

**INTEGRATED YOUTH SUPPORT SERVICES**

**TORBAY COUNCIL**

**Tel: 01803 208400**

REFERRAL CRITERIA: 14-16 year olds who have witnessed and/or experienced

domestic abuse.

|  |  |
| --- | --- |
| Referral type |  |
| Agency/organisation |  |
| Name of contact |  |
| Contact number |  |
| Email |  |
|  |
| Have you completed a risk assessment? | YES / NO |
| Why are you referring the C/YP to the crush programme? |
|  |
|  |
| Full name |  |
| Preferred name |  |
| Dob |  | Age |  |
| Gender |  |
| Address |  |
| Preferred method of contact |  | Call landline |  |
|  |  | Call mobile |  |
|  |  | Text |  |
|  |  | Email |  |
| Is it safe to |  | Call |  |
|  |  | Leave a voicemail |  |
|  |  | Unsafe |  |
| Best time to contact |  |
|  |
| Does the YP have any medical conditions, disability or mobility problems or problems using stairs or visual/hearing impairment? |
| YES / NO |
| Does the YP require language or literacy support? |
| YES / NO |
| Is the YP from a BM or cultural group? |
| YES / NO |
| Is the YP being supported by another agency, such as social care, probation, mental health, substance worker, YOT? If YES please give brief details. |
| YES / NO |
| Is the YP using substances? |
| YES / NO |
| Is there anything else we should be aware of in order to ensure the YP’s comfort or safety – or the comfort or safety of staff and others?e.g.: is the YP known to be violent or aggressive? |
| YES / NO |
| Is the YP at risk of domestic abuse in their current relationship? |
| YES / NO |
| Has the YP experienced domestic abuse in a past relationship?  |
| YES / NO |
| Is or has the YP been exposed to domestic abuse at home? |
| YES / NO |
| Does the YP have a child protection plan in place or involvement with Children’s Services? |
| YES / NO |
| If YES, please give brief details including social worker’s contact details. |
| YES / NO |
| Is the YP a looked After Child? |
| YES / NO |
| Is the family involved or been involved with MARAC? |
| YES / NO |
| What type of abuse is the YP experiencing? Please tick all that apply. |
|  | None |  | Risk of abuse in current relationship |
|  | Experienced abuse in the past |  | Exposed to abuse at home |
|  | Physical abuse |  | Emotional abuse |
|  | Financial abuse |  | Sexual violence or exploitation |
|  | Showing perpetrator traits and/or characteristics |  | Family involved with a CAF |
|  | Protection plan in place with Children’s Services |  | Family involved with MARAC |
|  | Involved with prostitution |  | Risk of forced marriage |
|  | Stalking or harassment |  | Risk of Honour based violence |
|  |  |  | At risk of being trafficked |
|  |
| Who is the YP experiencing abuse from and what is their relationship? |
|  |
| Brief background history of abuse. Including how longs the abuse has been happening, the severity and frequency of the abuse. |
|  |
| If the YP is under 16, has parental consent been given or has someone with parental responsibility given consent for the YP to attend a CRUSH programme? |
| YES / NO |
| What procedure should we take in an emergency? |
|  |
| Name |  |
| Address |  |
| Phone number |  |
| Relationship |  |
| Can the YP safely attend a session and keep the service and venue confidential from any abusive party? |
|  |
|  |
| PLEASE NOTE: All referrals will be looked at on an individual basis to consider risk and vulnerability. Not all referrals will be accepted as a result. |