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| REFERRAL FORM | CHILD’S NAME: **DATE REFERRAL RECEIVED:** FAMILY ACTION,c/o Fosse Neighbourhood Centre,Mantle RoadLEICESTER, LE3 5HG. **Tel**: 0116 216 8334  **Email**: [leicester@family- action.org.uk](mailto:leicester@family-action.org.uk) | FA_logo_Strap_COL_RGB |
| **Please ensure all sections of the form are completed.**  **Missing information may delay the processing of the referral.** | | |

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| **Please tick which service you require** |

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| **Post Sexual Abuse Service**  **One to One Support Group Work**  This service supports children and young people up to the age of 18 who have experienced sexual abuse. Providing individual therapeutic support and group work for children and young people to promote their recovery. This service also facilitates group work with parents and carers.  **This service is available to those living in Leicester, Leicester County & Rutland\***  **\*Please note that referrals can be submitted by all professionals or families (with the exception of Leicester City Children & Young People’s Services)** |

**We do not accept referrals where police investigations or court proceedings are underway**

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| **STEP 1 – please provide the information below** |

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| Date of Referral |  |
| Does the service user consent to the referral? | **(Yes/No)** |
| Are you to remain involved with the family (agency referrals only)? | **(Yes/No)** |
| Are there any ongoing legal proceedings? | **(Yes/No)** |
| Have all Police Investigations been completed? | **(Yes/No)** |
| **CYPS Only:**  **Have you included the following documents:** |  |
| Signs of Safety Meeting/Conference Notes | **(Yes/No)** |
| LAC Review (if child in care) | **(Yes/No)** |
| Core Assessment/Risk Assessment | **(Yes/No)** |
| Chronology | **(Yes/No)** |
| Minutes of multi-agency/CUSAB Meeting | **(Yes/No)** |
| Any other background reports | **(Yes/No)** |

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| **STEP 2 – please tell us about the family (parents/carers and children/young people)** |

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| **Name** | **Male/Female** | **Date of Birth** | **Relationship** | **Religion** | **Ethnic Origin** | **Disability** | **SEN** | **CP Plan** | **CAF** | **Legal Status of children** | **Address**  **And Post code** | **Telephone** |
| First name and family name, put referred child’s details first | M/F | dd/mm/yyyy | See below\* | eg Muslim | See below\*\*\* | Y/N | Y/N | Y/N | Y/N | See  below\*\* |  |  |
| **REFERRED CHILD** |  |  |  |  |  |  |  |  |  |  |  |  |
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\*Options for Relationship include: **subject/main service user**, mum, dad, carer, foster parent, adoptive parent, grandparent, parent’s partner, non-resident mum, non-resident dad and child.

\*\*Options for Legal Status include: Accommodated =A, Care Order =CO, Special Guardianship Order =SGO, Child Arrangement Order =CAO and Supervision Order =SO

\*\*\*Options for Ethnic Origin:

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| White UK | W-U | Mixed white/black Caribbean | M-W/BC | Indian | I | Black Caribbean | BC | Turkish/Kurdish | T | Other | O |
| White European | W-E | Mixed white/black African | M-W/BA | Pakistani | P | Black African | BA | Traveller/Gipsy | G | Not Known | N |
| Irish | I | Mixed white/Asian | M-W/A | Bangladeshi | B | Black Other | BO | Somalian | S |  |  |
| White Other | W-O | Mixed other | M-O | Asian Other | A-O | Chinese | C | Polish | P |  |  |

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| **STEP 3 – please tell us about the family situation** |

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| **Family Language** |  | | **Interpreter Required (Y/N)** | |  |
| **Names of other involved agencies including School** |  | | | | |
| **GP surgery**  **Address &**  **Telephone** |  | | | **Postcode:** |  |
| **Brief History** | Please provide a brief history. Include information about any significant life events; any previous work and if Children’s Services are involved, why is this? What are the current concerns? What areas of the child’s life are affected? What is going well in the child’s life? | | | | |
| Continue on a separate sheet if necessary. | | | | | |
| **Reason for Referral and Goals for Work** | Please tell us why you have sent the referral to us. What support do you feel is needed? What aims would you like our work to achieve. | | | | |
|  | | | | | |
| **Safeguarding Risks** | Please identify any safeguarding concerns/risks. Please attach current assessments. | | | | |
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| **Health and Safety** | | Please tell us about any health and safety issues that Family Action Staff need to know before visiting the family, (e.g. pets). | | | |
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| **STEP 4 – please provide the following additional information (referrals from Leicestershire County Council only)** |

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| **Team Manager’s Name** |  | **Signature** |  |
| **Date** |  |

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| **STEP 5 – please tell us about the referrer (yourself in the case of self-referrals)** |

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| **Referrer’s Name** |  | **Is this a self-referral?** | **yes/no** | |
| **Email** |  | **Tel. number** |  | |
| **Name of Team and Organisation if applicable** |  | | | |
| **Address** |  | | **Postcode** |  |

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| **If there is anything else you would like to tell us, please use the space below:** |
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**THANK YOU FOR COMPLETING THE FORM IN FULL**

**Referrals can be sent to:**

**Family Action**

**c/o Fosse Neighbourhood Centre**

**Mantle Road**

**LEICESTER LE3 5HG**

**or to**

[**Leicester@family-action.org.uk**](mailto:Leicester@family-action.org.uk)

**A letter or email of confirmation is sent on receipt of all referrals.**

**If you do not receive confirmation within 10 working days please contact our office on**

**0116 216 8334 or email** [**Leicester@family-action.org.uk**](mailto:Leicester@family-action.org.uk)