**Inclusion criteria for MST: All green boxes must be ticked for eligible cases.**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Yes (Eligible)** | **No**  **(Ineligible)** |
| The young person is aged 11-17 for the duration of MST (3-5 months) |  |  |
| The young person has a risk of care, custody or residential school if current problems persist |  |  |
| The young person has **more than one referral behaviour\* across more than one environment**  \*Referral behaviours at home, school, community (not exhaustive):   * Young people who are physically or verbally aggressive * Young people who go missing * Young people using drugs or alcohol * Young people committing “traditional” anti-social behaviours in the community * Young people making threats of harm to others * Young people who are committing crimes such as (not exhaustive):   + Theft   + Burglary   + Robbery   + Public order offences (affray, section 5 etc.)   + Initiation   + TWOC   + Assaults (GBH/ABH etc.)   + Possession/supply drugs   + Breach of an order |  |  |
| The young person is living at home with an agreed caregiver or there is an agreed plan to return the child home to ensure they are not placed for more than 28 days |  |  |

**Exclusionary criteria: Any red box ticked is an ineligible referral**.

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Yes (Ineligible)** | **No**  **(Eligible)** |
| Young People living independently, or for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends and other potential surrogate caregivers. |  |  |
| Young People referred where there are concerns related to current suicidal, homicidal, or psychotic behaviors |  |  |
| Young People whose psychiatric problems are the primary reason leading to referral, or who have severe and serious psychiatric problems. |  |  |
| Young sex offenders (sex offending in the absence of other delinquent or antisocial behavior). |  |  |
| Young people with significant learning disabilities or pervasive developmental delays |  |  |

**Using the tick boxes below can you confirm that the child appears eligible for MST?**

**……………………………………….If no, stop here. …………………………………………..**

\*\* Please note MST will confirm the child meets the eligibility criteria upon receipt of referral and again at the time of a space becoming available. Please let us know if the child’s status changes or any further information comes to light which could impact on eligibility. Please email completed referral to [mst@leicester.gov.uk](mailto:mst@leicester.gov.uk)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Young Person Personal Details:** | | | | | | | | |
| Name: | |  | | LL ID: | | |  | |
| Date Of Birth & Age: | |  | |  | | |  | |
| **Family Personal Details:** | | | | | | | | |
| Main Caregivers Name: | |  | | | Date of Birth: | |  | |
| Main Caregivers Address  (Inc. Postal Code): | |  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Home Telephone No: | |  | Mobile Telephone No: | | |  | | |
| Has the parent been spoken to and agreed to the referral to MST? | | |  | | | | | |
| **Young Person Behavioral Characteristics:** | | | | | **How often does this happen?** | **When was the last time this happened?** | |  |
| \* Please list behaviours of concern below: | | | | |  |  | |  |
| Any history of self harm or suicide attempts?  If yes, please include details of methods used and timeframes. |  | | | | | | | |
| Any CAMHS diagnosis? Include ADHD  Is the case open to CAMHS? |  | | | | | | | |
| Other agencies involved: |  | | | | | | | |

|  |  |
| --- | --- |
| **Any other significant information:** | |
| \*\*Please include details of what other services have been utilized before referral to MST | |
| **Referral form completed by:** | |
| Print Name: |  |
| Signed: |  |
| Service: |  |
| Date: |  |
| Line Managers name: |  |