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## RESPECT...

…building healthy relationships

**INTEGRATED YOUTH SUPPORT SERVICES**

**TORBAY COUNCIL**

**Tel: 01803 208400**

REFERRAL CRITERIA: Young people aged 14 – 17 years who have perpetrated, witnessed and/or experienced domestic abuse.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency/organisation | |  | | | | | | |
| Name of contact | |  | | | | | | |
| Contact number | |  | | | | | | |
| Email | |  | | | | | | |
|  | | | | | | | | |
| Why are you referring the YP to the Respect programme? What is their experience of domestic abuse? Are they a perpetrator? | | | | | | | | |
|  | | | | | | | | |
| Full name | |  | | | | | | |
| Preferred name | |  | | | | | | |
| Dob | |  | | | | Age | |  |
| Gender | |  | | | | | | |
| Address | |  | | | | | | |
| Preferred method of contact | | |  | Call landline | |  | | |
|  | | |  | 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, problems using stairs or a visual/hearing impairment? | | | | | | | | |
| YES / NO | | | | | | | | |
| Does the YP require language or literacy support? | | | | | | | | |
| YES / NO | | | | | | | | |
| Is the YP being supported by another agency? (social care, 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 | | | | | | | | |
| 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 currently involved or had past involvement 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 | |
|  | | | | | | | | |
| If the YP is under 16, has parental consent been given for the YP to attend the Respect programme? | | | | | | | | |
| YES / NO | | | | | | | | |
| 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. | | | | | | | | |