Step-Up: Remote Referral Form October 2021-March 2022

Please complete as fully as possible (all boxes expand and any additional information can be added below) and return by secure email to: [janewignall@restorativesolutions.org.uk.cjsm.net](mailto:janewignall@restorativesolutions.org.uk.cjsm.net)

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| Date of referral | |  | | | | | |
| Name of person making referral: | |  | | | | | |
| Email address of referrer: | |  | | | | | |
| Name of young person referred: | |  | | | | | |
| School young person attends: | |  | | | | | |
| Age: |  | Date of Birth: |  | | | | |
| Address: |  | | | | | | |
| Town: |  | | | | | | |
| Postcode: |  | | | | | | |
| Parent/Carer name  Emily Bowness | | Phone number: |  | | | | |
| Has the young person/family been referred to or attended Step Up before? | | |  | |  | |  |
| If the family are working with a social worker or any other agency, please add name and contact details | |  | | | | | |
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|  | | | | | |
| Reason for referral | |  | | | | | |
| Names and relationship of all people the young person is living with: | | | | | | | |
| Name | | | | Age | | Relationship | |
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Step-Up: Remote Behaviour Assessment October 2021-March 2022

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| **Please answer all questions yes or no, any further information can be added below** | **YES** | **NO** |
| Has the young person been using violence to defend themselves against a violent family member |  |  |
| Did the young person display an isolated incident of violent behavior and are otherwise not violent or abusive in their relationships at home |  |  |
| Is the young person using violence to defend themselves against a violent family member |  |  |
| Does the young person have mental health problems that interfere with the ability of the young person to function in the group |  |  |
| Does the young person have developmental or learning disabilities that interfere with learning in the group |  |  |
| Does the young person have untreated substance abuse or mental health issues? |  |  |
| Is the young person living in a household where there is violence between parents or carers? |  |  |
| Does the young person use abuse to get their own way? |  |  |
| Does the young person make unreasonable demands or request? |  |  |
| Is the young person physically abusive? |  |  |
| Does the young person deny, justify minimise or blame others for their behavior? |  |  |
| Does the young person destroy property |  |  |
| Is the young person using threats or intimidation? |  |  |
| Is the young person emotionally abusive? |  |  |
| Is the young person violating the trust of family members? |  |  |

***Please can the refer confirm that parents/carers and young person have agreed that the above details are correct and that they would like the* Step Up:Remote team to contact them? (Please circle YES or NO)**

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| **Name of Young Person:** |  |  |  |
| **Name of Parent/Carer** |  |  |  |