PLEASE NOTE, ALL HIGH-RISK CASES SHOULD BE REFERRED TO SAFEGUARDING BY YOUR AGENCY

**Please ensure that parental consent has been gained for a CYP under the age of 13.**

I have obtained permission for Phoenix to contact the parent/carer about this referral.

The parent/carer does not wish to be contacted by Phoenix but has given consent for CYP’s referral.

Parental consent is not necessary for this referral as the CYP is over the age of 13 and gillick competent but C/YP has given consent.

Parental consent is not necessary for this referral as the CYP is over the age of 13 and gillick competent but C/YP has not given consent.

I have been unable to speak to the parent/carer about this referral.

**Child/ Young person details**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth** |  |
| **Ethnicity** |  |
| **Sex at birth** |  |
| **Gender identity** |  |
| **Sexual orientation** |  |
| **Religion** |  |
| **Address** |  |
| **Safe contact phone number** |  |
| **Safe to leave voice messages** | **YES**  **NO** |
| **Safe to leave text messages** | **YES**  **NO** |
| **Email address** |  |
| **Safe to email** | **YES**  **NO** |
| **Safe contact times** |  |
| **Does the CYP have a disability?** | **YES**  **NO** |
| **Preferred language/**  **Accessibility needs** |  |
| **Interpreter required** | **YES**  **NO**  If yes, will Social Care provide the translator? **Yes**  **No** |
| **Is the child open to children’s social care or previously known?** | **YES**  **NO** |
| **If yes, please confirm status** | **Child In Need (CIN)**  **Accommodated under S20**  **Child protection (CP)**  **Looked after child (LAC)**  **Historical child protection** |
| **CP Category**  Tick all that apply and identify if current and/or historical | **Physical abuse**  **Sexual abuse**  **Emotional abuse**  **Neglect** |
| **Does the YP have an EHCP or any suspected learning needs?**  If yes, please describe their needs | **YES**  **NO** |
| **If at school/college, please provide contact details of the school and named lead** | School Name:  Address:  Telephone Number:  Named lead: |
| **GP Name, Address and Contact Details** |  |
| **Is the young person known to CAMHS?**  If yes, please describe the current status of CAMHS work and provide contact details of CAMHS worker | **YES**  **NO**  Name: Tel: Email: |

**Referrer details**

|  |  |
| --- | --- |
| **Referral date** |  |
| **Full name** |  |
| **Email address** |  |
| **Telephone number** |  |
| **Relationship to child or young person** |  |
| **Referrer’s Line Managers details** |  |
| **Other professionals involved Contact details** |  |

**Parents / persons with parental responsibility details**

|  |  |
| --- | --- |
| **Name** |  |
| **Preferred language** |  |
| **Interpreter required** | **YES**  **NO** |
| **Address** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Is it safe to contact this person?** | **YES**  **NO** |
| **Is this person an emergency contact?**  If no, please add emergency contact details | **YES**  **NO** |
| **Safe to leave voice messages** | **YES**  **NO** |
| **Safe to leave text messages** | **YES**  **NO** |
| **Safe to email** | **YES**  **NO** |
| **Safe contact times** |  |
| **Any other relevant information** |  |

**Relationships**

|  |  |
| --- | --- |
| **Alleged perpetrator name(s)** |  |
| **Alleged perpetrator relationship to child** |  |
| **Does the C/YP have any contact with the alleged perpetrator** |  |

**About the referral**

|  |  |
| --- | --- |
| **Please describe in your own words the reason you are making this referral, outlining your concerns and how CY/P presents/engages. Please state level and type of abuse C/YP has been exposed to/experienced** |  |
| **Does this C/YP require 1-on-1 support or group intervention** |  |
| **Please outline ideal outcomes achieved as result of this referral** |  |
| **Please share any relevant information with regards to the family history and functioning** |  |

**Experiential Factors to be taken into consideration** Please tick all relevant boxes:

|  |  |
| --- | --- |
| **Contextual Safeguarding and Personal Factors** | **Affected by DA/DV at home**  **Affected by DA/DV in relationship**  **Exhibiting abusive/aggressive behaviours**  **Mental/Emotional Health Concerns**  **Physical Health Concerns**  **Sexual Health Concerns**  **Substance misuse**  **Child to Parent Violence**  **Self-harming/suicidal feelings**  **Issues with educational attainment/attendance**  **Social isolation**  **Bullying/being bullied**  **Vulnerable to CCE**  **Vulnerable to CSE**  **Missing episodes**  **Inappropriate sexualised behaviours**  **Eating disorders**  **Bereavement or significant loss**  **Disclosure of Sexual Exploitation**  **Disrupted sleep/nightmares**  **Other *(please specify below)*** |
| **Familial factors** | **Bereavement or significant loss**  **Disrupted family life**  **Contact issues post separation/divorce**  **Parental mental health issues**  **Parental substance misuse**  **Placement breakdown (current)**  **Placement breakdown (multiple)**  **Siblings/family involved in gangs/offending**  **Young carer**  **Homeless/Temporary residence**  **Other *(please specify below)*** |
| **Peer factors** | **Inappropriate peer group**  **Links to victims of CSE/gangs**  **Other *(please specify below)*** |
| **Please add specific information with regards to the above ticked boxes** |  |

**Supporting documentation**

|  |  |
| --- | --- |
| **Please send any relevant documentation with the referral request**  We will not be able to progress the referral within agreed timeframes without sufficient information | **Relevant strategy**  **MASH/CIN/CP/Equivalent assessments and conference minutes**  **Health/Psychiatric reports**  **Genogram/chronology**  **SEN statement/Copy of EHCP**  **Other (please specify)** |