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)**  |