# **C:\Users\angela.chapman\Pictures\P4T Logo.001.jpeg**

# **PAUSE FOR THOUGHT RISK IDENTIFICATION CHECKLIST**

**PENNINE LANCASHIRE COMMUNITY SAFETY PARTNERSHIP**

**PAUSE 4 THOUGHT PROGRAMME**

Pause for Thought (P4T) is a 10-week intervention being developed for young people (YP) aged 10 to 14 years who live in East Lancashire. The programme aims to support YP who are at risk of getting caught up in crime and violence and who are experiencing externalising behaviour problems and emotional difficulties in order to prevent more serious aggressive behaviours from developing later on. Over time, P4T aims to contribute to the prevention of anti-social and criminal behaviour among YP.

Young people who are referred to P4T are carefully assessed using this **Risk Identification Checklist (RIC)** and a detailed assessment during a home visit to ensure that their emotional and behavioural needs can be addressed by the programme. If the programme can support their needs, then then they are placed in small groups led by trained adult facilitators. Facilitators hold weekly 2-hour sessions with each group, using cognitive behaviour therapy (CBT) to teach YP strategies for recognising negative thoughts and emotions, managing problems, and controlling their actions. P4T is delivered in designated schools and community venues within YP’s local areas and will complement similar existing services across Pennine Lancashire.

**THE RISK IDENTIFICATION CHECKLIST**

This Risk Identification Checklist (RIC) must be completed by anyone wishing to refer YP to P4T. The RIC includes the minimum criteria of risk factors and needs that make YP most likely to benefit from participation in P4T. Each completed RIC is carefully considered by a P4T panel, weighing the referrer’s responses against the programme’s objectives and support activities to determine whether a young person (YP) can be supported. These responses may also be used to signpost YP to more appropriate services if their needs cannot be addressed by P4T.

**ELIGIBILITY FOR P4T**

1. The YP is aged 10 years to 14 years
2. The YP lives in East Lancashire
3. The YP is at risk of getting caught up in crime and violence.
4. The YP is presenting externalising behaviour problems and emotional difficulties
5. The YP is not actively engaged in counselling or any other therapeutic interventions
6. If the YP is known to the YOT, it is under Prevention & Diversion Services

**HOW TO COMPLETE THE RISK IDENTIFICATION CHECKLIST**

1. Anyone wishing to refer a YP to P4T must first obtain written consent from the YP’s parent or main carer to share information about the YP. If the Young person is aged 13 years and over, they are able provide their own consent (under GDPR).
2. The P4T Consent form needs to be completed by the parent / carer (YP as appropriate) and returned with the completed referral. (\*Please note – we are unable to process a referral without the consent form).
3. The RIC includes a list of questions that relate to specific risk factors and needs that the P4T programme has been designed to address. The list also includes why knowing these factors and needs helps the P4T panel determine which YP can be supported. Referrers indicate whether YP have the stated risk factors or needs by selecting one of the responses for each question.
4. After completing the list, referrers may use the spaces provided to give further information about the YP, including concerns they have about or for the YP, safeguarding issues, and whether the YP is being supported by social care or other services.
5. Referrers must then sign and date the completed RIC and submit it via secure email (encrypted or password protected) to [Community.Safety@blackburn.gov.uk](mailto:Community.Safety@blackburn.gov.uk)
6. Referrers will receive an automated confirmation of their submission.
7. Completed RICs are reviewed weekly by the P4T panel. Referrers are informed of the panel’s decision by email (and telephone call). Referrers then advise parents and carers of the panel’s decision.
8. The panel’s decision may be to either invite the YP for a more detailed assessment through a home visit, or to signpost the YP to more appropriate services or further assessment outside of P4T.
9. YPs and families for whom a home visit and detailed P4T assessment is appropriate will be contacted by P4T to make further arrangements.

Referrers can contact Rebecca Jepson (Community Safety Officer) on 01254 585410 for further information about the referral process.

**Referral Details:**

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| --- | --- |
| Name of Young Person: |  |
| Age / DOB: |  |
| Address: |  |
| Name of Parent / Carer |  |
| Contact Details: |  |
| Name of Referrer & Contact Details |  |
| Date of Referral: |  |

**TELL US WHAT YOU KNOW ABOUT THE YP’s RISK FACTORS AND NEEDS.**

**Please select one answer for each question and state the source of your knowledge if possible.**

**\*If you answer YES to any questions in section 2 (behaviours) or section 3 (wider support) please provide additional information (page 5).**

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| **1. MINIMUM REQUIREMENTS TO BE SUPPORTED BY P4T** | | | |
| 1. Is the YP aged between 10 and 14 years? | **Yes** | **No** |  |
| 1. Does the YP currently live within the East Lancashire area? | **Yes** | **No** |  |
| 1. Is the YP at risk of getting caught up in in crime & violence | **Yes** | **N0** |  |
| 1. Is the YP actively engaged in counselling or any other therapeutic interventions via school or CAMHs services at the time of the referral? | **Yes** | **No** |  |
| 1. Is the YP known to the YOT and if so are they supported under Prevention & Diversion Services? | **Yes** | **No** |  |
| 1. Is the YP known to the YOT at a higher level (statutory order) | **Yes** | **No** |  |

\****Guidance note: If you have answered YES to Q4 and Q6 the YP will not be eligible for the P4T Programme\****

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| **2. ABOUT THE YP’s BEHAVIOUR** *(These help to identify the risk factors and needs that P4T can support)* | | | | | |
| 1. Has the YP ***ever*** committed a violent or aggressive act towards other people (e.g. verbally aggressive, assault)? | **Yes** | **No** |  |  |  |
| 1. Has the YP ***ever*** committed a non-violent act such as the destruction of property or other anti-social actions? | **Yes** | **No** |  |  |  |
| 1. In the past 12 months, about how often would you say the YP has shown a lack of emotional or physical self-control in response to a difficult situation? | **Very often** | **Sometimes** | **Rarely** | **Never** | **Not Known** |
| 1. Has the YP ***ever*** used alcohol or drugs? | **Yes** | **No** |  |  |  |
| 1. Has the YP ***ever*** been a member of gang? | **Yes** | **No** |  |  |  |
| 1. In the past 12 months, about how often has the YP engaged with peers who have committed violent or non-violent crimes? | **Very often** | **Sometimes** | **Rarely** | **Never** | **Not Known** |
| 1. In the past 12 months, about how often has the YP missed school for non-authorised absences? | **Very often** | **Sometimes** | **Rarely** | **Never** | **Not Known** |
| 1. In the past 12 months, about how often has the YP been excluded from the classroom or school as a result of disruptive or aggressive behaviour? | **Very often** | **Sometimes** | **Rarely** | **Never** | **Not Known** |
| 1. At present, is the YP currently temporarily or permanently excluded from school? | **Yes** | **No** |  |  |  |

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| **3. ABOUT THE YP’s WIDER SUPPORT** *(These help to identify the factors in the YP’s wider network that can influence their behaviours as well as their ongoing participation in P4T once they join)* | | | | | |
| 1. Has the YP ***ever*** shared any concerns with you about their relationship with their parent or main carer? | **Yes** | **No** |  |  |  |
| 1. How would you describe the motivational support (including verbal/non-verbal interaction, validation, affirmation) that the YP receives from their parent or main carer on a daily basis? | **Mostly positive** | **Sometimes positive, sometimes negative** | **Mostly negative** | **Rarely or none given** |  |
| 1. How would you describe the level of regulatory support (including enforcing rules, setting limits) that the YP receives from their parent or main carer on a daily basis? | **Mostly good** | **Sometimes good, sometimes lax** | **Mostly lax** | **Rarely or none given** |  |
| 1. In the past 12 months, has a member of the YP’s household been involved in violent behaviours or non-violent criminal activities (including being arrested or referred to the Justice System)? | **Yes** | **No** |  | **Not Known** |  |
| 1. Does a member of the YP’s household misuse drugs or alcohol? | **Yes** | **No** |  |  |  |

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| **For consideration by professional:**  **Is the child / young persons supported via a Child Protection Plan, Child In Need Plan or CAF? (\****a copy will be requested to support the assessment process if the P4T referral is accepted)*  **\*Please share any further information / concerns you may have in relation to the child/ young person and confirm if the child is known to any other services, or engaged in any other interventions – school based or community groups?** | |
| **Have you sought written consent from the child’s parent / carer? Yes / No**  **Parent/ carers name & contact details:**  **Have you sought written consent from the YP aged 13 years & over? Yes /No**  **Have you attached a copy of the completed consent form? Yes /No**  *\*please note written consent is required to progress your referral to P4T*  **\**Due to the impact of Covid-19, verbal consent is to be gained and recorded by the referrer and written consent will be secured when safe to do so by the P4T Team\**** | |
| **Do you believe that there are safeguarding risks facing the children in the family? Yes / No**  If yes, please confirm if you have made a referral to safeguard the children: Yes / No  Date referral made: / Contact details: | |
| **Referrers name / signature: & contact details:** |  |

**\*P4T RIC Screening Outcome: Practitioner’s Notes (\*office use only)**

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| **Initial Screening Stage.**  **P4T Panel Discussion**: ‘map out’ what further information needs to be gathered from the referrer at this stage to update the referral & screening process;  Name of P4T Co-ordinator:  Date Allocated to P4T Co-ordinator. Date to be returned to P4T Panel: |

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| **Final Screening Stage: (based on all of the Information gathered to date)**  **Has the P4T Threshold been met?**  **Agreed P4T Score:**  **Decision to progress to 2nd stage assessment or not?**  **If yes – assessment allocated to:**  **Confirm agreed assessment time line & book in to future P4T panel for review:**  **If P4T threshold not met, why not? - Referrer to be Informed and alternative support considered**  **Signed: Date:** |