

Children’s Services Referral Form

**Criteria: Child young / person 0- to the end of their 17th year who is resident in Barnsley, who has experienced sexual abuse, where the abuse has been reported and / or investigated by the police / social care and where any criminal proceedings have concluded\*.**

**In order to access therapy, the child needs to be in a safe and stable environment and to have given consent for this referral. (For younger children the parents’ consent is required).**

**APPROPRIATE completed referrals are allocated to a children’s therapist to be assessed for therapy work. Referrer’s are informed when a referral is accepted or if a referral is not appropriate.**

**\**Bsarcs provides a separate support service for children and young people who are currently involved in court proceedings.***

|  |
| --- |
| **BSARCS ID number: Date of Referral:** |
| 1. **CHILD’S DETAILS**
 |
| **Name of child/young person being referred:****DOB:** **Current address:****Tel No:** **Religion:****Disability (Physical and /or learning):****Ethnicity:** |
| 1. **OTHER SIGNIFICANT RELATIONSHIPS – Adults or children related or non-related not included in section 1. Above.**
 |
| **Name: Name:****Relationship: Relationship:****Dob: Dob:****PR: PR:** **Telephone Number: Telephone Number:** **Name: Name:****Relationship: Relationship:****Dob: Dob:****PR: PR:** **Telephone Number: Telephone Number:****Name: Name:****Relationship: Relationship:****Dob: Dob:****PR: PR:**  |
| 1. **REFERRER DETAILS**
 |
| **Name:****Address / agency:** **Contact No:****Email:**  |
| 1. **REASON FOR REFERRAL**
 |
|  |
| 1. **FURTHER INFORMATION REGARDING THE CHILD / YOUNG PERSON:**
 |
| **GP details (name, address, Tel no):****Any medical needs:****School details (name, address, Tel No. contact name):****Is the Child/Young Person currently looked after? Yes No****If yes, social worker contact details:****Is the child/young person currently subject to any assessments or plans? e.g****Child Protection Plan? Yes No****EHA (Early Help Assessment ) Yes No****EHCP (Education, Health & Childcare Plan) Yes No****CIN (Child in Need plan) Yes No****Other Yes No****If yes please give details including agencies involved / work undertaken:****Are there any current / previous safeguarding issues? (not detailed above):****Is there any other agency involvement? & / or previous relevant involvement?****Is the child currently in a safe & / or stable placement?****Details re child’s/ young person’s current strengths / protective factors:****Are there any concerns regarding the child / young person relating to:****Substance Misuse? Yes No****If yes please give details:****Sexual Exploitation? Yes No****If yes please give details:****Running away / going missing? Yes No****If yes please give details:****Self-harm / suicidal thoughts / acts? Yes No****If yes please give details:****Sexually harmful behaviour? Yes No****If yes please give details:****Any other Relevant Information:**  |

|  |
| --- |
| **6. OFFENCE DETAILS** |
| **Chronology of events (when, where, by who did abuse happen?) :****Outcome:****Police investigation:****Social care involvement:** **Criminal trial:****Conviction:** **Other information:** **Perpetrator details:****Name:** **DOB:****Current Address:****Relationship to child / YP:****Is there any current direct / indirect contact with perpetrator or any person connected to the perpetrator? (if yes please give details):**  |
| 1. **BSARCS - Referral Information**
 |
| **Is the child / young person aware of this referral & / or have they given consent for this referral?** **If yes, what are the child’s / young person’s views re the support they require?****Have the child / young person’s parents given consent for this referral?****Are there other family members who are requesting support from BSARCS? – if yes, please give details:** **Are there any known risks to workers?** **Signed:** **Date:** |
| **7. BSARCS – for office purposes only**  |
| **Referral taken by:****BSARCS action:** |

**Acceptance of this referral does not mean acceptance of case responsibility for this child. On receipt of the referral, contact from BSARCS to the referrer will be made within 21 days.**