Introduction

The Respect Young People’s Programme is a programme for families where children or young people aged between 10 and 18 are abusive or violent towards the people close to them, particularly their parents or carers. This abuse may be physical, verbal, financial, coercive or emotional and may include behaviour like hitting, making threats or causing damage in the home.

The programme avoids blame and works together with both the parents/ carers and young person, seeing them all as part of the solution. The programme is designed to enable families to identify negative behaviour patterns and work towards positive outcomes.

* The young person will be required to complete 9 sessions with their RYPP worker.
* The parent/carer will be required to complete 7 sessions with their RYPP worker.
* AND there will be 2 sessions at which the young person, parent/carer and RYPP workers will be present.

The RYPP programme is co-delivered, working in partnership with the Wish Centre and LCC's Children's Services. Sessions will be offered on a 1:1 basis with delivery either face to face or virtually via Zoom or Teams – CYP /Parents /Carers will be offered the choice.

**Please make sure all aspects of the referral form are completed in full and you have the consent of both the parent and child/young person. This referral will be returned if not completed in full.**

**Consent:**

|  |  |
| --- | --- |
| **The parent/ carer is fully supportive of the referral and willing to engage?** | **Yes/No** |
| **The programme has been discussed with the young person and are they willing to engage?** | **Yes/No** |
| **Are you RYPP trained worker? If so, based on the relationships you have with the family what would be your preference of delivery – working with the Parent/Carer OR the YP/Child, please state below:** |
| **Please specify what support has been offered so far by your service and outline the reason for your referral.** |

***Please state below who the LCC Children's Services allocated RYPP trained worker will be for this family – if you are completing the form and you are not a RYPP trained worker then you need to find an available worker to take up this role within your team and state who this is on the referral form before you send the referral form to the Wish Centre. If you are a school making this referral and there is not an allocated CFW worker, then please get in touch with your link Senior Family Support Worker and they will be able to guide you through the process. The programme is to be co-delivered between LCC Children's Services and the Wish Centre. To access this programme the family must be open to CFW or Children's Social Care.***

**Referrers Details:**

|  |  |  |
| --- | --- | --- |
| **Name**  |  | **Who will be the allocated RYPP Trained Worker?** |
| **Job Role:** |  | **Contact Details:** |
| **Organisation/Service Area:** |  | **Email address:** |
| **District:** |  |  |
| **Mobile Number:**  |  | **Office Number:**  |
| **Your email address** |  | **Name of line manager & email address:** |

*(Please make sure these details are fully completed otherwise your referral will not be accepted)*

**About the Child or Young Person (s)**

*(If there is more than one child/YP please complete additional referral form)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Child or Young Persons(s) Full Name**  |  | **Year Group**  |  |
| **Address & Postcode**  |  | **Age and Date of Birth**  |  |
| **Email Address**  |  | **Gender**  |  |
| **Mobile Number** |  | **Ethnicity \*** |  |
| **Name of School/College**  |  | **Special Educational Needs**  |  |

**\*Ethnicity** 

**About the parent/career**

|  |  |
| --- | --- |
| **Name of Parent/Career 1** *Legal status (parent, carer etc.)?* | **Name of Parent/Career 2***Legal status (parent, carer etc.)?* |
|  |  |
| **Address and Postcode**  | **Address and Postcode** *(If different)* |
|  |  |
| **Email Address/mobile:** | **Email Address/mobile:** |
|  |  |
| **Gender:** | **Gender:** |
| **\*Ethnicity:** | **\*Ethnicity** |
| **Consent obtained?**  | **Consent obtained?** |

**\*Ethnicity:**

**Continuum of need**

*(Please note that family must be open to one of the following services to be eligible for RYPP)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Tick**  | **Name of Lead Professional/FSW/Social Worker.** | **Mobile number and email address**  |
| **CFW service**  |  |  |  |
| **Child In Need** |  |  |  |
| **Child Protection**  |  |  |  |
| **Please outline other agency professionals involved with the family.** |

**More about the family and its structure:**

|  |
| --- |
| **Please provide details of the family structure. (e.g., siblings, other parent/carers, young person’s relationships, does the young person have any children?)** |

|  |
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| **Please tell us if there is anyone who is not permitted to have contact with the child/young person.****(i.e., collecting them from the programmes, etc.?) If so, please provide details:** |

|  |  |
| --- | --- |
| **Signed by the referrer:** |  |
| **Date:** |  |
|  | **Please return the completed form to:****info@thewishcentre.org** |