**WHO’S IN CHARGE REFERRAL FORM**

PLEASE READ THE BELOW BEFORE COMPLETING THE REFERRAL FORM

**Who’s in Charge?** is a 9-week child to parent violence (CPV) programme aimed at parents **whose children are aged between 8 – 18 years old** and are **being abusive or violent toward them or who appear out of parental control**.  The structure of the programme consists of 8 two-hour sessions with a two-month follow up which the parent(s) must be able to commit to. **Parental consent must also be gained before completing the referral.**

Please tick here if the family being referred meet the above criteria [ ]

Has parental consent been received [ ]

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| **Information about the person making the referral**  |
|  |
| Date of referral: |  |
| Name of Programme:  |  |
| **Please ensure all below sections are completed** |
| Referrer’s name (if applicable) |  |
| Organisation name (if applicable) |  |
| Role/ job title (if applicable) |  |
| Contact number  |  |
| Contact email |  |

**Information about the parent(s) wishing to complete the programme (if an additional parent is accompanying, please specify this in parent 2 section).**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent 1** |  | **Parent 2 (if applicable, state relationship to child/ren)** |  |
| First name |  | First Name |  |
| Last name |  | Last Name |  |
| Other names |  | Other Names |  |
| What do they like to be called? |  | What do they like to be called |  |
| DOB |  | DOB |  |
| Parental responsibility of Child? ‘x’ if yes. |[ ]  Parental responsibility of child? ‘x’ if yes.  |[ ]
| **Current address** |  | **Current address (if different to Parent 1)** |  |
|  **Contact Info**  |  | **Contact info** |  |
| Contact Number |  | Contact Number |  |
| Is it safe to leave message Y/N |  | Is it safe to leave a message Y/N |  |
| Email |  | Email |  |

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| Details of all **children** in the household where the child/YP is living (start with most challenging child first) |
| **Name** | **DOB** | **Gender** | **Ethnicity/Language** | **SEND / Diagnosed condition** | **School/ nursery** |
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| Details of all **adults** in the household where the child/YP is living |
| **Name** | **DOB** | **Gender** | **Ethnicity/Language** | **Disability (if yes, please specify)** | **Relationship to child** |
|  |  |  |  |  |  |
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**Please complete with the client:**

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| **Child’s Behaviours** |
| Guidance: How often, in the last 2 months (or the last 2 months that you were together) have these behaviours happened? |
| **To me** | Never | Once or twice | A few times | Once or twice a week | Daily or almost daily |
| Hit |  |  |  |  |  |
| Thrown things at |  |  |  |  |  |
| Pushed or grabbed |  |  |  |  |  |
| Yelled at |  |  |  |  |  |
| Verbally abused |  |  |  |  |  |
| Destroyed property |  |  |  |  |  |
| **To my partner****(if applicable)** | Never | Once or twice | A few times | Once or twice a week | Daily or almost daily |
| Hit |  |  |  |  |  |
| Thrown things at |  |  |  |  |  |
| Pushed or grabbed |  |  |  |  |  |
| Yelled at |  |  |  |  |  |
| Verbally abused |  |  |  |  |  |
| Destroyed property |  |  |  |  |  |
| **To siblings** | Never | Once or twice | A few times | Once or twice a week | Daily or almost daily |
| Hit |  |  |  |  |  |
| Thrown things at |  |  |  |  |  |
| Pushed or grabbed |  |  |  |  |  |
| Yelled at |  |  |  |  |  |
| Verbally abused |  |  |  |  |  |
| Destroyed property |  |  |  |  |  |

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| **Impact of the behaviour:**Guidance: **SD** Strongly Disagree **D** Disagree **N**  Neutral **A** Agree **SA** Strongly Agree |
|  | **SD** | **D** | **N** | **A** | **SA** |
| I feel able to cope with my child’s behaviour |  |  |  |  |  |
| I think things are getting better |  |  |  |  |  |
| I feel stressed and/or anxious |  |  |  |  |  |
| I feel guilty about my child’s behaviour |  |  |  |  |  |
| I feel depressed or very unhappy |  |  |  |  |  |
| I feel my health is suffering |  |  |  |  |  |
| I have good support with this issue |  |  |  |  |  |
| **Please give details of issues within the family environment, including any significant events that have led to making the referral.** |

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| **Additional information about the child:** | **Yes** | **No** |
| **Has your child been abused in the past?** |  |  |
| **Has your child witnessed or heard domestic abuse?** |  |  |

**Client equalities monitoring**

**Client 1:**

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| Client Gender | Female [ ]  | Male [ ]  |
| Do they have any kind of disability? (please tick any that apply) | Physical [ ]  Learning [ ]  Mental Health [ ] Deaf/ hearing impaired [ ]  Blind/ visually impaired [ ] Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t Know [ ]  |
| How would they describe their ethnicity? |
| White British [ ]  White Irish [ ] White Gypsy or Irish Traveller [ ] Any other White background [ ] Asian British [ ] Asian Indian [ ] Asian Pakistani [ ] Asian Bangladeshi [ ] Any other Asian background [ ] Chinese [ ]  Arab [ ]  | White and Black Caribbean [ ] White and Black African [ ] White and Asian [ ] Any other mixed/ multiple background [ ] Black British [ ] Black African [ ] Black Caribbean [ ] Any other Black background [ ] Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t Know [ ]  |
| Do they have a faith/ religion?  |
| No religion [ ] Bahai [ ]  Buddhist [ ] Christian [ ] Hindu [ ] Jewish [ ] Jain [ ]  | Muslim [ ]  Shinto [ ]  Sikh [ ] Zoroastrian [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t Know [ ]  |
| What is client’s nationality? |  |

**Client 2 (if applicable):**

|  |  |  |
| --- | --- | --- |
| Client Gender | Female [ ]  | Male [ ]  |
| Do they have any kind of disability? (please tick any that apply) | Physical [ ]  Learning [ ]  Mental Health [ ] Deaf/ hearing impaired [ ]  Blind/ visually impaired [ ] Something else:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t Know [ ]  |
| How would they describe their ethnicity? |
| White British [ ]  White Irish [ ] White Gypsy or Irish Traveller [ ] Any other White background [ ] Asian British [ ] Asian Indian [ ] Asian Pakistani [ ] Asian Bangladeshi [ ] Any other Asian background [ ] Chinese [ ]  Arab [ ]  | White and Black Caribbean [ ] White and Black African [ ] White and Asian [ ] Any other mixed/ multiple background [ ] Black British [ ] Black African [ ] Black Caribbean [ ] Any other Black background [ ] Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t Know [ ]  |
| Do they have a faith/ religion?  |
| No religion [ ] Bahai [ ]  Buddhist [ ] Christian [ ] Hindu [ ] Jewish [ ] Jain [ ]  | Muslim [ ]  Shinto [ ]  Sikh [ ] Zoroastrian [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t Know [ ]  |
| What is client’s nationality? |  |

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| Is there any social care involvement in this case?  | Yes [ ]  | No [ ]  |
| *(Please provide details including any plans)* |
| Name of allocated worker and contact details *(if relevant)* |  |
| Does client have additional needs? | Yes [ ]  | No [ ]  |
| If yes, please provide an overview of support needs |

**To submit this referral please email it to advice@ndas-org.co.uk**

**If you have any queries, please email** **advice@ndas-org.co.uk** or call **0300 0120 154**.