

**Paragon West Sussex – CYP (Children & Young People) Referral form**

Phone – 01403 229 017

Email – paragonsussex@theyoutrust.org.uk

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| **Referring Agency**  |  | **Self-referral - how did you hear about the service?**  |
| **Name of referrer**  |  |  |
| **Telephone Number**  |  |
| **Email address**  |  |

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| **Child/Young person’s details**  |
| **Name**  |  |
| **What do they like to be known as**  |  |
| **Address of main residence where child or Young Person Lives** |  |
| **Date of Birth**  |  | **Age**  |  |
| **Gender**  |  | **Sexual orientation (if age appropriate)**  |  |
| **Ethnicity**  |  | **Religion**  |  |
| **Connection /relationships to person causing harm**  |  |
| **If Young person aged 13 or above, would they like to be directly contacted by allocated advocate?** | **Yes** | **No** |
| **If so please provide best /safest form of contact details:** |  |
| **Additional needs/vulnerabilities:** |  |
| **Any known triggers to be aware of:** |  |
| **Main Carer/Parent/Guardian details**  |
| **Name**  |  |
| **Address (including postcode**  |  |
| **Mobile** |  | **Is this a safe number to call?**  | Yes/No |
| **Will anyone else answer?** | Yes/No |
| **May we leave a message?**  | Yes/No |
| **Telephone** |  | **Is this a safe number to call?** | Yes/No |
| **Will anyone else answer?**  | Yes/No |
| **May we leave a message?**  | Yes/No |
| **Email address**  |  | **Is this safe to email?**  | Yes/No |
| **Relationship to the child/ Young person**  |  |
| **Relationship to Person causing harm**  |  |
|  |
| **I give consent for the information provided on this form to be shared with Paragon:** |
| **Client Signature**  |  | **Or verbal consent given**  | Yes/ No |

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| **Family Dynamics**  |
| **Siblings or others that live in the house or visit regularly** | **Name** | **Relationship to child or Young person** | **Any additional information workers may need to be aware of**  |
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|  |  |  |
| Additional space for any other comments or people within the family situation  |  |
| **Person causing harm (PCH) details**  |
| **Name**  |  |
| **Address if known**  |  |
| **Date of Birth**  |  | **Age**  |  |
| **Gender**  |  | **Parental Responsibility**  | Yes/ No |
| **Current Contact arrangements with child/young person if applicable** |  |
| **Any current court orders related to Domestic Abuse/Children’s Act proceedings?**  |  |
| **Description of Person causing harm** |  |
| **Any risk factors workers may need to be aware of?** |  |
| **Referral information (must be completed for all referrals)** |
| Overview of Domestic Abuse (to include: period of abuse, is this current/historic, if historic please state time period) |
|  |
| **Please indicate the type of abuse the child/YP has witnessed:** | Physical | Emotional | Psychological |
| Sexual | Coercive control  | Financial |
| FGM | HBV | Stalking |
| **Has child / young person experienced direct abuse from person causing harm**  | Yes | No |
| **If Yes please describe**  |  |
| **Reason for Children & Young Persons referral**  |
| **Are you concerned for the child/Young person because:-**  | They have Witnessed DV | Using learnt behaviour from being within a family home where DV has/is happening | Both |
| **Current concerns for the child/ young person in which you feel they need support with: -**  |  |
| **Please list any interventions the child/Young person has received or currently receiving**  |  |

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| **Other information**  |
| **Please state any other issues you feel the worker may need to be aware of:-**  |
|  | **Drugs** | **Alcohol** | **Mental health** | **Self-Harm** | **Any other relevant information or details** |
| **Parent/Carer** | Yes/ No | Yes/ No | Yes/ No | Yes/ No |  |
| **PCH** | Yes/ No | Yes/ No | Yes/ No | Yes/ No |  |
| **Child/YP** | Yes/ No | Yes/ No | Yes/ No | Yes/ No |  |
| **Siblings or other important people within the home** | Yes/ No | Yes/ No | Yes/ No | Yes/ No |  |
| **GP & Surgery name**  |  |
| **GP Phone Number**  |  |
| **Any links to the military** | Yes | No | **If yes from who** |  |
| **Has any parties within the close family unit ever been subject to previous MARAC or MAPPA**  | Yes | No |
| **If yes please give details**  |  |
| **Referrer details**  |
| **Signature**  |  | **Date**  |  |

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| **Data Protection Statement (please read to the client)**By submitting this referral form to Paragon, you agree to our processing your personal information in order to assess your housing needs and manage and develop any services we provide for you or negotiate on your behalf.If you are offered a place at one of our refuges or safe houses we may need to pass your information to the landlord, although we only do this on the understanding they keep the information confidential. We may also disclose your information if we have a duty to do so, or if the law allows us to.As data controller, we will not keep your information longer than necessary and will strive to keep it up to date. You have the right, under the Data Protection Act 1998, to see and if necessary, correct personal data we hold about you. |

If you are referring a young person as a victim of abuse in their own intimate relationship, please ensure you complete the SafeLives YP DASH below.

SafeLives Risk Identification Checklist for the identification of risks in cases of domestic abuse, ‘honour’- based violence and/or stalking

Young People’s Version

**This form is suitable for use with young people aged between 13 and 17[[1]](#footnote-1).**

This Young People’s Checklist is split into questions that require yes/no responses, and areas where you are required to make observations. Please use the comment boxes provided throughout the form to record your professional judgement about how the young person’s specific situation affects their risk.

At the end of the Checklist, consider the number of questions the young person has answered yes to and your professional judgement in combination, and offer risk management options based on this. You have a responsibility and a safeguarding duty to respond to young people at the earliest point possible to prevent exposure to and escalation of abuse. **It is assumed that your main source of information is the young person who has been harmed. If this is not the case please indicate in the right hand column.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your feelings** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim** (eg police officer) |
| 1. **Are you frightened?**

Comment: | ☐ | ☐ | ☐ |  |
| 1. **What are you afraid of? Is it further violence?**

Comment: | ☐ | ☐ | ☐ |  |
| 1. **Are you feeling low or finding your emotions hard to cope with?**

**Are you having suicidal thoughts?** | ☐ | ☐ | ☐ |  |
| **Consideration as part of your professional judgement** |
| * Does the young person recognise what a dangerous situation might be and their own vulnerability?

 * Are they exploring risk-taking behaviour as part of their development? How might this affect their safety?
* Would this young person involve the police if they were to be hurt again?

Comment: |
| **What is happening to you now** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim** (eg police officer) |
| 1. **Has the current incident resulted in injury?**

**Please state what and whether this is the first injury:** | ☐ | ☐ | ☐ |  |
| 1. **Does [INSERT NAME OF INDIVIDUAL WHO IS HARMING THE YOUNG PERSON] constantly text, contact, follow, stalk or harass you, either in person, online or by phone?**
 | ☐ | ☐ | ☐ |  |
| 1. **Does […] try to control everything you do? (For example, who you see, or what you wear?)**

**Do they get jealous about anything you do?** | ☐ | ☐ | ☐ |  |
| 1. **Is the abuse happening more often?**
 | ☐ | ☐ | ☐ |  |
| 1. **Is the abuse getting worse?**
 | ☐ | ☐ | ☐ |  |
| **Consideration as part of your professional judgement** |
| * How old is the young person? Where are they within the formal education system?
* Is there any evidence that the young person may be minimising or exaggerating their experience?

Comment: |
| **Your life and relationship** | **YES** | **NO** | **DON’T KNOW** | **State source of info** |
| 1. **Do you see your family/friends as much as you would like? Does […] stop you from seeing friends and family or professionals?**

Comment: | ☐ | ☐ | ☐ |  |
| 1. **Are you pregnant or do you have a baby?**
 | ☐ | ☐ | ☐ |  |
| 1. **Are there any financial issues?**

For example, is […] experiencing difficulties with money (debts or loans) or are you dependent on […] for money or do they take money from you? | ☐ | ☐ | ☐ |  |
| **Consideration as part of your professional judgement** |
| * Is this the first relationship the young person has been in? How is this impacting on their friendship group/understanding of acceptable behaviour?
* Has the young person experienced abuse and violence within their family and has this affected their understanding of effective conflict resolution or normalised the experience of violence? Does it also limit the safe places they can be?
* Is the young person involved or affiliated to any gangs and does this mean that there are additional risks posed by other people?
* Is the young person at risk of sexual exploitation? Specific risk factors may include being reported missing from care, being missing from home, being in the care of the local authority and living in a residential home. Are you or colleagues aware of specific risks within the community from known perpetrators?
* Does the young person have any specific needs or vulnerabilities in relation to disability and learning difficulties, substance misuse, mental health issues, cultural/language barriers, ‘honour’-based systems or geographic isolation?
 |
| **Comment:** |
| **Things that might have happened to you in the past** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim** (eg police officer) |
| 1. **Have you broken up with or tried to break up with the person who is hurting you?**
 | ☐ | ☐ | ☐ |  |
| 1. **If you have children, is there conflict between you and the person who is hurting you over seeing the children?**
 | ☐ | ☐ | ☐ |  |
| 1. **Has […] ever used weapons or objects (such as a phone or household item) to hurt you?**
 | ☐ | ☐ | ☐ |  |
| 1. **Has […] ever threatened to kill you or someone else?**

If yes, tick who:You ☐Children ☐A member of your family ☐Other (please specify) ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has […] ever attempted to strangle/choke/suffocate/drown you?**
 | ☐ | ☐ | ☐ |  |
| 1. **Does […] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?**

**If someone else, specify who.** | ☐ | ☐ | ☐ |  |
| **Things that might have happened to you in the past** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim** (eg police officer) |
| 1. **Is there any other person who has threatened you or who you are afraid of?**
 | ☐ | ☐ | ☐ |  |
| 1. **Do you know if […] has hurt anyone else?**

If yes, tick who:Children ☐ Another family member ☐Someone from a previous relationship ☐Other (please specify) ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has […] ever mistreated an animal or their family pet?**
 | ☐ | ☐ | ☐ |  |
| **The person who harms you** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim** (eg police officer) |
| 1. **Has […] had problems in the past year with drugs (prescription or other), alcohol or mental health, leading to problems in leading a normal life?**

If yes, please specify which and give relevant details if known.Drugs ☐Alcohol ☐Mental health ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has […] ever threatened or attempted suicide?**
 | ☐ | ☐ | ☐ |  |
| 1. **Has […] ever breached their bail conditions or not followed an order by the police or a judge in court?**

Bail conditions ☐Child contact arrangements ☐Forced Marriage Protection Order ☐Other ☐ | ☐ | ☐ | ☐ |  |
| 1. **Do you know if […] has ever been in trouble with the police or has a criminal history?**

If yes, please specify:Domestic abuse ☐Sexual violence ☐Other violence ☐Other ☐ | ☐ | ☐ | ☐ |  |
| **Consideration as part of your professional judgement** |
| * Is the person who hurts your client older than them? By how many years?
* Is the person who hurts your client gang involved or affiliated? Does this place your client or additional potential victims (consider all family members) at additional risk?
* **Comments:**
 |
| **Total ‘yes’ responses** |  |

**For consideration by professional**

|  |  |
| --- | --- |
| **What additional concerns do you have, based on your professional judgement/escalation? Comment** |  |
| **Is the young person willing to engage with your service? Describe** |  |
| **Consider the person causing harm’s occupation/interests.** * Could this give them unique access to weapons?
* How involved is your client in relation to any illegal weapons and how might this affect their safety and help seeking?

**Describe.** |  |
| **What are the young person’s greatest priorities to address their safety? Describe** |  |
| **The experience of relationship abuse by young people is a safeguarding issue which should be shared with your safeguarding children’s team. A referral will also be required if you believe that there are risks facing any children in the family.** |
| Please confirm if you have made a referral to safeguard the young person and any children they have:**Signed: Date:** |  Yes ☐ No ☐ |
| **Signed** |  | **Date referral made**  |  |
| **If the young person is over 16, do you believe that there are reasonable grounds for referring this case to MARAC?** |  Yes ☐ No ☐ |
| If yes, have you made a referral? |  Yes ☐ No ☐ | **Signed** |  |
|  |
| **Signed** |  | **Date** |  |
| **Name** |  |

1. The transitional stage of adolescence can vary between young people, therefore this form may be suitable for use with young people up to the age of 25. [↑](#footnote-ref-1)