13-18 referral/care pathway

Guidance notes

The Young People’s Programme was launched in April 2013 and aimed to:

- Reach 13-17 year olds experiencing domestic abuse, ‘honour’-based violence, forced marriage, sexual exploitation, gang involvement and cyber stalking, and reduce harm in 60% of cases.
- Align safeguarding and domestic violence services into a cohesive pathway that will improve early intervention/prevention and promote appropriate referral for high risk cases.

One of the high priority aims of the Programme was to develop a network of champions from each local authority who can act as a Young Persons Violence Advisor (YPVA) who could align services along a recognised referral/care pathway for young people experiencing these forms of abuse. Where this is not a designated professional, the most appropriate lead professional within the authority should have been identified. This aimed to improve early identification, reduce risks, co-ordinate support locally and establish an evidence base of young people’s need in relation to domestic abuse. It also clarified referral routes and ensured that children and young people safeguarding procedures continued to be a high priority.

About this document

The aims of the referral/care pathway and guidance notes are:

- To map out the process for practitioners, in order to guide them through a disclosure from a young person, to the implementation of a risk assessment, and referral to specialist and statutory services.
- To help frontline practitioners identify cases of high risk domestic abuse, stalking and ‘Honour’-Based Violence experienced by young people.
- To offer a common tool to agencies who refer into the Marac process, thus providing a shared understanding of risk in relation to young people, which is identified through the Young Person’s Version of the SafeLives-Dash Risk Identification Checklist (RIC) (check).
- To inform the decision as to which cases should be referred to the Ypva.
- To ensure that, at local level, the Ypva and Independent Domestic Violence Advisor (Idva), (where they are not the same professional), work in parallel partnership with the Marac in order to ensure an effective process and good outcomes for the young person.

This guidance does not include:

- Specific information on safeguarding process. At local level the designated safeguarding lead is the professional point of contact, who will advise the Ypva/practitioner on all safeguarding procedures.
- Information on data collation. This information will be disseminated by the Ypva as the programme is implemented, and will form the basis of ongoing data analysis.

The Ypva role

- The Ypva holding a caseload will be responsible for young people who are experiencing serious harm who are identified through the local referral/care pathway. This activity should be supported by co-ordination with other social care practitioners. They will mediate with local agencies, professionals and forums who would need to be involved in identifying the cases of young people experiencing serious harm, and ensure that they are linked into the agreed referral/care pathway that includes both safeguarding and the Marac.
- The Ypva Champion (without a caseload) will identify the local agencies, professionals and forums which would need to be involved in identifying cases of young people experiencing serious harm from interpersonal violence and abuse, and ensure that they are linked into an agreed referral/care pathway that includes both safeguarding and the Marac.
Either role should be clarified within Marac business planning and commissioning service level agreements. Whatever the focus of the role, it is anticipated that the Ypva will act as the local point of contact, ensuring collation of data and appraising all relevant partners in parallel forums of specific cases, including data information where appropriate.

**The referral/care pathway**

**Disclosure of domestic abuse from a young person**

At the point of disclosure, it is imperative that the young person’s safety is considered and appropriate action is taken to ensure this. Young people are protected by child protection legislation until their 18th birthday; therefore professionals need to follow their agency’s safeguarding children procedures under the duty of care. A best practice response for a young client is likely to reflect an integrated approach which combines child safeguarding and high risk domestic abuse expertise, tailored to each young person’s needs. It is important to involve the client in the process as much as possible.

**The Government definition of domestic violence and abuse is:**

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 and above, who are or have been intimate partners or family members, regardless of gender or sexuality’. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.’

Refer to Ypva and Children’s Social Care (CSC)

- **Young people aged 13-15:** There must be a discussion/referral to children’s social care, who will then follow their local child safeguarding procedure. Local authority children’s social care has a duty under the Children’s Act to clarify referrals. This will be a difficult and frightening time for the young person, and it is important that the reason for the referral is explained in a sensitive and age appropriate manner. Any risk assessment must align effectively with child protection procedure. At this point, confidentiality parameters must be clarified for the young person. This should include sensitivity to cultural issues. For example, the involvement of parent/guardian in cases pertinent to forced marriage.
- **Young people aged 16-17:** Young people, who have disclosed domestic abuse, or any form of abuse as described in the definition, will need to be assessed using an adaption of the Young People’s Version of SafeLives-Dash Risk Identification Checklist. If the Checklist is not undertaken by the Ypva, they should ensure that this is embedded into local process with clear identification as to where the ultimate accountability for its completion rests.

As with all risk assessment, a practitioner’s professional judgement is crucial. It is very important to listen to the young person and carefully explore their situation with them. Wherever possible, the practitioner should make every effort to ensure that the young person does not continually have to repeat their story to other colleagues, as this can be distressing and time consuming. They will also need to ensure that the specific policies/practice of individual agencies are built into the assessment process. For example:

- Confidentiality policy.
- Safeguarding policy.
- Information sharing policy and protocols.
- Marac referral policies and protocols.
13-17 year olds identified as high risk will be supported by the Ypva and children’s social care, depending on who is the most appropriate lead professional.\textsuperscript{iv}

13-17 year olds who are identified as not immediate high risk, but still require help support and education, should be referred to a specialist service by the Ypva, where case management procedure will be followed. This will be in line with designated local children’s safeguarding thresholds. Other services that may be included are drugs and alcohol, child and adolescent mental health and school nurses etc.

Strategy discussion/information sharing
This is a key forum for agencies to ensure that the young person’s risk and current situation are assigned to appropriate support, through the children’s social care route and the Marac. The facilitation of this discussion will adhere to local process. Appropriate agencies to attend the discussion will be decided at local level, but it would be expected that statutory agencies such as health, children’s social care, the police and youth offending services would be key participants and that all agencies would continue to work closely together throughout the process. Other key partners would be:

• The Idva.
• Marac Chairs and Co-ordinators.
• Quality assurance/monitoring bodies such as the Local Safeguarding Children Board (LSCB) and Health and Wellbeing Boards.
• Directors of Public Health.

Throughout the pathway, safeguarding issues will be a parallel consideration at all times, emphasising the importance of working in close partnership with all the relevant partners. The Ypva will support the co-ordination of the strategy discussion and ensure that the appropriate pathway is followed.

Engaging with young people
It is anticipated that practitioners working with young people will be equipped with all of the necessary skills for engagement in order to ensure that the young person feels secure with the process and the environment. As we know, young people engage with services in a different way to adults and the Ypva will need to be adaptive in their working practices to retain meaningful contact with them.

Young people may have fluid relationships and specific preferences for communicating - e.g. texting - as well as different priorities to adult clients. A flexible working approach will be required in order to engage with this client group. It is important that each individual case also ensures that the person who has caused the harm is called to account and that appropriate measures are in place to ensure the safety of the young person who is at risk.

Useful resources

\textsuperscript{i}This may include the Local Children’s Safeguarding Board, Health and Wellbeing Boards, Local Youth Justice arrangements etc.

\textsuperscript{ii}Young people may have particular concerns regarding confidentiality. This needs to be taken into account throughout the pathway, and parameters must be clarified as they would be in normal safeguarding procedures.

\textsuperscript{iii}Children and young people’s safeguarding procedures must be considered at every stage of the process.

\textsuperscript{iv}The young person could be in the care system and will have a key social worker who may have a more established relationship with them. If this is the case the emphasis will need to be on partnership working in order to ensure continuity for the young person.