Referral Form - Child/Young Person Displaying Harmful Sexual Behaviour

Please note: All Referral Forms must be completed by the professional referring the case and signed by them, the young person and parent/carer before they can be processed. Please complete all sections of the form.

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|  | Child / Young person’s details: | | |  | |  |  |
|  |  | |  |  | |  |  |
|  | Name |  | | | Age: |  |  |
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|  | Information: | | |  | |  |  |
|  |  | |  |  | |  |  |
|  | Address: |  | | | | |  |
|  |  |  | |  |  | |  |
|  | Town: |  | | Postcode: |  | |  |
|  |  |  | |  |  | |  |
|  | Date of birth: |  | | Gender: |  | |  |
|  |  |  | |  |  | |  |
|  | Ethnicity: |  | | Faith: |  | |  |
|  |  |  | |  |  | |  |
|  | Language: |  | | Risk Assessment on YP attached: | YES NO Processing | |  |
|  |  |  | |  |  | |  |
|  | Outline any special needs: | |  | | | |  |
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|  | Contacts: | | |  | |  |  |
|  |  | |  |  | |  |  |
|  | School/College: |  | | | | |  |
|  |  |  | |  |  | |  |
|  | Address: |  | | Town/Postcode: |  | |  |
|  |  |  | |  |  | |  |
|  | Contact name: |  | | Telephone: |  | |  |
|  |  |  | |  |  | |  |
|  | Name of GP: |  | | Telephone: |  | |  |
|  |  |  | |  |  | |  |
|  | Address: |  | | | | |  |
|  |  |  | |  |  | |  |
|  | Town: |  | | Postcode: |  | |  |
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|  | Details of parents/carer with whom the child/young person is living | | | | | |  |  |
|  |  | | |  |  | |  |  |
|  | Names: |  | | | Relationship: |  | |  |
|  |  |  | | |  |  | |  |
|  | Telephone: |  | | | Mobile: |  | |  |
|  |  |  | | |  |  | |  |
|  | Name of parent/guardian:  (if different from carer) | |  | | | | |  |
|  |  |  | | |  |  | |  |
|  | Address: |  | | | | | |  |
|  |  |  | | |  |  | |  |
|  | Postcode: |  | | | Email: |  | |  |
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|  |  | |  |  | |  |  |
|  | Details of referrer | | |  | |  |  |
|  |  | |  |  | |  |  |
|  | Name: |  | | Agency: |  | |  |
|  |  |  | |  |  | |  |
|  | Address: |  | | | | |  |
|  |  |  | |  |  | |  |
|  | Postcode: |  | | Telephone: |  | |  |
|  |  |  | |  |  | |  |
|  | email: |  | | Date of referral: |  | |  |
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|  | Members living at the same address as child/YP | | | | | | (Please include relationship to referred child) | | | |  |
|  |  | |  | | | | |  | |  |  |
|  | Name: |  | | | | | | Gender: |  | |  |
|  |  |  | | | | | |  |  | |  |
|  | Date of birth: |  | | Age: |  | | | Relationship: |  | |  |
|  |  |  | | | | | |  |  | |  |
|  | Name: |  | | | | | | Gender: |  | |  |
|  |  |  | | | | | |  |  | |  |
|  | Date of birth: |  | | Age: |  | | | Relationship: |  | |  |
|  |  |  | | | | | |  |  | |  |
|  | Name: |  | | | | | | Gender: |  | |  |
|  |  |  | | | | | |  |  | |  |
|  | Date of birth: |  | | Age: |  | | | Relationship: |  | |  |
|  |  |  | | | | | |  |  | |  |
|  | Name: |  | | | | | | Gender: |  | |  |
|  |  |  | | | | | |  |  | |  |
|  | Date of birth: |  | | Age: |  | | | Relationship: |  | |  |
|  |  |  | | | | | |  |  | |  |
|  | Name: |  | | | | | | Gender: |  | |  |
|  |  |  | | | | | |  |  | |  |
|  | Date of birth: |  | | Age: |  | | | Relationship: |  | |  |
|  |  |  | | | | | |  |  | |  |
|  | Name: |  | | | | | | Gender: |  | |  |
|  |  |  | | | | | |  |  | |  |
|  | Date of birth: |  | | Age: |  | | | Relationship: |  | |  |
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|  | Other agencies involved (please tick) | | | | | | | |  | | | | |  | | |  |
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|  | Social Care: | |  | Police: |  | | | Health: | |  | Other (please state): | | | |  | |  |
|  |  | | |  | | | | |  | | |  | | | | |  |
|  | Please give names and contact details: | | |  | | | | | | | | | | | | |  |
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|  | Details of the sexualised behaviour | | | |  | | | | | | | |  | | |  |
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|  | Details of sexualised behaviour displayed by the child/young person. Please be specific about what happened and what the child did and/or said. It may be helpful to consider the following.   * Dates of the incidents and how many times this occurred? * What was the context of the behaviour? I.e., what was happening for the child at the time, did they present as happy/sad/angry etc.? * Did the behaviour involve elements of threat, force, coercion, or secrecy? * Was the behaviour directed towards an adult, a child or both? * If the behaviour was directed towards a child(ren), what was their relationship with this child(ren)? Was there an age or power difference? * How was the behaviour addressed with the child/young person? Were there any sanctions put in place? Were these put in place immediately after the behaviour? * How did the child react when spoken to about their behaviour or when this was discovered? Were they embarrassed, ashamed, tearful, passive etc.? Could they accept responsibility for their behaviour, or did they blame others? Do they have empathy for the victims of their behaviour? * Is the child/young person focused on their behaviour or do they have other interests in their life? Do they seem preoccupied with the behaviour? Is the child/young person responsive to distractions from their behaviour or do they return to their behaviour despite distractions? Does the behaviour seem compulsive? | | | | | | | | | | | | | | |  |
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|  | Any additional information | | |  | |  |  |
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|  | Is there anything else regarding the child/young person or their family that you think we need to know, i.e., family background / current home situation? |  | | | | |  |
|  |  |  | |  |  | |  |
|  | How do you think the CARE service can help the Child/Young Person and the family? |  | | | | |  |
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|  | In your professional opinion, is the child/YP safe & supported enough to be able to attend assessment and/or intervention sessions where there is a likelihood of deteriorating behaviour during the process? | | | | Yes | |  | No |  | Unsure |  | |  |
|  |  |  | |
|  |  | |  | |  |  | | | | | | |  |
|  | Is the Child/Young Person willing to attend sessions? | | | | Yes | |  | No |  | Unsure |  | |  |
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|  |  | |  | |  |  | | | | | | |  |
|  | Is the Child/Young Person related or in any way connected to any child/young person who has been referred to this project? | | | | Yes | |  | No |  | Unsure |  | |  |
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|  | If yes, please give details: |  |
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In signing this referral, you are consenting to Barnardo’s setting up a case file, and processing the referral in order to be considered for receiving a service from us. You are also giving consent for us to contact other professionals who are, or have been, involved with the young person or yourselves (for the purpose of sharing information), and you are also agreeing to us undertaking a risk assessment, should this be necessary.

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|  |  |  |  |  |  |
|  | Signature of referrer: |  | Date: |  |  |
|  |  |  |  |  |  |
|  | Signature of Young Person agreeing to referral: |  | Date: |  |  |
|  |  |  |  |  |  |
|  | Signature of Parent/Carer agreeing to referral: |  | Date: |  |  |
|  | **A signature from a parent/carer is required for all referrals.** | |  |  |  |
|  |  |  |  |  |  |

PLEASE ATTACH RELEVANT REPORTS AND CASE CONFERENCE MINUTES

**Barnardo’s CARE HSB Service Contact information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone:** | **01268 558448**  **carefamilysupport@barnardos.org.uk** | |  |
| **Email:** |  |
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