Youth Inclusion Support
Request for Support Form

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Date of Referral		Date Received	

Details of young person

Surname		First Name(s)				
Date of Birth		Gender	Male		Female	
Address:		Living Situation				
		Parent / Carer Name				
		Relationship				
Postcode						
Telephone Number/s	Home:	School / College / Training Provider				
	Mobile:					
Do the young person and parent agree to the request for support?			Yes		No	
Has the young person given permission to share this information?			Yes		No	
Has a Common Assessment Framework (CAF) been completed?			Yes		No	
Has a copy of an Assessment been attached? **(please ensure it is if you have a copy)**			Yes		No	

Ethnic origin (please tick box)

White British		White Irish		Any other white background	
White and Black Caribbean		White and Black African		White and Asian	
Any other mixed background		Asian - Indian		Asian - Pakistani	
Asian - Bangladeshi		Any other Asian background		Caribbean	
African		Any other black background		Chinese	
Any other ethnic group		Not stated			

Main language (please tick box)

Bengali		Cantonese		English		Gujerati		Hindi		Punjabi	
Urdu		Vietnamese		Other		Please specify:					

Religion (please tick box)

Buddhist		Christian		Hindu		Jewish		Muslim		Rastafarian	
Sikh		None		Not stated		Other		Please specify:			

Details of members of household (please give as much information as possible)

Title	Surname	First name(s)	Date of birth	Relationship to client

Details of agency requesting support (please provide name, address, telephone number and email)

Name		Agency	
Job Title		Relationship to client	
Address		Telephone	
		Fax	
		Email	
Postcode			

Supported By:

Name of other agencies involved (if known)		
Name of agency	Contact name	Telephone number

Risk factors relating to likelihood of offending or anti-social behaviour (tick as many boxes as appropriate)		
1. Living arrangements	e.g. living with known offenders or people committing serious ASB, deprived household, accommodation unsuitable for needs, absconding, no fixed abode	
2. Family & personal relationships	e.g. family members involved in substance misuse or criminal activity, lack of interest shown in young person, inconsistent supervision, domestic abuse, significant loss	
3. Statutory education	e.g. identified special educational needs, instances of exclusion, truancy or bulling, difficulties with basic literacy/numeracy	
4. Neighbourhood	e.g. level of crime in area, obvious signs of drug dealing and/or usage, lack of age appropriate facilities, racial or ethnic tensions	
5. Lifestyle	e.g. predominantly pro-criminal or disruptive peers, non-constructive use of time, lack of legitimate income, lack of age-appropriate friendships, involvement in reckless activity	
6. Substance misuse	e.g. use of alcohol/tobacco/solvents/drugs, substance use which has detrimental effect on education or relationships, offending to obtain money for substances	
7. Physical health	e.g. health condition that significantly affects everyday functioning, physical immaturity or delayed development, health put at risk through behaviour, not registered with GP	
8. Emotional & mental health	e.g. problems coming to terms with significant past events, contact with mental health services, any suicide attempt or instances of self harm	
9. Perception of self & others	e.g. inappropriate levels of self esteem, general mistrust of other people, displays a lack of understanding for others, discriminatory attitudes	
10. Thinking & behaviour	e.g. taking age into consideration: does not understand consequence of actions, acts impulsively, constant need for excitement, give in to peer pressure, poor temper control	
11. Attitudes to offending	e.g. lack understanding of impact of offending on victim or their family, lack of remorse, belief that certain offending is acceptable, sees becoming an offender inevitable	
12. Motivation to change	e.g. does not understand consequences of offending, cannot identify reasons to change behaviour, unlikely to receive support from family/friends, unwilling to cooperate	

Provide evidence to support items ticked above and any relevant additional information (please use additional sheet if necessary or provide previous assessments)

Please return completed form to:

Youth Inclusion Support Coordinator
c/o Community Safety Team, Floor 3, Core 1/2, Civic Offices, Guildhall Square, Portsmouth, PO1 2BY

Email: youth.inclusion@portsmouthcc.gov.uk Tel : 023 9284 1768 Fax : 023 9268 8513