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| REFERRAL FORM | CHILD’S NAME: DATE REFERRAL RECEIVED: FAMILY ACTION, c/o Fosse Neighbourhood Centre Mantle Road, Leicester, LE3 5HG **T**: 0116 216 8334 **E**: [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 and include email addresses.**

Missing information may delay the processing of the referral

**Post Sexual Abuse (PSA) Service**

This service supports children and young people up to the age of 18 (and up to 25 for young people with SEN where assessed as appropriate) who have experienced sexual abuse. We provide therapeutic support to a child/young person including their parent/carer where possible. Support focuses on the present situation and helping children/young people to cope better and to feel safe. We will work to give children tools to cope and empower parents/carers to help their child to cope. This service also runs groups for children/young people and facilitates group work with parents and carers where feasible.

This service is available to those living in Leicester, Leicester County & Rutland.

\*Please note that referrals can be submitted by all professionals or families.

The PSA Service does not accept referrals where police investigations or court proceedings are underway.

Please note we strongly encourage reporting to Children’s Services and/or police where sexual abuse has taken place and it is our policy to share information with Children’s Services when we are made aware of sexual abuse that has not been reported.

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| **Section A – Please tell us about the referrer (yourself in case of self-referrals)** | |
| Date of Referral: |  |
| Referrer’s Name: | Child/young person’s name: |
| Is this a professional referral? [YES / NO] | Is this a self-referral? [YES / NO] |
| Email: | Telephone: |
| For professional referrals please state  Name of Organisation:  Your Role: | Address: |

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| Does the service user consent to the referral?  *(We cannot accept referrals without service user’s consent)* | [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] |
| Children’s Services Only: Please send these through separately. | |
| Signs of Safety Meeting/Conference Notes | [YES / NO] |
| LAC Review (if child in care) | [YES / NO] |
| Single Assessment | [YES / NO] |
| Any other background reports | [YES / NO] |

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| **Section B – Child & Parents** | |
| Child’s Surname: | Child’s First Name: |
| Gender: | Gender at birth (if different): |
| Date of birth: |  |
| School Name and Address: | Name of person to contact: |
| Telephone: |
| GP Name and Address: | |
| Details of parent/carer(s) with whom the child lives | |
| Parent name: | Does this parent have parental responsibility? [YES / NO] |
| Address:  Postcode: | Parent date of birth: |
| Telephone: |
| Email: |
| Details of second parent/carer(s) (if applicable) | |
| Parent name: | Does this parent have parental responsibility? [YES / NO] |
| Address:  Postcode: | Parent date of birth: |
| Telephone: |
| Email: |

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| Does the/your family have a social worker? [YES / NO]  If so please provide: | |
| Address (if known): | Name of social worker: |
| Telephone: |
| Email: |

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| Does the/your family have support from another agency? [YES /NO]  If so please provide: | |
| Name:  Role: | Telephone: |
| Email: |

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| EMERGENCY CONTACT DETAILS  In the event of an emergency, staff will try to contact parents first but if unobtainable please provide details of another | |
| Emergency contact name: | |
| Address:  Postcode: | Relationship to child: |
| Telephone: |

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| **Section C – Referral Details** |
| Reason for referral: |
| Please tell us what support you feel is needed - what aims would you like our work to achieve? |
| Tell us about any health and safety issues that Family Action staff need to know before visiting the family (e.g. pets) |
| Please tell us about any additional support the child may require during support? |

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Thank you for completing the form in full.

Completed referrals can be emailed to:

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

Referrals from families can be taken over the phone – please email or call 0116 216 8334 and leave a message.

An email 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