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| logo[1] | **BARNARDO’S**  **BEACON PROJECT**  **Request for support** | Text  Description automatically generated with medium confidence |

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| **The Beacon Project is designed to help professionals build knowledge and understanding when supporting children/young people who have experienced/disclosed “child sexual abuse”. For clarity:**  *Child Sexual Abuse (CSA) involves forcing or persuading a child or young person to take part in sexual activities, whether or not the child is aware of what is happening.*  *This includes acts that involve physical contact such as assault by penetration,*  *non-penetrative acts (eg. masturbation, kissing, rubbing and touching).*  *It also includes non-contact: involving children in looking at (or making) sexual images, watching sexual acts, encouraging children to behave in sexually inappropriate ways,*  *grooming a child (including via the internet).* |
| ***Our service offers are free of charge and are centred on being trauma informed***  ***and young person centred.*** |

1. **Informed consent**

We ***cannot accept enquiries relating to specific young people without the young person or their parents consent*** to their information being shared with us.

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| I confirm that I have the child, young person, and parent or carers (where applicable) permission to share their data with Barnardo’s.  Signed:  Print full name:  Role/job title:  Date:  Name and date of person giving consent: |

1. **Organisation details**

Where possible we will contact you via email or telephone with 7 working days.

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| Contact name:  Role/job title:  Agency/Organisation:  Organisation address:  Contact telephone number:  Contact email address: |

1. **Child/young person’s details**

If you are not working with a specific young person/people complete section 5.

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| Child/Young Person’s name:  Child/Young Person gender identity:  Child/Young Person pronouns:  Child/Young Person age:  Child/Young Person ethnicity:  Child/Young Person postcode: |

1. **Professional involved**

If you are not working with a specific young person/people complete section 5.

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| Is the Child/Young Person open to Children’s Services? **Yes / No**  If yes, please provide name and contact details of social worker:  Please indicate the type of support being offered by Children’s Services: -   * CIN (Child in Need) * CP (Child Protection) * Under Assessment * CLA (Child Looked after)   Is the Child/Young Person open to Early Help?  **Yes / No**  If yes, please provide name and contact details of Early Help Worker:  Is the Child/Young Person receiving any other support (generic and/or CSA)? **Yes / No**  If yes, please provide details of all services being received, e.g., School, CAMHS, Early Help |

1. **Support required**

Please note, some of the options below are things we do not directly offer but can support you to access (see our “what we offer” page on our website for more information).

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| **Please indicate type of support required:**   * SARC – Sexual Assault Referral Centre Specialist Medical and Forensic Services * CHISVA – Children’s Independent Sexual Violence Advisor * Therapeutic support including counselling * Harmful Sexual Behaviour Support * Support for Parent/Carer * Indirect support for professionals supporting young person (consultation) * Training for individuals and organisation |

1. **Concerns and support required**

If you are working with specific child/children please provide details of presenting concerns - ***we will be unable to progress your enquiry if this information is not provided.*** If not continue to section 7.

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| Date of Disclosure:  Have the allegations been investigated by the police and Children’ s Services: **Yes / No**  **If yes please provide the following details:**  Date the allegations were reported to the police:  Name of investigating officer:  Is the investigation on-going: **Yes / No**  **Details of concerns**  **Please specify the child or young person’s current support needs** |

1. **Training request**

Please see our “training and indirect support offer” page on our website for more information.

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| What do you want from the training session?  Who will be in attendance (roles and responsibilities)/how many?  What platform would you like to use? (We can provide in person or virtual training)  When do you want the training? (Please note we are a small team so we may need to discuss and be flexible together)  How long would you like the training to be? (The minimum training is 3hrs)  Prior training/knowledge or experience of working in CSA: |

1. **How did you hear about us?**

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| **Online Search Recommendation Signposting Meeting Other**  If other please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| B  UK (CMYK) (3)  **PLEASE RETURN THE COMPLETED FORM TO:**  Beacon Project, Barnardo’s, Brooklands, Great Cornbow,  Halesowen, West Midlands, B63 3AB  If you have any questions regarding any section of this form, please contact us on  **01384 411722**  Our office hours are Monday to Thursday 9am - 5pm and Friday 9am – 4:30pm  **Website: www.barnardosbeacon.org.uk**  **Email:** [**barnardosbeacon@barnardos.org.uk**](mailto:barnardosbeacon@barnardos.org.uk) |

**What happens next?**

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| * Returned and completed enquiry forms will be received by the Barnardos Beacon Team; forms received via email will receive an automated reply * Your enquiry will be reviewed and discussed at a weekly triage meetings * The Beacon team will aim to reply to your enquiry within 7 working days from receipt |