|  |
| --- |
| **For Office Use Only:** |
| Oasis ID |  |
| Referrer called |  |
| Parent/Carer assessment |  |
| Start date |  |

**Referral for Children & YP Outreach Direct Work**

Name of Referrer:

Referring Agency:

Date:

Contact details (phone/email):

Consent from child/young person **and** guardian **MUST** be gained before submitting this form

**Details of Child/Young Person: \*NB Child should be over 5 years of age\***

|  |  |  |
| --- | --- | --- |
| Name:  | Gender:  | Ethnicity:  |
| DOB:  | Age:  | First Language:  |
| School: | Year: | Religion: |
| Does the child have an Education, Health and Care Plan? (EHC, formerly statement of educational needs) (if yes, please state the child’s learning needs) |  |

**Impact of domestic abuse on child:**

|  |  |
| --- | --- |
| Has the child/YP witnessed physical abuse? |   |
| Has the child/YP witnessed emotional/psychological abuse? |  |
| Has the child/YP been physically abused? |  |
| Has the child/YP been emotionally/psychologically abused? |  |
| Has the Y/P been in an abusive relationship? |  |
| Is the child/YP showing abusive behaviour towards the non abusive parent? |  |
| What is the relationship to the perpetrator? |  |
| Does the child/YP have memories of the abuse? |  |
| Does the child/YP person have contact with the abuser,if YES, How often? Please specify if Face:Face,and/or telephone contact.  |  |
| Has the abusive relationship now ended? If so, when? |  |

**Details of Family:**

|  |
| --- |
| **Who has parental responsibility?** |
| Mother’s Name: | Tel:  | **Safe** Contact number:  |
|  | Address: |  |
| Father’s Name: | Tel:  |
|  | Address: |
| **Does the main carer have a good command of English?**  Yes/No |
| Sibling Details (include name and ages): | Perpetrators Name (if not father): |

|  |  |
| --- | --- |
| Is the child currently subject to an Early Help Assessment, a Child In Need Plan or a Child Protection Plan? |  YES/NO - if YES please state which |
| Please provide details of current/historic Social Care involvement? (Name of current allocated worker if appropriate, reasons and date(s) of involvement). |  |
| Details of other agencies involved: |
| Has this case been heard at MARAC Yes/No Date of MARAC meeting and actions  |
| **History of abuse** Give a summary of any incidents that the child has witnessed or experienced:  |
| **Behaviour, care needs, mental health concerns**What kind of difficulties or problems does the child or young person present with: |
| **What support is needed from The Dash Charity?**  |

Private & Confidential-please password protect and return completed form to: referrals@thedashcharity.org.uk Tel: 01753 549865