



THE HAMPTON TRUST

TURNAROUND

CHILD / YOUNG PERSON'S REFERRAL FORM

**ALL INFORMATION CONTAINED IN THIS
DOCUMENT IS CONFIDENTIAL**

Once completed post or email the form marked
PRIVATE & CONFIDENTIAL to the address below:

Turnaround
The Hampton Trust,
Fairways House,
Mount Pleasant Road,
Southampton,
SO14 0QB

turnaround@hamptontrust.org.uk

Tel: 023 8021 3520 Fax: 023 8021 3530



REFERRAL DETAILS

Please ensure all details are completed as fully as possible

Ref No (Completed by The Hampton Trust)

1. Child / Young Person details

Name: Date of Birth: Age:

Address inc. postcode:.....

..... Tel No:

*Parent/Guardian/Carer name: Tel No:
Please delete as appropriate

Address (if different to YP):

.....

Alternative / Emergency contact details:.....

Ethnicity

| | | |
|---|---|---|
| White British <input type="checkbox"/> | Black or Black British <input type="checkbox"/> | Indian <input type="checkbox"/> |
| White Irish <input type="checkbox"/> | Caribbean <input type="checkbox"/> | Pakistani <input type="checkbox"/> |
| Other white background <input type="checkbox"/> | African <input type="checkbox"/> | Bangladeshi <input type="checkbox"/> |
| Chinese <input type="checkbox"/> | Other Black background <input type="checkbox"/> | Other Asian background <input type="checkbox"/> |
| Any other background <input type="checkbox"/> | Asian or Asian British <input type="checkbox"/> | Not given <input type="checkbox"/> |

2. Who has parental responsibility?

3. Is the young person known to Children Services?

| | | |
|-----|----|-----------|
| Yes | No | Not Known |
|-----|----|-----------|

If YES please answer the following questions

| | | | | |
|--|---------|----------|----|-----|
| Accommodated by voluntary agreement with parents (s20 Children Act 1989) | Current | Previous | No | N/K |
| Subject to a care order (s31 CA 1989) | Current | Previous | No | N/K |
| Name on the child protection register | Current | Previous | No | N/K |

Name of Social Worker:



4. Family history: include details of significant family members, known history of domestic abuse / violence and specific reason for referral, impact on child / young person – witnessed/directly involved, who was the perpetrator of violence – Please include current relationships with parents / care givers and siblings.



5. Education Details: Which of the following best describes his/her current educational status? (Please circle)

| | | | |
|-------------------|---------------------|---------------------|-----------------------|
| Mainstream School | Special School | Pupil Referral Unit | Other specialist unit |
| Home tuition | Part time timetable | Left school/college | Other |

Name and address of school:.....

Telephone:.....

How many hours of education is he/she engaged in/receiving each week?

Is there evidence of non-attendance by the child / young person?

| | | |
|-----|----|-----|
| Yes | No | N/K |
|-----|----|-----|

Details: include special educational needs, instances of exclusion, truancy or bullying, difficulties with basic literacy/numeracy, poor relationships with teachers, are teachers aware of DV in this family, lateness, difficulties with homework, high reported level of sickness, recent change in schools

6. Wellbeing : Please provide details of how domestic abuse has impacted on the child / young person – consider both physical and emotional health and use of violence and other inappropriate behaviours.



7. Risk of harm: Are there any issues about this child / young person or their family that would present a serious risk of harm to staff, volunteers or other children / young people on the programme?

8. Substance misuse: please provide details on the use of any alcohol / tobacco / solvents / drugs, substance use that has a detrimental effect on education or relationships, offending to obtain money for substances, list drugs used.

9. Safety: is the child / young person allowed contact with the perpetrator, if yes does this have to be supervised, if so where and by who, is the perpetrator still in the family home, is the contact court-ordered or by informal agreement, is there any bail conditions/injunctions/residence orders of the perpetrator, is there any criminal or civil actions outstanding?

10. Other services involved with the family: please tick boxes

- Alcohol / Drug services
- CAFCASS
- CAMHS (Child & Adolescent Mental Health Service)
- Children's Services
- Education Welfare Officer
- Health Visitor
- Housing
- IDVA (Independent Domestic Violence Advocate)
- Perpetrators programme
- Police
- Probation
- School Nurse
- Specialist Domestic Violence Court
- Victim Support
- Women's support service
- YOT
- Youth Service
- Other Voluntary Sector organisation (name)

Please provide details of what support these services are providing.

Has the parent/carer given permission for The Hampton Trust to contact any of these services and share information? Yes / No

Do you wish to be kept informed of the progress Yes / No

Are the parent and child / young person aware that you have made this referral? Yes / No

Referring Agency:

Contact Name:

Contact Address:

Telephone Number:

E-mail address:

Referrals can not be accepted unless the programme has been discussed with the child / young person and if under 16 parental consent has been provided.

I confirm this referral has been discussed and agreed with:

Child / Young person **Yes** **No** Parent / Guardian consent **Yes** **No**

Signature of referrer..... **Date of referral**.....

