**Our Future: Screening and Referral Tool**

Our Future is delivered by Black Country Women’s Aid (BCWA). The service offers a range of support for children and young people age 5-18 to help them deal effectively with witnessing or experiencing domestic abuse. We offer the following support to children and young people across the Black Country area (Walsall, Wolverhampton, Dudley, Sandwell):

* Advice and support to schools on risk assessment, the effect of domestic abuse on children, and helping children to feel safe and engage at school;
* Direct support for children following a notification of domestic abuse, including:
* One to one support and advocacy;
* Group support programmes tailored to a range of ages;
* Awareness raising and prevention work for children and young people.

This screening tool is designed to help support professional decisions on what support the child or young person may require from the service. It also supports BCWA to gather all the essential information required to tailor the most appropriate support package and manage risk.

The screening tool will need to be completed with the child or young person. In their absence, you will need to use your professional judgement or provide as much information as you can.

**Important information, please read before completing this form:**

The referring agency is responsible for compliance with GDPR and the seven key principles. Compliance within the spirit of these key principles is a fundamental building block for good data protection practice.

When referring children and young people into BCWA services it is important that you have obtained **Parental consent.** Where you do not have consent from either the child or young person, or parent then we can only provide advice and guidance but not direct support or group work.

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| **Our Future Screening Tool** |
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| **Section 1: Police involvement**  |
| Have you received a notification via Operation Encompass of domestic abuse incidents within the child’s household?  |
| * **No**
 | * **Yes**
 | **Date of offence:** |  |
| If you have not received police notification, are you aware that there is domestic abuse in the child’s household?  |
| * **No**
 | * **Yes**
 | **Details:** |
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| **Section 2: Emotional wellbeing and mental health after witnessing abuse: children aged 5-18**  |
| **Q1. Is the child or young person presenting with any of the following difficulties?** |
| Signs of neglect □ History of DV at home □ History of Police involvement □History of Social Care involvement □ Behaviour that is out of control/concerning □Recent significant change in behaviour □ Sibling displaying significant change in behaviour □ Frequently complaining of illness □ Poor attendance/increase in absences □ Difficulties making and maintaining friendships □ |
| **Q2. For the following, please indicate on the scale the difficulties the child or young person is having. (1: No problems; 2: Mostly ok, few incidences; 3: Improvements needed and there is a cause for concern; 4: Affecting the individuals functioning on some occasions; 5: behaviour seems unlikely to change without appropriate intervention).** |
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| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

Difficulty concentrating Outbursts of anger

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| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

Anxiety

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

Any self-harming behaviour

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| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

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|  **Q3. Is the child or young person a victim of domestic violence or sexual abuse themselves?**  |
| * No
 | * Yes
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| ***Please include details of any other concerns or additional needs that the child or young person may have:***  |
| **Q4. Are you concerned that the child having discussions around this topic would cause the child or young person difficulties in regulating their own emotions?** |
| * No
 | * Yes
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| **Q5. In Brief please state reason for the referral.** |

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| ***Please provide additional information that will support the screening process:*** |

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| **Agency information** |
| Agency making referral: |  | Contact name: |  |
| Contact telephone: |  | Contact email: |  |
| Date of referral |  |  |  |

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| **Child/young person’s information** |
| Name: |  | Date of birth: |  |
| Address:Postcode: |  | contact number |  |
| Religion: |  | Gender: |  |
| Disability: |  | Parent contact number |  |
| Parent name |  | Other information |
| **Ethnicity**  |
| * White British
 | * White Irish
 | * Asian Other
 | * Indian
 |
| * White/Black Caribbean
 | * White Black African
 | * Mixed other
 | * Black British
 |
| * Bangladeshi
 | * Pakistani
 | * White other
 | * Black other
 |
| * Black African
 | * Black Caribbean
 | * White/Asian
 | * Other
 |
| **Agencies involved**  |
| School/College name  |  | Contact details  |  |
| GP surgery  |  | Contact details  |  |
| Social worker  |  | Contact details  |  |
| Level: Please Circle | Early Help | CIN | CP | LAC |
| Police  |  | Contact details  |  |
| Crime reference number/Unique reference number  |  | Contact details  |  |

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| **Consent and Confidentiality** |
| If over 12 has the young person consented to you making this referral on their behalf? | Yes ☐ | No ☐ |
| If under 12 has the parent consented to you making this referral on their behalf? | Yes ☐ | No ☐ |
| **If the client has not consented: we will only be able to provide advice and guidance to the referring agency**  |

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| **Privacy Notice Statement** Please note By completing this referral, BCWA will expect that: * The referral has been discussed and agreed by the service user ☐
* You consider to have the service user to have capacity to give ☐

informed consent * You have explained that any information held on this form will ☐

be stored via BCWA on a secure data base |

Due to having personal information on this form, this should be sent through secure email to: supportforchildren@sandwellwa.cjsm.net

Non secure emails MUST be sent password protected to: youngpeople@blackcountrywomensaid.co.uk