

**Better Futures Cymru**

**REFERRAL FORM**

(Please ensure one form is completed **for each child/young person** being referred.)

Please return your completed Referral Form to:

|  |  |
| --- | --- |
| **Address** | Better Futures CymruDavian HouseVillage Farm Industrial EstatePyleBridgendCF33 6BJ |
| **Contact Details** | E: taith.service@barnardos.org.uk T: 01656 749235F: 01656 740039W: [Better Futures Cymru Resources](https://www.barnardos.org.uk/resources-help-identify-and-engage-young-people-risk-sexual-abuse-and-exploitation)Normal Office Hours are: 09.00 – 17.00 Monday to Friday |
|  |  |

**ACCOMPANYING INFORMATION**

**In addition to completing the following Referral form, we ask that you enclose the additional information outlined below.**

|  |  |
| --- | --- |
|  | **Yes/No** |
| Evidence of Principal Officer/Service Manager approval of referral *(essential)* |  |
| Genogram |  |
| Chronology |  |
| Details of others in young person’s household (names/ages/relationship to young person) |  |
| Details of parents/step-parents - where not in young person’s household (include address) |  |
| Details of Foster carers/residential placement etc. |  |

**Further, we ask you enclose the following (where available):**

|  |  |
| --- | --- |
|  | **Yes/No** |
| Assessments already completed (Care & Support Assessment, previous IA, Core Assessment) |  |
| S47 reports, Minutes of CP meeting etc. |  |
| Other professional assessments e.g. Education, Health, Psychological etc. |  |
| Witness Statements |  |
| Previously completed SERAF score |  |
| Other (please specify relevance) |  |

**Receipt of supporting information at the time of referral will accelerate the process of consideration and allocation.**

**GUIDANCE NOTES**

|  |  |
| --- | --- |
| **SECTION A** | **ALL** areas to be completed |
| **SECTION B** | To be completed where there are concerns regarding problematic/harmful sexual behaviour |
| **SECTION C** | To be completed where there are concerns of child sexual exploitation |
| **SECTION D** | To be completed where there is a request for parenting intervention. |

**AREA OF SERVICE**

**Please indicate which area(s) of service you are requesting:**

|  |  |
| --- | --- |
|  | **Yes/No** |
| Problematic/Harmful Sexual Behaviour (PSB/HSB) |  |
| Child Sexual Exploitation (CSE) |  |
| Parent Intervention |  |
| Please give a brief description below of the main concerns: |

**REFERRER DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Team/Agency |  |
| Address |  |
| Postcode |  |
| Telephone number |  |
| Email address |  |
| Responsible LA |  |
| Signature |  |
| Date |  |
| Name of Team Manager |  |
| Contact details for Team Manager |  |

**It is an expectation that the referring professional ensures appropriate transport arrangements for the young person to all Better Futures appointments.**

**Please sign to indicate acceptance:**

|  |  |
| --- | --- |
| Signature |  |
| Date |  |

|  |
| --- |
| **SECTION A; Details of Young Person** |

|  |  |
| --- | --- |
| Last Name |  |
| First Name |  |
| Middle Name |  |
| Other Name Used |  |
| DOB |  |
| Gender |  |
| Age |  |
| Current Address |  |
| Town |  |
| County |  |
| Postcode |  |
| Telephone Number |  |

|  |
| --- |
| **Living Arrangements** |
| Parent(s) |  | Secure Home/STC/YOI |  |
| Extended Family |  | Residential Home/School |  |
| Foster Care |  | Independent Living |  |
| No Fixed Abode |  | Special Guardianship |  |
| Other (please specify): |  |  |  |

|  |
| --- |
| **Living Arrangements** |
| Name of current Primary Carer |  |
| Address of Primary Carer |  |
| Contact number of Primary Carer |  |
| Person(s) with parental responsibility for young person |  |
| Address of person(s) with parental responsibility for young person |  |
| Contact number of person(s) with parental responsibility for young person |  |
| Relationship to young person |  |
| Is there a reason why you would **not** want us to contact this person? |  |

**FAMILY COMPOSITION**

|  |
| --- |
|  |
| **Name** | **Relationship to Referred Person** | **DOB** | **Gender** |
|  |  |  |  |
|  |  |  |  |
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| **Ethnicity** |
| White – British |  | Asian/British – Bangladeshi |  |
| White – Irish |  | Asian/British – Other background |  |
| White – Other background |  | Black/British – Caribbean |  |
| Mixed – White/Black Caribbean |  | Black/British – African |  |
| Mixed – White/Black African |  | Black/British – Other background |  |
| Mixed – White Asian |  | Other ethnic groups – Chinese |  |
| Mixed – Other background |  | Other ethnic groups |  |
| Asian/British – Indian |  | Not stated by individual |  |
| Asian/British - Pakistani |  |

|  |  |
| --- | --- |
| Preferred Language |  |
| Second Language |  |
| Religion (if known): |  |

**STRATEGY MEETING**

|  |  |
| --- | --- |
|  | **Yes/No** |
| Has a multiagency Strategy meeting been convened in relation to the referring incident? |  |
| Minutes attached?  |  |
| If Yes, please provide date: |
| If No, please provide details of any other meetings/decisions made… |

|  |
| --- |
| **CP Registration Status/Plan** |
| Current |  | Category |  |
|  |  | Date |  |
| Historic |  | Category |  |
|  |  | Date |  |
| Unknown |  |  |  |
| None |  |  |  |

|  |
| --- |
| **Any known ALN** |
| Yes |  |
| If yes, please specify whether | Educational |  |
| Behavioural |  |
| Both |  |
| No |  |
| Unknown |  |

|  |
| --- |
| **Health and Learning Needs of Referred Young Person** |
| Please provide brief details of any health condition/disability: |
| How may this impact on our contact with them? |

|  |
| --- |
| **Employment/Education**  |
| Mainstream School |  |
| Special School |  |
| Pupil Referral Unit |  |
| Residential School |  |
| College/Training |  |
| None (not on school roll/permanently excluded/unemployed) |  |
| Employed |  |

|  |
| --- |
| **Employment/Education (where registered as a student)** |
| If in Education, is the Young Person Attending? | **Yes (substantially)** |  |
|  | **No (very occasionally etc.)** |  |
| History of truanting |  |
| Low attendance (other reason) |  |
| Don’t know |  |
| **School name and educational contact** |
| Name of school |  |
| Name of contact |  |
| Role |  |
| Tel no |  |
| **We will ordinarily contact this individual** |
|  | **Yes** | **No** | **Unknown** |
| Has the young person ever been permanently excluded for anything other than problematic/harmful sexual behaviour? |  |  |  |
| If yes, please provide details: |

|  |
| --- |
| **Welfare Status** |
| None |  |
| Care and Support Plan |  |
| Accommodated (s76) |  |
| Care Order/Interim CO |  |
| Other Welfare Order (please specify): |  |
| Any ongoing Court Proceedings |  |
| Don’t Know |  |

|  |
| --- |
| **Criminal Status** |
| None |  |
| Prevention Work undertaken by YOS |  |
| Out of Court Disposal |  |
| Referral Order |  |
| Youth Rehabilitation Order |  |
| Bail/Remand |  |
| Custody |  |
| Other Order (please specify): |  |
| Details (date, length etc.): |  |

|  |
| --- |
| **Health and Learning Needs of Referred Young Person** |
| Attention Deficit Hyperactivity Disorder (incl. ADD) |  | Learning Disability |  |
| Autism Spectrum Disorder |  | Literacy Issues |  |
| Behavioural Based Difficulties |  | Mental Health Issues (acute) |  |
| Communication Impairment |  | Mental Health Issues (chronic) |  |
| Complex Needs excluding Invasive Care |  | Physical Impairment/Disability |  |
| Complex Needs including Invasive Care |  | Sight impairment/Sensory Impairment |  |
| Hearing Impairment |  | None/Not Known |  |

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|  |
|  | **Yes/No** |
| Is the young person aware of this referral? |  |
| Are parents aware of this referral? |  |
| Are foster carers aware of this referral? |  |
| Please make us aware of any likely issues in us contacting the young person or parents directly: |

**FURTHER INFORMATION ABOUT THE YOUNG PERSON**

**Has the young person ever experienced any of the following?**

**Please indicate Yes/No/Suspected or Don’t Know for EACH of those listed below:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Y** | **N** | **S** | **DK** | **Details** |
| Sexual Abuse |  |  |  |  |  |
| Physical Abuse |  |  |  |  |  |
| Emotional Abuse/Neglect |  |  |  |  |  |
| Exposure to Domestic Violence |  |  |  |  |  |
| Bullying by Other Young People |  |  |  |  |  |
| Child Sexual Exploitation |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Emotional Wellbeing** | **Y** | **N** | **S** | **DK** | **Details** |
| Eating Disorder |  |  |  |  |  |
| Depression |  |  |  |  |  |
| Self-Harm |  |  |  |  |  |
| Suicidal Ideation/Attempts |  |  |  |  |  |
| Alcohol/Substance Misuse |  |  |  |  |  |
|  |
| Other Mental Health Concerns (details): |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Behavioural Issues** | **Y** | **N** | **S** | **DK** | **Details** |
| History of Smearing/Soiling |  |  |  |  |  |
| History of Aggression/Violence to Others |  |  |  |  |  |
| History of Stealing |  |  |  |  |  |
| History of Fire Setting |  |  |  |  |  |
| History of Cruelty to Animals |  |  |  |  |  |
| History of Bullying of Others |  |  |  |  |  |
| History of Damage to Property |  |  |  |  |  |
| History of Running Away from Home |  |  |  |  |  |
| Missing Episodes |  |  |  |  |  |
| Evidence of Being Trafficked |  |  |  |  |  |
| Other; please specify |  |  |  |  |  |

|  |
| --- |
| **Other Current/Recent Professional Involvement** |
| Name |  | Telephone |  |
| Agency |  | E-mail |  |
| Service/Intervention provided: |
|  |
| Name |  | Telephone |  |
| Agency |  | E-mail |  |
| Service/Intervention provided: |
|  |
| Name |  | Telephone |  |
| Agency |  | E-mail |  |
| Service/Intervention provided: |

|  |
| --- |
| **SECTION B; Problematic/Harmful Sexual Behaviour (HSB)** |

**REASON FOR REFERRAL**

**Please indicate the PRIMARY behaviour(s) the Young Person is alleged to have displayed.**

|  |
| --- |
|  |
| Penetration of Vagina, Anus or Mouth Without Consent |  |
| Penetration of Vagina or Anus with Object/Finger Without Consent |  |
| Sexual Touching Without Consent |  |
| Causing Another to Penetrate Them without Other’s Consent |  |
| Taking/Viewing/Possessing Indecent Images of Children - Distribution |  |
| Exposure of Genitals/Public Masturbation |  |
| Technology Assisted Behaviours e.g. Sexting, Harassing, Grooming |  |
| Sending indecent images of self/asking others to send images of self |  |
| Other; please specify |  |
|  |
| Office use: Referral appropriate  | **Yes/No** |

|  |
| --- |
|  |
| Please provide brief details of the referring behaviour, Please be as Specific as Possible; |

|  |
| --- |
| **In Relation to the Alleged Behaviour, does the Young Person:** |
|  | **Yes** | **No** | **Unknown** |
| Completely Deny  |  |  |  |
| Minimise |  |  |  |
| Substantially Admit |  |  |  |

|  |
| --- |
| **In Relation to the Alleged Behaviour:** |
| Number of Victims |  |
| **In Relation to the (First) Victim:** |
| Gender |  |
| Age |  |
| **Relationship of Alleged Victim to Young Person:** |
| Family Member |  |
| Friend/Acquaintance |  |
| Stranger |  |
| Don’t Know |  |
| Not Applicable |  |
| **In Relation to the Young Person, the Alleged Victim is:** |
| An Adult |  |
| A Peer |  |
| A Significantly Younger Child |  |
| Don’t Know |  |
| **Please complete where there are MULTIPLE victims of the Primary Referring Problematic/Harmful Sexual Behaviour** |
| Gender |  |
| Age |  |
| **Relationship of Alleged Victim to Young Person:** |
| Family Member |  |
| Friend/Acquaintance |  |
| Stranger |  |
| Don’t Know |  |
| **In Relation to the Young Person, the Alleged Victim is:** |
| An Adult |  |
| A Peer |  |
| A Significantly Younger Child |  |
| Don’t Know |  |
|  |
| Gender |  |
| Age |  |
| **Relationship of Alleged Victim to Young Person:** |
| Family Member |  |
| Friend/Acquaintance |  |
| Stranger |  |
| Don’t Know |  |
| **In Relation to the Young Person, the Alleged Victim is:** |
| An Adult |  |
| A Peer |  |
| A Significantly Younger Child |  |
| Don’t Know |  |

**Please attach extra sheet if additional victims.**

|  |
| --- |
| **Previous/Other Sexual Behaviour of Concern:** **Please try to find out prior to referral if possible** |
| Yes |  |
| No |  |
| Don’t Know |  |

|  |
| --- |
| **Specify Previous/Other Sexual Behaviour** |
| **1.** |  |
| **2.** |  |
|  | **Yes** | **No** |
| Has the Young Person Received Intervention to Address the Behaviour? |  |  |

**INTERVENTION**

**What type of treatment to date has the child had since abuse disclosed/ discovered?**

|  |  |  |
| --- | --- | --- |
| **Treatment; Please Circle Approximate Hours** | **Yes**  | **No** |
| Individual Sessions; General <10 / 10-20/ 20-40/ >40 |  |  |
| Individual Sessions; Focused on abusive behaviour <10 / 10-20/ 20-40/ >40 |  |  |
| Individual Sessions; Focused on own victimisation <10 / 10-20/ 20-40/ >40 |  |  |
| Group Work; General (e.g. social skills, anger management, sex education) <10 / 10-20/ 20-40/ >40  |  |  |
| Group Work; Abuse Focused (e.g. Denial, victim empathy, Relapse prevention) <10 / 10-20/ 20-40/ >40  |  |  |
| Family therapy; <10 / 10-20/ 20-40/ >40  |  |  |
| Other; <10 / 10-20/ 20-40/ >40  |  |  |
| If Other, Please Specify… |

|  |
| --- |
| **SECTION C; Child Sexual Exploitation (CSE)** |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Has the referring behaviour been considered under the Wales Safeguarding and Procedures and Guidance?  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes**  | **No** |
| Has a Multi-Agency Strategy meeting been convened in relation to the referring incident? |  |  |
| If No, please provide details of any other meetings/decisions made… |
| Minutes attached? |  |  |

|  |
| --- |
|  |
| Current Indicators of CSE |  |

|  |
| --- |
| **In Relation to the Young Person’s CSE Experiences** |
| Reasons for Referral |  |
| Known Persons of Concern | 1. |
| 2. |
| 3. |
| 4. |
| Other Peers Involved | 1. |
| 2. |
| 3. |
| 4. |
| Online Harm | 1. |
| 2. |
| 3. |
| 4. |
| Known Locations of Concern | 1. |
| 2. |
| 3. |
| 4. |
| Previous Services Involved | 1. |
| 2. |
| 3. |
| 4. |
| Other Concerns Relating to Exploitation | 1. |
| 2. |
| 3. |
| 4. |
| Anything Further you Wish to Share |  |
| Known Periods of Missing/TraffickingNRM Status if Applicable |  |

|  |
| --- |
| **SECTION D; Parenting Intervention** |

**DETAILS OF PARENT(S)/CARER(S) BEING REFERRED**

|  |  |
| --- | --- |
| Name(s) |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Mobile |  |
| Email |  |
| Relationship to Child |  |

|  |
| --- |
| **Ethnicity of Parents** |
| White – British |  | Asian/British – Bangladeshi |  |
| White – Irish |  | Asian/British – Other background |  |
| White – Other background |  | Black/British – Caribbean |  |
| Mixed – White/Black Caribbean |  | Black/British – African |  |
| Mixed – White/Black African |  | Black/British – Other background |  |
| Mixed – White Asian |  | Other ethnic groups – Chinese |  |
| Mixed – Other background |  | Other ethnic groups |  |
| Asian/British - Indian |  | Not stated by individual |  |
| Asian/British - Pakistani |  | Unknown |  |

|  |  |
| --- | --- |
| Preferred Language |  |
| Religion (if known) |  |
| Practicing? | **Yes** |  | **No** |  |

|  |
| --- |
| **Disability of Parent(s)** |
| None |  | Hearing Impairment |  |
| Autism Spectrum Disorder |  | Learning Disability |  |
| Behavioural Based Difficulties |  | Mental Ill Health >12 months |  |
| Communication Impairment |  | Physical Impairment |  |
| Complex Sensory Impairment |  | Sight impairment |  |
| Complex Needs Excluding Invasive Care |  | Unknown |  |
| Complex Needs Including Invasive Care |  |  |  |

|  |
| --- |
|  |
| Please provide brief details of any health condition/disability: |
| How may this impact on our contact with them?  |
|  | **Yes/No** |
| Are parents aware of this referral? |  |
| Please give details of ALL household members including name and ages of any children currently living with parents: |
| Please outline any concerning sexual behaviour which has been displayed by any of the above children or adults: |

**REASON FOR REFERRAL**

|  |
| --- |
|  |
| Please explain below what the issue is that has prompted this referral: |
| Please be as specific as possible about which areas of work you would like us to undertake. We will discuss this with you further:  |
| Details of other agencies involved with the family: |

**Please fill out the following risk assessment information in regard to those being referred to the service:**

|  |
| --- |
| **Risk Assessment** |
|  | **Yes** | **No** |
| Threats/violence to staff |  |  |
| If yes, please provide details: |
|  | **Yes** | **No** |
| Threats/risks posed by parents/family members (including pets) |  |  |
| If yes, please provide details: |
|  | **Yes** | **No** |
| Threats/risks posed to the community (CSE) |  |  |
| If yes, please provide details: |
| Are there any further concerns or issues relating to this young person that we should be aware of? |