*This* ***Child / Adult Child to Parent Domestic Abuse risk assessment / referral*** *form should be used when it has been identified that a parent / guardian is being abused by their child (of any age). This is also a referral form to receive support from the Child to Parent Domestic Abuse Service. The service supports children and young people from the age of 6-17 years who abuse to develop healthy behaviours. The service also supports Parents who are being abused by their Child/ Adult child of any age.*

Referral form to service

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| **Referring Agency:** |  |
| **Name:** |  |
| **Contact Number:** |  |
| **Contact email address:** |  |
| **Date referral is being made:** |  |
| **If applicable, please confirm if consent has been gained from client around sharing of information:** | (YES) (NO) (N/A)  *If No, then please state why this is:* |

Information below is regarding Parent facing the abuse:

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| **Name of Parent/Guardian experiencing abuse** |  | **Age**  **& D.** **O.B** |  |
| **Address** |  | **Gender** |  |
| **Phone / Mobile** |  |
| **Ethnicity** |  | **Email** |  |
| **Sexual orientation** |  | **Best mode of contact ie email/phone** |  |
| **Are the family open to Services?**  EH, CIN, CP, Adult social care, other? *(If yes then please provide lead professional’s name and contact details)* |  | | |
| **School/educational setting if Child/ren in the home are under 18.**  (contact details of key person for each child) |  | | |
| **Special Needs** (Access issues, language, mental health, literacy,  disability etc) ASD/ADHD |  | | |
| **Mental Health**  **Diagnosis**  (Nature, date &  treatment) |  | | |

Information below is regarding Child/ Adult Child:

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| **Name of Child/ Adult Child who is abusing.** |  | **Age & D.O.B** |  |
| **Address**  (If Different to above) |  | **Gender** |  |
| **Relationship to**  **Child/ Adult Child who is harming.** |  |
| **Ethnicity** |  | **Telephone / Mobile** |  |
| **Sexual orientation** |  | **Email** |  |
| **Special Needs** (Access issues, language, mental health, literacy,  Disability, Neurodiverse etc.) |  | | |
| **Special Needs** (Access issues, language, mental health, literacy,  Disability, ASD/ADHD etc) |  | | |

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| **Family Status**  (lone parent, step, carer, Child doesn’t live in same property) |  |
| **Others In Household of Parent and others in household where Child lives.** (Please list name, relationship to Child, gender, age & any specific needs/ Disabilities) |  |
| **Police Involvement**  (Nature & details) |  |

**Risk Assessment:**

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| **Child to Parent Abuse Risk Screening** |
| **Parent/Carer-Child Relationship.** |
| How would you describe your relationship with your child? |
| When did your Child’s behaviour start to concern you? Are there any triggers that result in this behaviour? |
| What happens when your child displays the behaviour that concerns you? How often does this behaviour happen? |
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|  | **Please tick the appropriate box that reflects the risk:** | **Yes** | **No** | **NK** |
| **1.** | Has the current incident resulted in an injury?  ***If yes, then please expand further:*** |  |  |  |
| **2.** | **Are you very frightened or have you ever felt afraid of your child?**  ***If yes, then please expand further:*** |  |  |  |
| **3.** | **What is it you’re afraid of? Is this further violence or injury or other?**  ***If yes, then please expand further:*** |  |  |  |
| **4.** | **Do you feel isolated from your family, friends or support network due to your situation at home?**  ***If yes, then please expand further:*** |  |  |  |
| **5.** | **Are you feeling low or finding your emotions hard to cope with?**  **Do you have suicidal thoughts or have ever self-harmed?**  ***If yes, then please expand further:*** |  |  |  |
| **6.** | **Have you separated from or tried to separate from your child within past year ?**  ***This can be you leaving the home to get away or you asking your child (of any age) to leave/ not make contact?*** |  |  |  |
| **7.** | **(For Adult child only) Is there conflict over child contact?**  ***Does your child threaten to stop you having contact with your grandchildren?*** |  |  |  |
| **8.** | **Does your Child constantly text, call, follow, stalk or harass you?**  ***If yes, then please expand further:*** |  |  |  |
| **9.** | **Are you pregnant or have you recently had a baby (within the last 18 months)?**  ***If yes, then please expand further:*** |  |  |  |
| **10.** | **Is the violent, abusive, aggressive behaviour happening more often?**  ***If yes, then please expand further:*** |  |  |  |
| **11.** | **Is the abuse happening more often from your Child?**  ***If yes, then please expand further:*** |  |  |  |
| **12.** | **Does your chid try to control anything/ everything that you do, or display excessive jealous behaviour towards you?**  ***If yes, then please expand further:*** |  |  |  |
| **13.** | **Has your child ever used weapons or objects to hurt you?**  ***If yes, then please expand further:*** |  |  |  |
| **14.** | **Has your child ever threatened to kill you or someone else and you believed them?**  ***If yes, then please expand further:*** |  |  |  |
| **15** | **Has your child ever attempted to:**  ***Please tick as appropriate and explain in detail below.***  **Strangle you**  **Choke you**  **Suffocate you**  **Drown you**  **Bitten you**  **Spat at you** |  |  |  |
| **16.** | **Has your Child ever said or displayed anything of a sexual disrespect or derogatory nature?**  ***Please tick as appropriate and explain in detail below.***  **Displayed sexual behaviour towards you**  **Been exposed to or exposed you to Pornography**  **Used sexual insults direct or indirect towards you** |  |  |  |
| **17.** | **Is there any other person who has threatened you or who you are afraid of?**  **If yes, then please expand further:** |  |  |  |
| **18.** | **Do you know if your child has ever hurt anyone else? Does your child display abusive, aggressive behaviour to anyone else in or outside of the family home?**  **Child?**  **Sibling?**  **Another family member?**  **Other (Please specify)**  ***If yes to any of the above, then please expand further:*** |  |  |  |
| **19.** | **Has your child ever mistreated an animal or family pet?**  ***If yes, then please expand further:*** |  |  |  |
| **20.** | **Has your child ever demanded money from you or tried to financially control you? Are there any financial issues?**  ***If yes, then please expand further:*** |  |  |  |
| **21.** | **Has your child had problems in the past year with drugs (prescription or other), alcohol or mental health leading to difficulties in daily functioning?**  ***If yes, then please expand further:*** |  |  |  |
| **22.** | **Has your child ever tried to attempt/ threaten to attempt suicide or is feeling suicidal at present?**  ***If yes, then please expand further:*** |  |  |  |
| **23.** | **Has your child ever broken bail/ an injunction and/or formal agreement for when they can see you or other family members?**  ***If yes, then please expand further:*** |  |  |  |
| **24.** | **Has your child been involved with the police in anyway?**  ***If yes, then please expand further:***  Domestic abuse ☐  Sexual violence ☐  Other violence ☐  Other☐ |  |  |  |

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| **Based on the number of YES boxes ticked ABOVE :** |
| If YES ticks above only score ‘standard’ but you believe the risk is ‘Medium/High’, then please tick appropriate box below but give your rational surrounding your professional judgment.  ***High= 14 + YES ticks in total.***  ***Medium = 8 to 13 YES ticks in total.***  ***Standard= 1-7 YES ticks in total.***  Standard  Medium  High |
| **Additional questions needed to be completed as part of the referral** |

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|  | **Please tick the appropriate box that reflects the risk:** | YES | NO | **NK** |
| 25. | **Have you ever used drugs and/or alcohol to manage difficult situations or feelings? What is the nature of your use?**  ***If yes, then please expand further:*** |  |  |  |
| 26 | **Do you yourself as the parent/guardian see yourself as vulnerable in anyway, or have any specific requirements in accessing support?**  ***If yes, then please expand further:*** |  |  |  |
| 27. | **Is there anyone else in the family at risk of violence or abuse? Who is at risk? How are they at risk?**  ***If yes, then please expand further:*** |  |  |  |
| 28. | **Has your child taken part in any therapy/counselling or therapeutic interventions in the past 6 weeks?**  ***If yes, then please expand further:*** |  |  |  |
| 29. | **Has your child experienced personal trauma such as:**  **Death/Bereavement**  **A looked after child**  **Sexual or physical harm**  **Other**  ***If yes, then please expand further:*** |  |  |  |
| 30. | **Has your child ever witnessed or experienced abuse between adults?**  ***If yes, then please expand further:*** |  |  |  |
| 31. | **Is your child currently being exposed to adult domestic abuse?**  ***If yes, then please expand further:*** |  |  |  |
| 32. | **Is your child under any threat of violence or abuse from anyone at the moment?**  ***Please provide details of who from and the nature of the abuse if ticked YES.*** |  |  |  |
| 33. | **(For school aged children) Does your child lack engagement with educational settings E.G. Truant or is on fast track to prosecution?**  ***If yes, then please expand further:*** |  |  |  |
| 34. | **Does your child associate with a difficult friendship/peer group?**  ***If yes, then please expand further:*** |  |  |  |
| 35. | **Does your child have any problems with spending excessive time on; online gaming, viewing pornography, social media?**  ***If yes, then please expand further with an estimated average time that’s spent each day viewing the material:*** |  |  |  |
| 36. | **Does your child have any mental health issues, do they have a formal diagnosis?**  ***If yes, then please expand further:*** |  |  |  |

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| Total Number of Yes Boxes ticked: |
| Total Number of Yes boxes ticked from questions 25-36: |

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| **Referral questions:** |
| **If you could change one thing, what would you change?** |
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| **What have professionals done to support change, what tools have been used previously? Is there anything the family have found helpful?** |
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| **Narrative of professional judgment on risk level:** |
| *Please use the space below to include a narrative of the situation and your professional judgment in relation to the level of risk posed and vulnerability to the parent. Please give an overview of the situation at home for both child and parent/guardians:* |
| **What are your expectations from the Child/ Adult Child to parent abuse service? What support are you wanting from the service currently?** |
|  |
| **Please see below further information if you deem the risk to be High and additional/Immediate support/referrals are needed** |
| **If you believe the victim to be of high risk of harm and both parties are 16+ and over, then please refer to MARAC-** [***Vulnerability.Hub@cheshire.police.uk***](mailto:Vulnerability.Hub@cheshire.police.uk)    **If you believe the Child to be high risk (18 years and under), then please complete a MARS form for multiagency support.**  **This risk assessment form should not replace your safeguarding processes. Please follow policies and procedures of your setting.** |
| **Signed by Parent/ Guardian: Date: / / /** |
| **Signed by Practitioner completing referral: Date: / / /** |

Once this referral form and risk assessment is completed, please send to: cpa@warrington.gov.uk

If you’re in need of a best support consultation or wanting to find further information out regarding the Child to Parent Abuse service office, then please email the service lead Coordinator: [billy.hughes@warrington.gov.uk](mailto:billy.hughes@warrington.gov.uk) or alternatively call: 07812477660.

**Useful links for information regarding Child to Parent Abuse:**

**In an emergency, always call the police on 999, or 101 in non-emergency.**

You can register with the [emergencySMS](https://www.emergencysms.net/). Text REGISTER to 999. You will get a text which tells you what to do next. Do this when it is safe so you can text when you are in danger.

[www.pegsupport.co.uk/useful-contacts](http://www.pegsupport.co.uk/useful-contacts)

[www.refuge.org.uk](http://www.refuge.org.uk)

[www.respectphoneline.org.uk](http://www.respectphoneline.org.uk)

Respect Helpline- 0808 8024040

Pegs support can be offered via emailing- [hello@pegsupport.com](mailto:hello@pegsupport.com)

Refuge’s national Domestic abuse helpline- 0808 20000 247

[Bright Sky](https://www.hestia.org/brightsky) is a mobile app and website for anyone experiencing domestic abuse, or who is worried about someone else.

**Please use the above links and phone lines for additional support, advice and guidance.**