

The referral and screening tool has 3 main functions:

- *it is the main process for referring a young person to a prevention programme*
- *it is the central source of information used in deciding whether or not to 'verify' the referral, and offer services to the young person and his or her family*
- *it is a source and record of background information for key workers who are completing the Onset assessment.*

The guidance in this section helps prevention staff to interpret the information on a referral form and provides assistance to referrers in completing the form in the first place. It will also help when collating the information to provide results and statistics for the young people worked with by a prevention programme.

## Which referral form?

There are two *Onset* referral and screening forms:

- *Onset – Referral and Screening*
- *Onset – Referral and Screening: Parents/Carers and Others*

Because the forms mirror each other so closely, the guidance that follows applies to both.

The *Onset – Referral and Screening: Parents/Carers and Others* is an optional tool that can only be used to refer a young person to a YISP (because the YISP is the only prevention programme that allows parents to refer their children). It asks for the same information as the main form, but the risk factors are phrased slightly differently, and include examples, in order to be more appealing and easier to understand for referrers who are not employed by other agencies. The risk factor groups on each form can easily be matched to those on the other (this will be especially important when completing an electronic version of *Onset*): for example, 'Family situation and where the young person lives' on the parents/carers and others form matches directly to 'Living and family arrangements' on the main form.

There might be issues around literacy that make this form (and any other) difficult to complete. Appropriate advice and help should be offered if this appears to be prohibiting a referral.

Referrers should be encouraged to complete as much of the form as they can, and it should be emphasised that they should contact the prevention programme if they would like more advice or support.

Programmes might decide to amend the form, or create their own version. Whatever design is used, it is essential that the key information required is still collected: background information on the young person; reasons for referral; and the risk factors that are associated with the onset of offending or anti-social behaviour.

## About the young person

### **Other names**

These include nicknames, and alternative surnames.

### **Other telephone**

This should include a mobile number, if this has not been given as the home contact number.

### **Ethnic classification**

This information will enable monitoring of referrals made on Ethnic Minority young people and allow for diversity issues to be considered when creating a plan of action for any future intervention. The categories follow those that appeared on the 2001 census form. A young person's religion can be added if their faith is a big part of daily life or if planned interventions will need to be moulded to fit around, for example, worship times and rules about associating with others.

### **Referrer details**

This will usually be an individual referring on behalf of an agency or establishment, for example the young person's teacher on behalf of the school, or his or her social worker on behalf of the service. It is also possible for non-agency individuals to refer, such as parents or other concerned adults (for YISPs only, the *Onset – Referral and Screening: Parents/Carers and Others* can be used for this purpose).

### **Is the young person disabled?**

The definition of 'disability' here is:

- *a person has a disability if he or she has a physical or mental impairment which has a substantial and long-term effect on his or her ability to carry out normal day-to-day activities (Disability Discrimination Act 1995)*
- *a young person is disabled if he or she is blind, deaf or dumb or suffers from a mental disorder of any kind or is substantially and permanently handicapped by illness or congenital deformity or such other disability as may be prescribed (Children Act 1989).*

### **Family details**

#### **Who holds parental responsibility for the young person?**

This question has implications for the issue of consent and who is informed about interventions that take place. Parental responsibility is not necessarily held by the young person's mother or father: it might, for example, lie with the local authority.

If applicable, provide details about the young person's mother and father as well as any other carers (such as foster carers, other family members and step-parents). It is important to know about the young person's parents even if they are not living with the young person at the time of referral, and to try and make contact with them in the case of a full assessment being made – although for looked-after young people advice should be sought from those with parental responsibility before any such contact is made.

#### **Other young people in the household**

It is important to know about siblings and any other young people living with the young person being referred. This will help in preparing a full assessment and indicate if there are any other young people who may be in need of help. If the young person lives in a local authority home this section should only include those peers he or she spends most time with.

#### **Current or previous social services involvement with any child, young person or adult mentioned above**

Not every referrer will have this information: for example, the young person's teacher may not know about social services involvement with an absent father. However, include as many details as possible: this will enable swifter, more detailed investigation by the lead agency in the future.

## Educational details

This information will enable the programme to make contact with the school (or other establishment) immediately and so provide a swifter service for the young person.

### ***Is the young person receiving support under the SEN Code of Practice 2001?***

A young person is defined as having special educational needs (SEN) if he or she has a learning difficulty that requires special educational provision to be made for him or her. Those assessed as having SEN will sometimes be receiving support under the SEN Code of Practice 2001 (available to download from [www.dfes.gov.uk](http://www.dfes.gov.uk)): if this is the case, you should note it here.

### ***Has the young person received any formal sanctions or punishment?***

The young person being referred might have already received a police reprimand for offences committed, or be subject to an anti-social behaviour contract or anti-social behaviour order. If any details are known these should also be recorded here. If there is not enough room to list all known offences they should be noted on a separate piece of paper.

### ***Details of any other agencies you know are involved with the young person***

It may be the case that other agencies are supporting the referral: note this here. Any other agencies or individuals (for example, a youth centre worker or GP) known to be involved with the young person should also be mentioned here in order to speed up the assessment and provision of service to the young person.

The next section of the form contains a list of risk and protective factors that could apply to the young person being referred. These are grouped together in areas (such as statutory education and substance misuse) for easy reference. Where the referrer believes that a factor applies to the young person it should be ticked and brief evidence provided. Tick as many factors as apply to the young person in each group.

A young person's behaviour should be considered in light of their age and maturity – for example, characteristics such as 'gets easily bored' may be displayed by an 8-year-old as a matter of course, and not necessarily be a risk factor. Comparing an individual to his or her peers may provide evidence of age-specific behaviour.

Most of the factors are self-explanatory: guidance is provided below where further clarification might be needed.

Evidence can include examples from:

- how the young person behaves at school
- how he or she interacts with family members
- the friends the young person spends time with
- things he or she has said to the referrer
- concerns that have been noted by other people.

## Living and family arrangements

- Lives in a deprived household

This may include a household that is dependant on benefits or has entitlement to free school meals. While not necessarily a risk factor in itself, this could provide evidence for a larger problem (for example, a young person who does not have enough money to participate in positive leisure activities).

- **Experiences inconsistent supervision at home**

This includes changeable and erratic supervision by parents/carers; an inability by parents/carers to set boundaries; a young person in care who changes accommodation regularly, with no consistent rules set.

- **Experiences harsh discipline in the home**

This includes: excessive physical force; being locked in a cupboard as punishment.

- **Family is known to be involved in crime/anti-social behaviour**

'Family' here includes the mother, father, siblings and any influential secondary family members (for example, a cousin with whom the young person spends a lot of time).

- **Is currently experiencing unstable accommodation**

This includes young people who: move around a lot because of being in foster care; live in temporary accommodation; are subject to eviction by the local housing authority.

## **Statutory education**

- **Is regularly absent from school**

This includes: absences both with and without parental/carer consent. 'Regularly' can be defined as 2–3 times per month (either whole days or parts of days).

- **Bullies others at school**

This includes: name-calling; physical violence; threats; isolating individuals from group activities.

- **Statement of special educational need has been issued**

While this is not a reason to refer a young person in its own right, the reasons for the statement may provide evidence and information for any future intervention.

## **Neighbourhood and friends**

- **Lives in an area known for a high crime rate**

This can refer to an area defined by the local crime and disorder audit as having particularly high levels of crime. Alternatively, it might simply be an area known locally as having a high crime rate.

- **There is a lack of age-specific facilities in the area**

For example, is there a lack of local playgrounds, sports facilities, youth centres or other activities targeted at young people?

- **Does not use spare time constructively**

For example, is the young person always complaining about being bored and having nothing to do in his or her spare time? Does it seem that he or she wastes any spare time rather than participating in positive activities?

## **Substance misuse**

- **Seems to see his or her substance misuse as a positive and/or necessary part of life**

This may be applicable if the young person believes that the misuse of drugs or alcohol significantly improves his or her day-to-day life (that it gives them extra confidence or popularity, for example). This is especially relevant if the young person believes it is impossible to get through the day without some form of substance misuse.

- Is thought to be at risk of harm through use

'Risk of harm' includes the need for medical treatment to deal with substance misuse; the dangers of sharing equipment; withdrawal symptoms.

## Emotional and mental health

- Has a condition that affects his or her everyday life, for example, ADHD

The risk here relates to the *impact* of a condition rather than its existence: for example, ADHD may have an impact on behaviour at school and affect a young person's learning curve, or suffering from Tourette's Syndrome may make it difficult to form appropriate friendships.

- Has suffered a significant bereavement/loss that still affects him or her

The risk here relates to the *impact* of such a loss: for example, one that still affects the young person's everyday functioning. Does the loss cause depression that makes it difficult to go to school for example, or has the young person sought out inappropriate friendship groups in order to feel better?

- Seems to be suffering from emotional problems

This can include anything that is happening in the young person's life that is causing emotional problems: for example, the young person may have trouble sleeping due to problems at school, or being upset by negativity from family members.

## Perception of self and others

- Displays inappropriate self-esteem (too high or too low)

This applies if, for example, the young person believes that no one understands him or her and all problems have to be dealt with alone; if the young person has an undue sense of his or her own self-importance and shows little consideration for others.

## Thinking, behaviour and attitudes

It is especially important to consider the age and maturity of the young person in this section: for example, an 8-year-old may 'not seem to understand the consequences of his or her actions' by virtue of age alone, and so this should not necessarily be considered as a risk factor for the onset of offending or anti-social behaviour.

- Acts impulsively most of the time

The main issue here is whether the young person is impulsive as a general rule, and so if this can be seen as a defining part of his or her character. Does he or she ever weigh up the pros and cons of a decision, or nearly always rush into things without stopping to think?

- Does not seem to understand the consequences of his or her actions

For example, in relation to his or her own behaviour or potentially the behaviour of friends or family. The young person should have some understanding of the immediate and direct results of actions (such as distress to the victim) although not necessarily the longer term consequences (for example, a growth of fear of crime in his or her area).

- Is impatient and can't wait for things, getting agitated if made to

This applies if the young person needs to have things immediately and refuses to wait for anything: for example, the use of a piece of equipment in the classroom, attention from a parent/carer.

## Positive factors

As well as looking at the risks, it is important to highlight some of the good things about the young person. What positive factors already exist that can be promoted further in the future?

- **Demonstrates some ambition and future plans**

If the young person can think about the future and has a positive goal, he or she is more likely to be motivated to change his or her negative behaviour now in order to keep that positive goal on track.

## Young person's vulnerability

This refers to potential harm being caused *to the young person*. It may be necessary to contact other mainstream agencies immediately with this information.

- **Due to the behaviour of other people**

This includes: bullying; abuse; intimidation; exploitation.

- **Due to events or circumstances**

This includes: separation; anniversary of a loss; change of care arrangements.

- **Due to his or her own behaviour**

This includes: risk-taking; self-harm; attempting suicide; ignorance; drugs; acting out; inappropriate responses to stress.

## Risk of harm by the young person

This refers to the potential of serious harm being caused *by the young person* to other people. Serious harm means death or injury (either physical or psychological) which is life threatening and/or traumatic and from which recovery is expected to be difficult, incomplete or impossible.

## Reasons for the referral

This section provides a narrative summary of the reasons for the referral. It should highlight any actual offending and/or serious anti-social behaviour by the young person that has provided evidence for the referral, as well as details of any impact on the young person, the family, individual victims, school or community.

### ***What work has your agency been doing to deal with the behaviour and risk factors identified above?***

This section should provide a summary of the work that was being done with the young person before the referral was made, and any impact this has had on his or her behaviour.

### ***Proposals for assistance from the prevention programme***

Proposals could highlight areas where individual agencies may need to offer more help to the young person and his or her family.

### ***Are you aware of any dangers associated with home visits?***

These include the young person living in an area which has abandoned syringes; a house with a dangerous dog; family members who have exhibited violence in the past. Flagging up such dangers means that two practitioners can attend if necessary to work in safety.

### ***Please return this form to:***

This should be completed by the programme and contain the contact details of the person receiving all referrals.

## To be completed by the prevention programme

This section indicates whether or not the prevention programme will be working with the young person with a view to early intervention. It should be filled in on completion of the verification process described in the next section.

## Consent form

The referrer must ensure that the parent/carer and young person consent to the referral being made to the programme. This is usually secured by talking through the reasons for the referral with the young person and his or her parents/carers and asking them to sign this consent form

The consent form explains the relevant referral and data protection issue. It also contains a summary of reasons for the referral and proposals for assistance. A referral will not usually be accepted without valid and completed consent (although this depends on the individual criteria of each prevention programme). A copy of the consent form should be given to the young person and the parent/carer. See the relevant management guidance notes, or the SSP mainstreaming document (available from [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)) for further details on consent.