

**Youth Service Intervention Referral Form and Checklist 2025 to 2026**

**Please read the supporting information before submitting this referral and return this form and make any queries via secure email to:** youthservice@torbay.gov.uk

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| Date of your Referral  |  |

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| Please note we require **ALL** sections to be completed. Please include the checklist and all email addresses and contact numbers so we can contact the young person, their parent/carer, and the relevant professionals.  |
| Name of young person (Preferred) | DOB | Gender identity  |
|  |  |  |
| Any Previous Name/s | Mobile number  | Email address | Preferred contact method |
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| Pathway: Please indicate one only  |  |  Referral Criteria required: Please indicate |  |
| **Flip the Script** Youth WorkYouth work plan made with the young person which may include 1 to 1 youth sessions for up to 12 weeks aged 11 to 17 yrs. |  | * Has an Early Help Manager or Vulnerable Pupils Team lead agreed this referral or is it listed as a Panel outcome?
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| **Youth Service Community Club Sign-up** Join our mailing list to hear about Torbay Groups and Activities aged 11 to 17 yrs. |  | * We can receive a referral from a parent/carer or supporting worker/teacher for this sign-up.
* Young people can complete a sign-up form.
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| Please indicate all relevant information with regards to the young person  |
| Early Help Assessment  | Current TAF  | Closed to Early Help  | Open to Social Care in last year |
| Yes |  | No |  | Yes  |  | No |  | Yes  |  | No |  | Yes  |  | No |  |

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| Name of all adults living at the home address | DOB | Gender | Relationship to young person |
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| Names of any other children living at the home address | Date of Birth | Gender | Nursery / School / College |
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| Home Address & Postcode |
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| Name of Parent/ Carer to contact |  | Email address  |  |
| Telephone Number/s |  |  |

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| School / College/Workplace  | Year | Current attendance |
| (Please attach if so) |  |  |

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| Name of person making referral  | Agency/Parent/Carer/Self | Telephone number  | Email address |
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| Any lead professional (Please leave blank if not):  |
| Name | Organisation/Agency | Email  | Telephone number  |
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| Other agencies currently involved with family (if known): |
| Name | Organisation/Agency | Contact Details |
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| What is going well? |
| *At school, at home, in relationships, education/work, showing resilience, any talents and skills.*  |
| Any likes and dislikes?  |
| *To include hobbies, interests, any fears, how would you/they like to engage with workers/peers - 1 to 1, in groups, off site activities etc. Young people are our primary clients, it is important for us to know how best to get into contact e.g., Text, WhatsApp at age 16 years, email, letter etc?* |
| Are we worried about anything?  |
| *Please list any past or current concerns e.g. Any challenges to emotional health and general well-being, self-esteem, impact of possible risk taking, exploitation, gangs/groups involvement, any anti-social behaviour, educational/learning issues, issues/risks in the family/home, safeguarding issues, being cared for/care experienced etc.*  |
| What do we think needs to happen on this journey together? |
| *Any short-term goals/aspirations/dreams and/or any ideas about how to support any personal issues.*  |
| How will we know we have got towards where we want to be?  |
| *Any long-term goals/dreams/Aspirations?*  |

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| **Referrer Name** | **Signed**  | **Date** |
| Consent for information storage and information sharing [Privacy notices - Torbay Council](https://www.torbay.gov.uk/council/information-and-data/data-protection/privacy-notice/)   |
| I have spoken to the child/young person’s parents/carers, and they have given me consent to make this referral  | **Yes No**(Please circle) |
| I am the parent, carer, or family member.I understand that I/we may withdraw from this process at any time. I /we agree to information being shared about my child/us and my child/our family with the Council's partner organisations to provide me/us and my child/our family with Services and Support.  | **Yes No**(Please circle) |
| The child/young person needs to provide their own consent for us to work with them if they are aged 13 years or above and if they have the capacity to understand what they are consenting to. Have you sought this? | **Yes No**(Please circle) |
| **Parent/Carer Name** | **Signed**  | **Date**  |
| **Young Person Name**  | **Signed**  | **Date**  |
| Any Persons/Organisations you do not want us to share information with, including our “Imagine this” Partners:  |

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| **Youth Work Intervention Checklist**  |

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| **Health and Well Being**  | Any Further detail  |  |
| Low self-esteem  |  |  |
| Self-confidence struggles  |  |  |
| Language and communication difficulties  |  |  |
| Emotional well-being challenges  |  |  |
| Low Mood  |  |  |
| Anxiety  |  |  |
| Identity factors |  |  |
| Attachment issues  |  |  |
| Past trauma  |  |  |
| Isolation/loneliness/friendship issues  |  |  |
| SEN – diagnosed/undiagnosed/EHCP  |  |  |
| Missing Health checks/ immunisations  |  |  |
| Health Problems  |  |  |
| Did not meet developmental milestones  |  |  |
| Addiction issues/continual use of social media/gaming etc |  |  |
| Eating disorder/s  |  |  |
| Life skills issues – with independence, budgeting etc |  |  |
| Other  |  |  |
| **Risk Features**  | Any Further detail  |  |
| Missing episodes  |  |  |
| Hidden missing episodes (unrecorded absences)  |  |  |
| Drug and alcohol use or risk of  |  |  |
| Risk of exploitation (Child/Criminal/Sexual exploitation) |  |  |
| Risk of gang/group involvement  |  |  |
| Risk of County Lines involvement |  |  |
| Early signs of offending  |  |  |
| Early sexual experiences |  |  |
| Risk of/experience of sexually harmful behaviour  |  |  |
| ASB involvement  |  |  |
| Other |  |  |

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| **Education/Training/Work**  | Any Further detail  |  |
| Low or non-attendance  |  |  |
| Unexplained school absences  |  |  |
| Potential to leave education & training  |  |  |
| Use of fixed term exclusions  |  |  |
| Requires/has student support services |  |  |
| Academic struggles  |  |  |
| No means for home learning  |  |  |
| Other |  |  |
| **Parent/carer capacity and engagement** | Any Further detail  |  |
| Edge of Care  |  |  |
| Risk of family backdown |  |  |
| Inconsistent parenting  |  |  |
| Inadequate response to emerging needs |  |  |
| Inconsistent care arrangements  |  |  |
| Historic context of parent/carer needs |  |  |
| Inadequate supervision/boundaries by parent/carer |  |  |
| Other |  |  |
| **Family and Community**  | Any Further detail |  |
| Step down from level 4 at this point  |  |  |
| History of CIN/CP in immediate family  |  |  |
| Issues in extended family  |  |  |
| Young carer status/potential and reasons |  |  |
| Inadequate housing and home environment  |  |  |
| Housing association  |  |  |
| Low income |  |  |
| Community harassment/discrimination/police intel  |  |  |
| Parental advice needed to prevent escalation  |  |  |
| Difficult parent/child relations |  |  |
| Risk of relationship breakdown  |  |  |
| Current or past domestic abuse  |  |  |
| Family member/s - prison/subject to community order  |  |  |
| Bullying  |  |  |
| Other |  |  |

**Thank you for completing this Referral Form and Checklist.**

**Please send via secure emai**l **to**: youthservice@torbay.gov.uk

**Postal Address:** Torbay Youth Service, Children’s Services, Torquay Town Hall, Torquay, TQ1 3DR