

**Healthy Relationships Project Referral for Young people**

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| **Purpose of form:**  This form is to be used by Social Workers and other professionals to refer a child/ren who have Children Social Care involvement to have support and undertake the Escape the Trap Programme by a member of the Healthy Relationship Project. Escape the Trap 13-17 years· 8-week programme providing an accessible way for young people to address their expectations of healthy relationships/experiences of teenage relationship abuse.The HRP REACH programme 12-17 yearsThis is an 8-week programme delivered in schools, as well as 1-1 and is aimed at supporting teenage boys to safely explore their journey to becoming a man, and their role in relationships. Each session is designed to encourage boys to learn about healthy masculinity, gender roles, and challenging stereotypical expectations. This will equip them with the tools to reflect on what a healthy relationship is versus what an unhealthy relationship may look like, whilst promoting positive mental health and wellbeing.Part A (referral) and Part B (risk assessment) must be completed fully to avoid delay in starting the programme. **Please send completed form to:** * Healthyrelationships@milton-keynes.gov.uk

Children and Families Milton Keynes CouncilHealthy Relationship Project135 Jonathan’s, Coffee Hall, Milton Keynes, MK6 5DR. Healthy Relationship Projects phone number is:  01908 254223 - Business Support Assistant  |

**Part A– Referral Information to be completed by professional referring the case**

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| **Name of assigned Social Worker** (or other professional referring case – please state role if not Social Worker) |  |
| **Direct Telephone Number** |  |

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| **Name of all persons attending the programme**

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| **Child/ren’s name** | **Child Age** | **Child Gender** |
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| **Parent /Other responsible for the young person\*** | **Relationship to child** | **Contact telephone numbers** |
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| **Are there any specific cultural needs to be accommodated? (For example, interpreter)****(Please note: It is the responsibility of the referring worker or Local Authority to ensure the interpreter is booked in person to attend the programme)** |  |

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| Preferred start date of the programme  |  |
| Preferred days and times (In school hours, after school hours) |  |
| Any other comments regarding timing requirements |  |

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**Part B – Risk assessment information**

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| **BRIEF BACKGROUND INFORMATION / WHY DOES THE PERSON NEED SUPPORT WITH HEALTHY RELATIONSHIP WORK?****(This can be cut and pasted from ICS case summary if this is UP TO DATE)** |  |
| **Identified risk factors affecting the young person/s** (e.g. mental and general health, experience of domestic violence, family dynamics, substance misuse, medication, violent or other concerning behaviours, gang affiliation)1.2.3.**How will identified risks be managed? (Contingency plans, safety at home, safety in the community etc)** **Does the young person/s have any special needs or requirements relating to illness, impairment, allergies, special needs or other? (Please specify)****Please give full details of any offences or findings of fact involving the young person/s, domestic abuse, sexual offences/abuse, drugs, and weapons.****Are there any concerns in respect of potential risk to the worker being alone, or in the community with this young person? YES NO****Are there any concerns in respect of potential risk to the young person being alone, or in the community with a worker? YES NO**  |

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| What work has been carried out with this young person.  |  |
| What work is still being undertaken with this young person and what professionals are involved. |  |
| Are there any specific issues not referred to above that the Healthy Relationship Project needs to be aware of and record? |  |

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| **Declaration completed by person referring the case**- I confirm that all risk information has been included and that if the risks change, I will notify the person assigned to work with the young person/s

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| Name |  |
| Date |  |

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**Part C – Healthy Relationship Project use only**

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| Date and time received  |  |
| Who received by |  |
| Case discussed between Social Worker and/or Family Time Team Leader or Family Support Worker– can the service accommodate? If no, reasons why |  |
| Family Support Worker allocated |  |
| Venue or specific room allocated (Coffee Hall, or name of other centre being used) |  |
| Date and time booking confirmed and scheduled  |  |

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| Any additional comments not covered elsewhere within this form: |