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| **Youth Crime Prevention Criteria and Referral Form** |
| Isle of Wight Youth Justice Service |

# Criteria for Youth Crime Prevention Service

Our Youth Crime Prevention (YCP) service sits within our Youth Justice Service and aims to transform children’s lives and keep them away from the criminal justice system.

Our approach is to:

* deliver specific targeted work to children who are at risk of taking part in offending behaviour and/or antisocial behaviour.
* focus intervention work around offending and/or antisocial behaviour.
* offer support with associated issues such as anger management, low self-esteem and substance misuse

**The referral criteria is for any child aged ten to 17 years (inclusive) at risk of offending and who meet at least one of the following criteria (please tick those which apply):**

1. in the past three months engaged in anti-social behaviour
2. in the past three months come to the attention of the police due to their behaviour in the community but has not yet received formal sanction
3. has siblings or parents who have been convicted of offending where the referred child is showing similar behaviour.

**Consent**

Youth Crime Prevention is a voluntary intervention and all children referred will need to have the signed consent of their parent or carer before referral.

# Referral Form

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| **Child’s Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | |  | | | | | | | | | | | | | | | | | | | | | D.O.B. | | |  | | | | | Age |  | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | Ethnicity | | |  | | | | Gender | |  | |
| Contact no. | | |  | | | | | | | | | | | | | | | | | | | | | Preferred Language | | |  | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | Religion | | |  | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | |
| Does the child have a disability, learning difficulties, SEND or other diversity needs? Yes No | | | | | | | | | | | | | | | | | Details | | | | |  | | | | | | | | | | | | |
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| **Family Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother | | | | | | | |  | | | | | Address | | | | | |  | | | | | | | | | Contact no. | | | |  | | |
|  | | | | | | | | |  | | | |  | | | | | | | | | | | | | | |
| Father | | | | | | | | |  | | | | Address | | | | | |  | | | | | | | | | Contact no. | | | |  | | |
|  | | | | | | | | |  | | | |  | | | | | | | | | | | | | | |
| Other Carer & relationship | | | | | | | | |  | | | | Address | | | | | |  | | | | | | | | | Contact no. | | | |  | | |
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| **Referrer Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | | Agency | | | | |  | | | | | | | | | Contact no. | | | |  | | |
| Email |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Education/Employment Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Person | | | | | |  | | | | | | | | School/workplace | | | | | | | | |  | | | | |  | | Contact no. | | | | |
|  | | | | | | | | | | |  | | | | |  | | | | | | | | | | | |  | |  | | | | |
| Email |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the child receiving support under the SEND Code of Practice? If the child has an Education Passport, please attach as part of this referral. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Yes No | | | | Details | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Other agencies details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | Agency | | | | | | |  | | | | | | | | | Contact no. | | | |  | | |
| Details of involvement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name |  | | | | | | | | | | | | | Agency | | | | |  | | | | | | | | | Contact no. | | | |  | | |
| Details of involvement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name |  | | | | | | | | | | | | | | Agency | | | | |  | | | | | | | | Contact no. | | | |  | | |
| Details of involvement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Adverse Childhood Experiences (ACEs)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the child experienced or been witness to any of the following? Please tick all that apply | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Verbal Abuse | | | | | | | | | | Physical Abuse | | | | | | | | | | | | | | | | Sexual Abuse | | | | | | | | |
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| Parental Separation | | | | | | | | | | Domestic Violence | | | | | | | | | | | | | | | | Parental Serious Mental Illness | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Parental Alcohol Abuse | | | | | | | | | | Parental Drug Use | | | | | | | | | | | | | | | | Parental Incarceration | | | | | | | | |
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| **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 previously had in relation to their problematic/offending behaviour? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What intervention do you think would be effective from the Prevention Service? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Brief Timeline | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On this timeline, please give some significant positive and negative events that have happened in the child’s life. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Short Description of event | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **Checklist for completion of the referral form** |
| * Have you completed as much of the referral form as you feel able, given your knowledge   of the child and family?     * Have you included your contact details and details for the child and parent/carer? * Have you explained the referral to both the child and his or her parents/carers   **And** obtained signed consent as detailed overleaf?   * Does the child meet the Youth Crime Prevention Criteria outline on Page 1 of this Referral form? |

**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 Isle of Wight Youth Justice Service 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 Isle of Wight Youth Justice Service information sharing protocol.

We understand that this information will be stored either electronically or in the manual records by the Isle of Wight Youth Justice Service for statistical purposes for the length of the intervention and 12 months following to monitor and evaluate the success of the service. The Isle of Wight Youth Justice Service will keep the information updates and notify all recipients of any changes to ensure corrections are made.

|  |  |  |  |
| --- | --- | --- | --- |
| Child |  | Parent/Carer |  |
| Signature |  | Signature |  |
| Print Name |  | Print Name |  |
| Date |  | Date |  |

**If signed consent is not gained, unfortunately we will not be able to process the referral**

Please send completed referral to:

[YouthJusticeService@iow.gov.uk](mailto:YouthJusticeService@iow.gov.uk)

Isle of Wight Council

County Hall, Floor 3

High Street, Newport

Isle of Wight

PO30 1UD

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| This document can be made available in other languages and formats. For more information, please contact Isle of Wight Youth Justice Service on 01983 823011 |

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