

**PATHWAYS REFERRAL FORM**

**This is a referral form for the support from the Youth Justice Service Pathways Prevention team.**

**Support offered by the team to children (age 10-17) and families is voluntary and it is therefore important that you have discussed this referral with them before making it.**

**If you want help to complete this form, please speak to a member of the team.**

**North (Nuneaton, Bedworth & North Warwickshire): 02476 482900**

**South (Rugby, Leamington, Warwick & Stratford): 01926 682650**

**Please return the completed form to: pathways@warwickshire.gov.uk**

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| **Consent**  **Please note, we can only accept referrals where the child and their parent/carer have consented to the referral being made. We can support you in having this conversation with them, please contact us the numbers above.** |
| **Has the child and their parent/carer consented to this referral?** |
| **Yes** |
| **No** |

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| **The Child’s Details** |
| **Child’s name:** |
| **Address:** |
| **Ethnicity:** |
| **Age:** |
| **Date of birth:** |
| **Gender:** |
| **Contact number:** |
| **Email address:** |
| **Parent/Carer Details** |
| **Name of person(s) with parental responsibility:** |
| **Contact number:** |
| **Email address:** |
| **Name and contact details of any other parent/carer:** |

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| **Please describe the behaviour that you believe places the child at**  **future risk of offending**  *Please provide as much detail as possible including dates,*  *circumstances, locations etc. This could include concerns expressed by parents, other family members and professionals.* |
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| **Please identify two of the following risk factors which apply to the child to confirm their eligibility for a prevention referral through the Youth Justice Service** | | | |
| **Excluded from school in the last 6 months for violence, drug possession or possession of an offensive weapon** |  | **History of parental mental ill health** |  |
| **Has an immediate family member (mother, father, brother, sister, step parent) involved in the criminal justice system** |  | **History of parental substance use** |  |
| **Looked After** |  | **Exposure to domestic violence and abuse with the home environment** |  |
| **Associating with peers known to the criminal justice system** |  | **Additional learning needs - EHCP/NEET** |  |
| **History of substance abuse by the young person** |  | **Concerns around sexualised behaviours presented by the young person** |  |

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| **Please add any additional context to the above answers to support them** |
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| **What support (if any) has been offered to this child previously?** |
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| **Referrer Details** |
| **Name of referrer:** |
| **Job title:** |
| **Organisation:** |
| **Contact number:** |
| **Email address:** |

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| **TO BE COMPLETED BY PREVENTION TEAM** |

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| **Any additional information gained by Duty Prevention Worker to aid referral** |
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| **TO BE COMPLETED FOLLOWING TRIAGE** |

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| **Summary of Discussion** |
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| **Status of Referral** |
| **Referral to Turnaround** |
| **Referral to Positive Directions** |
| **Referral to Youth Worker/Intervention Specialist** |
| **Referral not accepted – signposted to another agency**  ***please specify details below:*** |
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| **Date of allocation to worker:** |
| **Name of worker allocated to child:** |