



UNDER 16s MEDIATION REFERRAL FORM

Date _____

| | | | | |
|-------------------------|------|--|--------|--|
| REFERRAL SOURCE: | Self | | Agency | |
|-------------------------|------|--|--------|--|

If you are referring from an agency please give your contact details:

| | | | |
|----------------|--|----------------|--|
| Name of worker | | Organisation | |
| Job role | | Contact number | |
| Email | | | |

FAMILY DETAILS

Parent/Carer(s) name: (who mediation is with) _____

Relationship to young person: _____

Address: _____

Phone number(s): Home: _____ Mobile: _____

Do you (parent) agree to take part in mediation? YES NO

YOUNG PERSON DETAILS

Name of young person: _____

Date of birth: _____ Age: _____ Gender: M F

Address: _____

Phone number(s): _____

Do you (young person) agree to take part in mediation? YES NO

SCHOOL DETAILS

Name of school: _____

Contact name of tutor/mentor: _____

Phone number: _____

AGENCY DETAILS

Please list any other agencies or professionals that you are working with:

| | | | | | |
|----------------|--|----------------|--|----------------|--|
| Name of worker | | Name of worker | | Name of worker | |
| Agency | | Agency | | Agency | |
| Contact Number | | Contact Number | | Contact Number | |

ADDITIONAL INFORMATION

Any other additional support (behavioural, learning, mental health, physical disabilities etc):

Please comment on how you would like mediation to help:

Please tell us where you heard about the project: _____

Thank you for completing this form. A mediator will contact you as soon as possible

I agree for HYHG to contact the above agencies to further support the progress of my referral.



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LEVEL OF NEED GRID

| Name: | NONE | LOW | | MEDIUM | | HIGH | |
|-------------------------------|------|-----|-----|--------|-----|------|-----|
| DIFFICULTY | | YP | P/C | YP | P/C | YP | P/C |
| CURRENT MENTAL HEALTH | | | | | | | |
| CURRENT DRUG USE | | | | | | | |
| CURRENT ALCOHOL USE | | | | | | | |
| RECENT OFFENDING (past 2 yrs) | | | | | | | |
| VIOLENCE - DOMESTIC VIOLENCE | | | | | | | |
| VIOLENCE - OUTSIDE THE HOME | | | | | | | |
| SEXUAL ABUSE/RAPE | | | | | | | |
| ADDITIONAL NEEDS | | | | | | | |
| SPECIALIST AGENCY INPUT | | | | | | | |

The following are **guidelines only** of what might constitute low medium or high scoring - you can apply your experience and training to cover other things. If in doubt, ring a mediator.

| DIFFICULTY | LOW | MEDIUM | HIGH |
|---------------------------------|--------------------|------------------------------------------|---------------------------------------------------------------|
| CURRENT MENTAL HEALTH | Feeling low | GP treating for depression | Psychiatric input / Suicide attempt in last 6 months |
| CURRENT DRUG USE | Occasionally | 2-3 per week | Daily |
| CURRENT ALCOHOL USE | Socially | Weekend Bingeing | Daily |
| RECENT OFFENDING (past 2 years) | Warning | Referral Order/Tag | Prison |
| VIOLENCE - DOMESTIC VIOLENCE | Infrequent or past | Frequent and recent | Extreme current |
| VIOLENCE - OUTSIDE THE HOME | Threats to others | Caution from police for recent incidents | Using or carrying a weapon with intent or criminal conviction |
| SEXUAL ABUSE/RAPE | | | High only |
| ADDITIONAL NEEDS | Mild Disability | Moderate Disability | Severe disability |
| SPECIALIST AGENCY INPUT | 1 - 2 | 2 - 3 | More than 3 |



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Who can you refer:

None - Refer to mediation

Low and Medium - Refer to mediation

High - Do not refer to mediation

Please complete the level of need by ticking each relevant section for the young person and the parent/carer (using as much information from conversations with the parent/carer and information provided by YP). The more information provided improves the efficiency and quality of the referral.

Please note; the options below are guidelines only, if in doubt then please contact the mediation team.

You can further help us by thinking about the following criteria:

- **IS THE CONFLICT MEDIATABLE WITHIN 6-8 WEEKS**
- **DO BOTH PARTIES ACKNOWLEDGE THERE ARE PROBLEMS, ACCEPT THAT SOME OF THE PROBLEM IS THEIR RESPONSIBILITY, AND WANT TO MAKE CHANGES/MAKE THINGS DIFFERENT**
- **IS THERE COMMITMENT AND ABILITY TO ATTEND APPOINTMENTS IN ORDER TO COMPLETE THE MEDIATION WITHIN 6-8 WEEKS**

In the case of low and medium referrals, the Mediators will initially assess the referral for appropriateness based on the content of the referral.

They may then decide the case is not appropriate for mediation and will contact you with this information and their reasons. You would then let the service users know that mediation will not be pursued.

If the referral seems to be appropriate, the mediation team will contact the parties and arrange the initial mediation assessment meetings.

Please contact us on 01707 272769 if you want to talk anything through before referring.