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| REFERRAL FORM | CHILD’S NAME: DATE REFERRAL RECEIVED: FAMILY ACTION, c/o Fosse Neighbourhood CentreMantle Road, Leicester, LE3 5HG**T**: 0116 216 8334 **E**: leicester@family-action.org.uk | A green arrow with white text  Description automatically generated |

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.

**If your family is receiving support from another agency** e.g. Children’s Services, we may need to contact them to gather further information to understand the current situation and if we are able to support you. Our support usually involves working with the family directly, however in some circumstances it may be more appropriate to offer consultation or support to professionals already working with the child/ young person.

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: | Ethnicity: |
| Religion (if any): | Language spoken at home: | Is an interpreter needed?[ YES / NO ] |
| School Name and Address: | Name of person to contact at school: |
| Telephone: |
| GP Name and Address: |
| Does the child have any disabilities and/or special educational needs? | [[YES / NO] |
| If yes, please specify: |
| 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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| Section C – Referral Details |
| Reason for referral (please give as much detail of the reported incident(s) as possible): |
| Please tell us the impact the sexual abuse is currently having on the child and what you would like to achievefrom the 12 week tailored therapeutic support: |
| Tell us about any health and safety issues that Family Action staff need to know, for instance any risks when attending the home or any health needs of child or family: |
| Please tell us about any additional support the child may require: |

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| Section D – Details of other agencies involved with child/family |
| Does the/your family have support from another agency? *E.g. School, Social Worker, Early Help etc.* [ YES / NO] |
| If so please provide:Name: Organisation: Role:  | Telephone: |
| Mobile: |
| Email: |
| What support is currently being offered by the other agency to the child/young person and/or family? |
| Additional agency: |
| Name: Organisation: Role:  | Telephone: |
| Mobile: |
| Email: |
| What support is currently being offered by the other agency to the child/young person and/or family? |

Thank you for completing the form in full.

Completed referrals can be emailed to:

 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.

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

For information about how we store and use your data please see our Data Privacy Notice.
This is available on our website: [www.family-action.org.uk/psa](http://www.family-action.org.uk/psa).