**TIGER SERVICES REFERRAL FORM**

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| **What service are you requesting?**[ ]  Taith London[ ]  TIGER Services (Spot Purchase)[ ]  TIGER Exploitation (Hammersmith & Fulham only)[ ]  TIGER Light[ ]  The Tande Project |  |

**Referral Date:**

**Referrer’s Details:**

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| **Name:** | **Relationship to C/YP:**  |
| **Address:**  |
| **Telephone No:**  | **Email:**  |
| **Other professionals involved:**  | **Contact details:** |
| **Referrer’s Line Managers details:** |  |
| **CONSENT:** **Confirmation C/YP gave consent to referral if aged 13+** **Confirmation C/YP parents gave consent to referral and are in agreement with referral** | [ ]  **YES**[ ]  **YES** |
| **TIGER Light ONLY** **Confirmation that parent/s gives consent for Barnardo’s to share the reason for the referral plus information within the referral form with the local paediatrician covering this service. This will include Barnardo’s liaising with the paediatrician with regards to undertaking a health and wellbeing check if they think it appropriate.** **The referrer has contacted the local paediatrician****Confirmation that the young person (aged 13+) consents for Barnardo’s to share the reason for the referral plus information within the referral form with the Local paediatrician** **covering this service of possible child sexual abuse and neglect. This will include Barnardo’s liaising with the paediatrician with regards to undertaking a health and wellbeing check if they think it appropriate.** **NHS Number:** | [ ]  **YES**[ ]  **NO**[ ]  **YES**[ ]  **NO**[ ]  **YES**[ ]  **NO** |

**Child/Young Persons (C/YP) Details:**

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| **Name:** | **DOB:** | **Ethnicity:** |
| **Gender and Gender identity:** | **Sexual Orientation: (voluntary)** | **Religion:** |
| **Address:**  |
| **Safe Contact Phone:****Safe to leave voice messages:** [ ]  **YES**[ ]  **NO****Safe to leave text messages:** [ ]  **YES**[ ]  **NO** | **Email:****Safe to email:** [ ]  **YES**[ ]  **NO****Safe Contact Times:** | **Does the CYP have a disability:** [ ]  **YES**[ ]  **NO****If yes please add more info:**  |
|  | **Preferred language:****Interpreter Required:** [ ]  **YES** [ ]  **NO** |

**Parents details or persons with parental responsibility:**

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| --- | --- |
| **Name:** | **Preferred language:****Interpreter Required:** [ ]  **YES** [ ]  **NO** |
| **Address, Phone number and email:** | **Is it safe to contact this person?**[ ]  **YES** [ ]  **NO****Is this person the emergency contact?**[ ]  **YES** [ ]  **NO** **If NO please add emergency contact details:** |
| **Safe to leave voice messages:** [ ]  **YES**[ ]  **NO****Safe to leave text messages:** [ ]  **YES**[ ]  **NO** | **Safe to email:** [ ]  **YES**[ ]  **NO****Safe Contact Times:** |
| **Any other relevant information:**  |

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| **Please describe in your own words the reason you are making this referral, outlining your concerns and what you would like as a result of TIGER support :** |
| **Please share any relevant information with regards to the family history and functioning:** |

**C/YP Information:**

**If a disclosure has been made please advise how it was made:**

**Is the child/young person in contact with the alleged perpetrator?**

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| --- | --- |
| **Is the child open to children’s social care now, or has been in the past?** | [ ]  **YES** [ ]  **NO** |
| **If Yes, please confirm status:** | [ ]  **Child in Need (CIN)**[ ]  **Accommodated under S20**[ ]  **CP**[ ]  **LAC**[ ]  **Historical CP** |
| **CP Category:****Tick all that apply and identify if current and/or historical** | [ ]  **Physical abuse** [ ]  **Sexual abuse**[ ]  **Emotional abuse**[ ]  **Neglect** |
| **Does the YP have an EHCP or any suspected learning needs?** [ ]  **YES** [ ]  **NO** **If so, please describe their needs:** |
| **Education and training details:** [ ]  **School**[ ]  **College**[ ]  **Work**[ ]  **Training provider**[ ]  **PRU or Alternative Provision**[ ]  **NEET****If at school/college please provide full contact details and named lead:** |

**Strengths:**

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| **Please provide any details on the C/YP and family strengths and protective factors.** |

**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 carerHealth Factors:[ ]  Eating disorders[ ]  Poor emotional health | [ ]  Self -harm[ ]  Sexual health concerns[ ]  Substance misusePeer Factors:[ ]  Inappropriate peer group[ ]  Links to other victims of CSE/gangsPersonal 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 |
| **Add specific information with regards to the above ticked boxes:** |

**Risk to others:**

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| **Do you feel the young person is a risk to staff?**  | [ ]  **YES** [ ]  **NO** |
| **Do they pose a risk to family members/or peers?** | [ ]  **YES** [ ]  **NO** |
| **Have they ever made allegations against or disclosures regarding professionals** | [ ]  **YES** [ ]  **NO** |
| **Details:** |

**Known criminal proceedings:**

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| **In relation to the disclosure, abuse or referring behaviours has the YP had any involvement with the police?** [ ]   **YES**  [ ]   **NO****Please add the contact details for the named Officer in Charge:** |
| **Please add any known information regarding known prior criminal history (details and outcome):** |

**Are there any of the following orders?**

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| **Bail** | [ ]  **YES** [ ]  **NO** |
| **Final warning/replacement** | [ ]  **YES** [ ]  **NO** |
| **Referral Order** | [ ]  **YES** [ ]  **NO** |
| **Youth Rehabilitation Order (YRO)** | [ ]  **YES** [ ]  **NO** |
| **Youth Conditional Caution** | [ ]  **YES** [ ]  **NO** |
| **Youth Caution**  | [ ]  **YES** [ ]  **NO** |
| **Adult Caution**  | [ ]  **YES** [ ]  **NO** |
| **Any other useful information:****i.e. date current Police involvement (if C/YP on bail for example) commenced and any known Court hearing dates etc.** **Has an ABE interview been conducted:** [ ]  **YES** [ ]  **NO** |

**Supporting Documentation:**

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| **Please send as many as possible of the following documentation with the referral request:** *(We will not be able to progress the referral within agreed timeframes without sufficient information)* [ ]  **Relevant Strategy/case conference minutes** [ ]  **Health/Psychiatric Reports** [ ]  **Case Conference Minutes** [ ]  **Genogram/Chronology**[ ]  **Pre-Sentence Report** [ ]  **Victim’s Witness Statement**[ ]  **SEN Statement/copy of EHCP**[ ]  **Other (please specify)** |

**The Following Sections to be completed by the referrer for Problematic and Harmful Sexual Behaviour/Taith referrals only. If your referral is NOT for one of these please leave this section blank**

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| **Problematic and Harmful Sexual Behaviour/Taith****Please provide details about the problematic and harmful sexual behaviour: (Please include the primary behaviours the young person is alleged to have displayed, if this is a single or repetitive incident and where it took place)** |
| **What is the young person’s attitude to the offence/allegation? (do they admit, deny, minimise?)** |
| **What is the primary safe caregiver’s attitude to the referral? (do they admit, deny, minimise?)** |
| **Is the young person in contact with the victim?** [ ]  **YES** [ ]  **NO****What is the relationship with, and ages of the victim(s)?** |
| **Did they act alone? (Please advise if there are any concerns re gang related/CSE)** |
| **It is an expectation that the referring professional ensures that the child or young person being referred has been provided with relevant TIGER Services/Taith information and will be accompanied by an appropriate adult to and from appointments. Please sign to indicate acceptance:****Signature:****Name:** **Date:** |

**Completed forms:**

1. Referrals for Taith London, TIGER Exploitation (Hammersmith & Fulham) and TIGER Light referrals in Barking & Dagenham, Hammersmith & Fulham, Havering, and Westminster must go through internal gatekeeping via the local borough CSE lead.
2. All other referrals can be sent **via your CJSM account** to: tigerservices@barnardos12.cjsm.net or **via Egress** to: tigerservices@barnardos.org.uk
3. If you do not have a CJSM / Egress account, referrals can also be sent to: tigerservices@barnardos.org.uk. **Please note this inbox is not secure, so the referral must be encrypted or password protected**

If you have any queries, please call TIGER Services on: 0207 790 4621