



If you want help to complete this form, please phone the YISP on this number:

## About you

Your name .....

Your address .....

.....

.....

..... Telephone number .....

What is your relationship with the young person? (for example, parent, carer) .....

## About the young person

Male ☐ Female ☐

### Personal details

Name ..... Other names .....

Address .....

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.....

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..... Home telephone .....

Other telephone ..... Date of birth ..... Age .....

### Ethnic classification

White	Black/Black British	Asian/Asian British	Chinese/Other Ethnic	Mixed
British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Chinese <input type="checkbox"/>	White/Black <input type="checkbox"/>
Irish <input type="checkbox"/>	African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Any other <input type="checkbox"/>	Caribbean <input type="checkbox"/>
Other White <input type="checkbox"/>	Other Black <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>		White/Black African <input type="checkbox"/>
		Other Asian <input type="checkbox"/>		White/Asian <input type="checkbox"/>
				Other mixed <input type="checkbox"/>

Preferred language (if not English) ..... Religion (optional) .....

### Family details

Who holds parental responsibility for the young person? Mother ☐ Father ☐ Other (please give details) ☐

Mother	Name	Date of birth	Address	Phone number

  

Father	Name	Date of birth	Address	Phone number

  

Other carer	Name	Date of birth	Address	Phone number

### Other children and young people in the household

Name ..... Age ..... Relationship ..... Male ☐ Female ☐

Name ..... Age ..... Relationship ..... Male ☐ Female ☐

Name ..... Age ..... Relationship ..... Male ☐ Female ☐

Name ..... Age ..... Relationship ..... Male ☐ Female ☐

Name ..... Age ..... Relationship ..... Male ☐ Female ☐

Name ..... Age ..... Relationship ..... Male ☐ Female ☐

### Educational details

Name of school (or other educational establishment) .....

Address .....

.....

.....

.....

Main contact at school ..... Telephone .....

Has the young person been in trouble with the police?

Yes ☐ No ☐ Don't know ☐

Has the young person got an anti-social behaviour contract or anti-social behaviour order?

Yes ☐ No ☐ Don't know ☐

If you have answered 'Yes' to either of these questions, please give details here.

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Details of any other agencies you know are involved with the young person (for example a GP, the police, or an educational welfare officer)

Name ..... Agency ..... Telephone .....

Details of involvement .....

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Name ..... Agency ..... Telephone .....

Details of involvement .....

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Name ..... Agency ..... Telephone .....

Details of involvement .....

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**This section includes some of the reasons why you might be referring the young person to the YISP. Please place a tick next to all of the statements that you think apply.**

### Family situation and where the young person lives

Some young people and families have problems that can influence the behaviour of the young person:

- is separated from either or both of his or her parents ☐
- the young person and his or her family live in a home that is quite deprived (for example, where there isn't heating in winter) ☐
- the parents/carers find it difficult to know who the young person is with and/or where ☐
- the young person experiences harsh discipline at home (which can include smacking, for example) ☐
- some family members are involved with the criminal justice system themselves ☐
- the family experiences accommodation problems (for example, moving around a lot or being threatened with eviction) ☐

### School and education

Some young people can become bored at school and start to get into trouble because of this. Others can get into trouble because they are not in school at all:

- the young person does not have a school place organised ☐
- the young person very often stays away from school (either with or without his or her parents/carers knowing) ☐
- the young person has been accused of bullying in school ☐
- the school has identified special educational needs ☐
- the young person finds it hard to keep up with the level of work at school (for example, needs help with reading) ☐
- the young person does not seem to care about his or her school (for example, does not take part in any school sports or other school-based activities) ☐

### The area the young person lives in and who they hang around with

Some young people get bored because there is not much to do where they live:

- the young person lives in an area that is known for its high crime rate ☐
- there is a lack of appropriate leisure activities in the area ☐
- the young person has many friends who are known to get into trouble ☐
- the young person lives in an area that is quite isolated (for example, in a rural area with a lack of public transport) ☐
- the young person does not seem to make good use of his or her spare time (for example, he or she spends every evening hanging around in parks) ☐
- the young person has many friends who appear to be older than him or her ☐

## Health

Some young people do things that can make them physically ill and have an effect on their behaviour (for example, getting drunk). Other things can also cause them to be upset and act out their worries in harmful ways:

- the young person drinks too much alcohol (for example, until he or she is drunk) ☐
- the young person takes illegal drugs ☐
- the young person believes that he or she has to drink, smoke or take drugs to get through the day ☐
- the young person smokes cigarettes ☐
- the young person has a condition that affects his or her day-to-day life (for example, has been diagnosed with ADHD (Attention Deficit Hyperactivity Disorder) or Tourette's Syndrome) ☐
- the young person has suffered a significant bereavement or other loss that still upsets him or her (for example, a grandparent dying, or a parent leaving the area) ☐
- the young person seems to be suffering from emotional problems (for example, is very withdrawn, or has an eating or sleeping disorder) ☐

## What the young person thinks

What young people believe and how they think about things can have a great impact on their behaviour. These beliefs and ways of thinking can be influenced by many things, including their home and school:

- the young person cannot trust others (for example, believes that all adults will let him or her down) ☐
- the young person does not believe that he or she is doing anything wrong when behaving badly ☐
- the young person uses discriminatory language (for example, makes sexist or racist comments) ☐
- the young person believes that anything he or she does will turn out well, or alternatively that nothing will work out (for example, is over or under-confident in his or her abilities) ☐
- the young person does not seem to think things through before doing them ☐
- the young person is known to give in easily to others (such as friends) ☐
- the young person finds it hard to wait for things that he or she wants (for example, gifts or attention from a parent/carer) ☐

## Good things

There are some things in young people's lives that will help to stop them behaving badly:

- the young person understands that he or she has some problems ☐
- the young person has a good support network (for example, from family and friends) ☐
- the young person has some ambition and plans for the future ☐
- the young person makes good use of his or her spare time (for example, plays sports or goes to a youth centre) ☐

## Examples

Please provide some examples of the sort of behaviour you are worried about (write as little or as much as you like)

## Consent form

**The young person and parent/carer should read and sign this to show they are happy for the referral to be made**

We have had the Youth Inclusion and Support Panel (YISP) initiative explained to us and we agree to a referral being made.

We also agree that information held by member agencies of the YISP panel and obtained through the referral and assessment process may be shared with relevant agencies or organisations for the purpose of developing and implementing an interventions plan. Information will also be shared with outside agencies for the purpose of evaluating the effectiveness of the YISP initiative both locally and nationally. The sharing of information will be carried out in accordance with the terms and procedures of the YISP 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 YISP for case management purposes. We understand that this will be for the length of the intervention plan and for (     ) \*months following to monitor and evaluate the success of the YISP. The YISP will keep the information updated and notify all recipients of any changes to ensure corrections are made.

### Parent/Carer

Print Name: .....

Signature: .....

Date: .....

### Young Person

Print Name: .....

Signature: .....

Date: .....

Please return this form to:

### To be completed by the YISP

Is this referral suitable for the YISP?

Yes ☐

No ☐

Verifier's name: .....

Signature: .....

Date: .....

YISP referral number

(\*) Insert the locally agreed retention period