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| **NEL Sunrise Hub****Child Sexual Abuse integrated referral form** |
| **What Service is being requested (tick all that apply)** **\* CYP = child young person** |
| CSA Health Assessment (Royal London Hospital)  | [ ]   |
| CSA Emotional wellbeing support (TIGER Light) | [ ]   |
| Email completed form to bartshealth.nelcsahub@nhs.net (will be seen by Health team and Tiger service) |
| **(For TIGER only) Please confirm if the young person would prefer virtual sessions or face-to face sessions?**Check first with the CYP to confirm.  | [ ]  **Face to Face** [ ]  **Virtual** All sessions are delivered face to face for children under 10 |
| **Consent (tick all that apply)**  |
| Has the CYP been deemed Gillick Competent\* in relation to this referral and has consented? \*term used to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission | [ ]  **Yes** [ ]  **No****Please ensure Confirmation CYP gave consent to referral if aged 13+** |
| Confirmation CYP parents gave consent to referral and are in agreement with referral (if CYP not Gillick competent) | [ ]  **Yes** [ ]  **No** |

**Details of professional making referral**

|  |  |
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| Date of Referral:  | Click or tap here to enter text. |
| Full Name:  | Click or tap here to enter text. |
| Department and job title: | Click or tap here to enter text. |
| Local Authority/NHS Trust: | Click or tap here to enter text. |
| Relationship to CYP: | Click or tap here to enter text. |
| Email address:  | Click or tap here to enter text. | Contact no: | Click or tap here to enter text. |
| Line manager’s name and contact details: Click or tap here to enter text. |  |

**Child /young person (CYP) details**

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| Full name  | Click or tap here to enter text. |
| Preferred name if different  | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. | Age at time of Referral  | Click or tap here to enter text. |
| NHS Number | Click or tap here to enter text. |
| GP Practice name:Click or tap here to enter text. | GP contact details:Click or tap here to enter text. |
| Gender identity (if known)  | Click or tap here to enter text. | Sexual orientation (if known) | Click or tap here to enter text. |
| Ethnicity | Asian background – any [ ] White background – any [ ]  Black background – any [ ] Other background – any [ ] Mixed background – any [ ] Not known/not stated [ ]  |
| Preferred first language | Click or tap here to enter text. | Interpreter required:  | [x]  Yes [ ]  No |
| Postal Address and post code  | Click or tap here to enter text. |
| Email address if available:Click or tap here to enter text. | Safe to email: | [ ]  Yes [ ]  No |
| Safe contact number  | Click or tap here to enter text. |
| Safe to leave voice messages: | [ ]  Yes [ ]  No | Safe to leave text messages: Yes/No | [ ]  Yes [ ]  No |
| Safe contact times (am/pm): | Click or tap here to enter text. |
| Does the child have additional needs, such as a disability or difficulties with communication | [ ]  Yes [ ]  No |
| If yes, please provide details: | Click or tap here to enter text. |
| Does the CYP have an EHCP or any suspected learning needs? | [ ]  Yes [ ]  No |
| If yes, please provide details  | Click or tap here to enter text. |

**Parents / persons with parental responsibility details**

|  |  |
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| Full Name | Click or tap here to enter text. |
| Relationship to child: | Click or tap here to enter text. |
| Preferred language | Click or tap here to enter text. |
| Interpreter required | [ ]  YES[ ]  NO |
| Full postal Address and post code  | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. | Safe to leave voice messages | [ ]  YES[ ]  NO |
| Email address | Click or tap here to enter text. | Safe to email | [ ]  YES[ ]  NO |
| Is it safe to contact this person?: | [ ]  Yes [ ]  No | Safe to leave text messages: Yes/No | [ ]  Yes [ ]  No |
| Is this person an emergency contact?If no, please add emergency contact details | [ ]  YES[ ]  NO |
| Best contact times am and pm. | Click or tap here to enter text. |
| Any other relevant information | Click or tap here to enter text. |

**About the referral**

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| Does this referral relate to an allegation of sexual abuse/assault within the last 7 days? | [ ]  YES (**If yes,** refer to police/ Havens immediately). [ ]  NO [ ]  Not known. |
| **Summary of sexual abuse allegations/concerns:**  |
| Please include: Who did the CYP make the initial allegation to and how did they tell? What happened? When did it happen? Where did it happen? How old was the young person? Was it an isolated incident? |
| Click or tap here to enter text. |
| **Please outline the current impact of the abuse on the CYP:** Include impact of Emotional wellbeing, Behaviour, Relationship with others, Physical and Educational |
| Click or tap here to enter text. |
| **What is the parent/carer response to the sexual abuse/assault allegations?** **(Do they believe the allegations? Have they responded appropriately?)**  | Click or tap here to enter text. |
| What are the desired outcomes and best hopes for this referral? | Click or tap here to enter text. |
| Please share any relevant information with regards to the family history and functioning:This information provides practitioners with essential background information to consider as part of support and intervention.  |
| Click or tap here to enter text. |
| Please provide any details of the CYP/family strengths and protective factors:This information helps us to plan the best ways to support the CYP |
| Click or tap here to enter text. |

**Details of Safeguarding Status**

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| Is the child currently open to children’s social care?  | [ ]  YES[ ]  NO |
| **If yes,** please confirm status | [ ]  Undergoing Child and Family assessment [ ]  Child In Need (CIN)[ ]  Child protection (CP)Category:  | [ ]  Looked after child (LAC)[ ]  Accommodated under S20 |
| Details of Allocated Social Worker: Name, team/department, contact number, email address |
| Click or tap here to enter text. |
| Has a strategy discussion taken place regarding this referral?  | [ ]  YES[ ]  NO |
| **If yes**, please provide details: Date/time/outcome:Click or tap here to enter text. |
| Is the CYP/family in contact with the alleged perpetrator of sexual abuse?  | [ ]  YES[ ]  NO |
| **If yes,** please provide details:  |
| Click or tap here to enter text. |  |
| Does this young person pose a risk towards others? | [ ]  YES[ ]  NO |
| **If yes,** please provide details: risk towards adults/peers/staff/allegations against professionals etc. |
| Click or tap here to enter text. |
| Has there been previous involvement with children’s social care? If yes, please provide brief details on previous involvement: | [ ]  YES[ ]  NO |
| Click or tap here to enter text. |

**Police investigation details (if applicable)**

|  |  |
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| Investigating Officer in Charge details:Name/rank/contact number/email addressClick or tap here to enter text. | CRIS Number:Click or tap here to enter text. |
| Details of police Video Recorded Interview (VRI):  | [ ]  VRI Completed: Date: [ ]  VRI Pending: Date:   | [ ]  CYP Declined [ ]  Awaiting intermediary assessment  |
| Has the suspect been arrested?  | [ ]  YES [ ]  NO |
| **If yes,** please provide status.**Please check applicable boxes if known** | [ ]  Bail [ ]  remanded[ ]  not known | [ ]  Caution [ ]  Other | [ ]  Youth Conditional Order[ ]  Youth caution |
| **What is the status of police investigation if known** | [ ]  Ongoing [ ]  Awaiting CPS decision/court date |  [ ]  No further Action (NFA)[ ]  other  |

**Details of other professionals involved:**

|  |  |  |  |
| --- | --- | --- | --- |
| **School:**Click or tap here to enter text. | Contact name: Click or tap here to enter text. | Contact Number:Click or tap here to enter text. | Email address:Click or tap here to enter text. |
| **CAMHS**:Click or tap here to enter text. | Job title:Click or tap here to enter text. | Contact Number:Click or tap here to enter text. | Email address:Click or tap here to enter text. |
| **Other** (i.e Early Help, ISVA, etc.): Click or tap here to enter text. | Job Title: Click or tap here to enter text. | Contact Number:Click or tap here to enter text. | Email address:Click or tap here to enter text. |

**Experiential Factors to be taken into consideration.**

Please tick all relevant boxes

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| Contextual Safeguarding Factors | [ ]  Entering vehicles with unknown adults[ ]  Exclusion or poor attendance[ ]  Location areas of concern[ ]  Missing episodes | [ ]  Possibility of being trafficked.[ ]  Unexplained gifts/possessions[ ]  Unexplained sexual relationships with older persons |
| Familial factors | [ ]  Bereavement or significant loss[ ]  Disrupted family life.[ ]  Parental mental health issues[ ]  Parental Substance misuse | [ ]  Placement breakdown (current)[ ]  Placement breakdown (multiple)[ ]  Siblings/family involved in gangs/offending.[ ]  Young carer |
| Health factors | [ ]  Eating disorders[ ]  Poor emotional health[ ]  Self - harm | [ ]  Sexual health concerns[ ]  Substance misuse |
| Peer factors | [ ]  Inappropriate peer group | [ ]  Links to other victims of CSE/gangs |
| Personal factors | [ ]  Bereavement or significant loss[ ]  Disclosure of Sexual Exploitation[ ]  Disrupted sleep/nightmares.[ ]  Exposure to domestic abuse or violence[ ]  Exposure to pornography[ ]  Homeless[ ]  Inappropriate sexualised behaviours | [ ]  Inappropriate use of internet[ ]  Living in residential care[ ]  Secretive behaviour incl. internet use[ ]  Victim of crime[ ]  Volatile behaviour[ ]  Inappropriate sexualised behaviours |
| Please add specific information with regards to the above ticked boxesClick or tap here to enter text. |

**Supporting documentation**: Please send as many as possible of the following documentation with the referral request. Please ensure you mark boxes for relevant documents sent as attachments with this form.

|  |  |  |
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| We will not be able to progress the referral within agreed timeframes without sufficient information.Please ensure you mark boxes for relevant documents sent as attachments with this form  | [ ]  Relevant strategy[ ]  Health / psychiatric reports[ ]  Case conference minutes[ ]  Genogram / chronology | [ ]  Pre-sentence report[ ]  Victim’s witness statement[ ]  SEN statement / copy of EHCP[ ]  Other (please specify) |

**Thank you for completing this form, if you have any questions about this form or the services, please make contact using the details in the foot note.**