

**PROFESSIONAL**

**REFERRAL FORM**

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| ***Completed referrals to:*** | |
| **Post** | CYT  Unit C7  Alison Business Centre  39/40 Alison Crescent  Sheffield  S2 1AS |
| **Email** | [cyt@sheffield.gov.uk](mailto:cyt@sheffield.gov.uk) |
| **For information or queries contact our Freephone number or visit our website** | 0800 138 8381 or 0114 205 7450  [Community Youth Teams (CYT) | Sheffield City Council](https://www.sheffield.gov.uk/social-care/cyt) |

**Internal Use Only:**

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| IAG |  | CYT Prevention |  |



Logo

Description automatically generated

**NOTE: Please ensure you include supporting evidence in the spaces provided to ensure your referral receives full consideration.**

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| **Referring agency/individual:** | | |
| Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Post code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Has this young person been recently referred to any other agencies/services? | | Yes  No  Don’t know |
| If yes, please give details: | | |
| Are any other agencies known to be working with this young person? | | Yes  No  Don’t know |
| If yes, please give details: | | |
| Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Forenames: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Age: \_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Young Person Stated Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1st Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Interpreter needed: No  Yes  Looked after child? No  Yes  **Name of School/College** (if applicable)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Key school staff involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Ethnicity:**   |  |  |  | | --- | --- | --- | | White – British | White – Irish | Roma | | Eastern European | Any Other White Background | White & Black Caribbean | | White & Black African | White and Asian | Any Other Mixed Background | | Asian – Indian | Asian – Pakistan | Asian – Bangladeshi | | Any Other Asian Background | Black – Caribbean | Black – African | | Somali | Yemeni | Chinese | | Any other ethnic group………………………………………………………….. | | Prefer not to say / not stated |   **Main Carer(s)**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ not known  Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Address if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Siblings**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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| What is the main reason for completing the referral; **tick ONE box only** for the primary issue:   |  |  |  |  | | --- | --- | --- | --- | | **Peer Association & Anti-Social Behaviour:**   * Involved in anti-social behaviour / pro-criminal behaviours in the community * Community Resolution (CJU10 issued) * Issued an ABC * Identified negative peer group with concerning associations * Weapons ideology |  | Pupils with **two fixed term exclusions within a 3-month period** for:   * Violent/aggressive behaviour * Behaviour that constitutes a criminal offence i.e., possession of weapons, theft or criminal damage |  | | **Vulnerabilities around Exploitation / Contextual Safeguarding:**   * Distribution of indecent images (self or others) * Concerning use of online / social media platforms * Periphery of criminal exploitation * Periphery of sexual exploitation * Periphery of radicalisation |  | **Missing:**   * Where children and young people are reported missing by parents / carer or residential settings more than twice in a 28-day period |  | | **Teenage Related Abuse:**   * Young person is causing harm within a peer-on-peer relationship or young person is causing harm to others in home environment (including residential settings) |  | Young person with **family member involved in the criminal justice system** presenting with:  Copying/idolising/similar behaviours |  | | **\*\*Enhanced offer for Looked After Children at risk of exclusion**  Referrals will be accepted for LAC who are ‘at risk of exclusion’ from school or accessing alternative, offsite curriculum, before receiving a fixed term exclusion; the reasons for exclusions listed above still apply. |  | Education, Employment or Training:  **Risk of NEET**   * Year 11   **NEET (16-19)**  Currently NEET |  |   ***Please Note: We do not offer support if the issues are solely around school attendance or behaviour within school; a referral to MAST may be more appropriate in these cases.***   |  |  | | --- | --- | | **Supporting Evidence:** | | | Please provide **full** details of the reason for the referral and include any supporting evidence and contributing factors to their behaviour, for example; specific incidents; what type of anti-social behaviour and where; any police intelligence; school exclusions and reason; include information on what has been done to address the needs/concerns. ***Please note: your referral will not be considered unless you provide information to support your reasons for referral (please use additional sheet if required)*** | | | **Education Employment and Training:** |  | | Does the young person have any learning difficulties (EHC or Extended Support Plan (aka My Plan)) or disabilities? Does the young person have any other additional learning support needs? | Yes  No  Don’t know | | If yes, please give details: | | | Is the young person taking/expected to take any qualifications? | Yes  No  Don’t know | | If yes, please give details: | | | Post-16 only: Is the young person currently involved in any training or employment? | Yes  No  Don’t know | | If yes, please give details: | | | Please provide further information in support of the above answers; include information on what has been done to address the needs/concerns. ***Please note: your referral will not be considered unless you provide information to support your reasons for referral (please use additional sheet if required)*** | |  |  |  | | --- | --- | | **Health Concerns:** | | | Has the young person ever been referred to CAMHS? | Yes  No  Don’t know | | If yes, please give details: | | | Has the young person ever suffered a loss / bereavement? | Yes  No  Don’t know | | If yes, please give details: | | | Is the young person known to drink alcohol? | Yes  No  Don’t know | | If yes, please give details: | | | Does the young person use drugs? | Yes  No  Don’t know | | If yes, please give details: *(please state what type of drugs e.g. cannabis, new psychoactive substances (NPS), cocaine, etc.)* | | | Please provide further information in support of the above answers; include information on what has been done to address the needs/concerns. ***Please note: your referral will not be considered unless you provide information to support your reasons for referral (please use additional sheet if required)*** | | | **ADDITIONAL INFORMATION & RISK:** If you have any further information you think we should know; any safeguarding issues; family history; e.g.; domestic violence and/or offending; risks e.g. home, environment, people, pets, behaviours. | | | | |

**IMPORTANT: We will not accept a referral unless it has been signed by both parent/carer and young person**

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| **Parent/Carer Consent:** |
| 1. I have had the referral process explained to me and I agree to this referral. 2. I understand that this may involve an assessment of my child’s needs in order that appropriate support is planned. 3. I agree that the information on this form and other relevant information held by partner agencies may be shared for the purpose of deciding which support is appropriate. The agencies involved are: Community Youth Teams, Children & Young People and Families (SCC), Housing, Police, Health Services (including CAMHS), School and other voluntary and community agencies.   Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      (Parent/Carer) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      (Parent/Carer) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Young person’s consent:** |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you willing to work with the Community Youth Team? Yes  No  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      (Young person)  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |