **YES** | | | **NO** | | |
| **Does the young person have any children?**  **If yes please give details.** | | | | **YES** | | | **NO** | | |
| **Reason for referral (Include any other details you feel are relevant. Use a separate sheet if necessary):** | | | | | | | | | |
| **Ethnicity of young person (please tick):** | | | | | | | | | |
| White British |  | African | | |  | Bangladeshi | | |  |
| White Irish |  | Caribbean | | |  | Pakistani | | |  |
| White/Black Caribbean |  | Indian | | |  | Chinese | | |  |
| White/Black African |  | White Asian | | |  | Black Other | | |  |
| Asian Other |  | Preferred not to say | | |  | Other mixed background | | |  |
| **Sexual Orientation** | | | | | | | | | |
| **Type/Don’t Know/Prefer not to say:** | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **ATTITUDES AND FEELINGS** |  |  |  |
| Significant low self-esteem |  | Lack of empathy |  |
| Angry feelings |  | Expressions of despair |  |
| Feels Shame/Guilt/Responsibility |  | Poor impulse control |  |
| Anxiety |  | Low motivation to change |  |
| Lack of remorse |  | Thought distortions |  |
| Suicidal thoughts/feelings |  | Recurrent physical symptoms |  |
| **BEHAVIOURS** |  |  |  |
| Communication difficulties |  | Poor or inappropriate interpersonal relationships |  |
| Concerning mobile phone/internet use |  | Substance misuse |  |
| Have you ever made allegations of assault or been accused of assaulting another |  | Former or current exclusions/truancy from school/college |  |
| Offending Behaviour |  | Have you ever had/do you currently have STI’s |  |
| Avoidant Behaviours |  | Lack of engagement |  |
| Eating Disorders |  | Risk taking |  |
| Self - Harm |  | Aggressive or Intimidating behaviour |  |
| Sleep Disturbances | **Type:** |  |  |
| **LIFE EXPERIENCES** |  |  |  |
| Emotional neglect in childhood |  | Family history MH issues |  |
| Physical Abuse |  | Family history of substance misuse |  |
| Sexual Abuse |  | Inappropriate accommodation |  |
| Family Breakdown |  | Isolated from peers/network |  |
| Family history of Domestic Abuse |  | Bereavement/significant loss |  |
| Learning Difficulties |  | Young carer |  |

**ABLE Risk Indicator** 

**Please email your password protected form to** [**cyp@oasisdaservice.org**](mailto:cyp@oasisdaservice.org) **and telephone your password on 01843 269400.**