|  |  |  |
| --- | --- | --- |
| logo[1] | **BARNARDO’S**  **BEACON PROJECT**  **Enquiry form for Professionals** | B%2EMidlands%2D%28Spot%29%2B%2Ejpg[1] |

|  |
| --- |
| **The Beacon Project is designed to help professionals source support for children/young people affected by “child sexual abuse” from the point of disclosure through to accessing therapeutic services. 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).* |
| ***Before completing an enquiry form please refer to our criteria for eligibility. Please also note that all sections of the form are mandatory and must be completed in full. Incomplete forms will be returned to sender.*** |

1. **Statement - the child, young person, parent and carer are required to consent to their information being shared to meet eligibility**

|  |
| --- |
| 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. **Referral agency/organisation details**

|  |
| --- |
| Contact name:  Agency/Organisation :  Organisation address:  Contact telephone number :  Contact email address: |

1. **Child/Young Person details**

|  |
| --- |
| Child/Young Person name:  Child/Young Person preferred name (if different to birth name):  Child/Young Person gender identity:  Child/Young Person preferred pronouns:  Child/Young Person date of birth :  Child/Young Person age:  Child/Young Person ethnicity:  Child/Young Person address including postcode:  Child/Young Person GP Surgery:  Does the child young person have siblings? *If so, and if relevant to your enquiry, please provide information in section 7.* |

1. **Support required**

|  |
| --- |
| **Please indicate type of support required:**  SARC – Sexual Assault Referral Centre  Specialist Medical and Forensic Services  CHISVA – Children/YP Independent Sexual Violence  Advisor  Pre Trial Therapy/Counselling  Child Sexual Exploitation (CSE) Awareness/Education  Counselling/Therapeutic Support  Harmful Sexual Behaviour intervention  Support for Parent/Carer |

**5. Professional involvement**

|  |
| --- |
| 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 |

**6. Concerns and Support Required**

|  |
| --- |
| Please provide details of presenting concerns ***Note: We will be unable to progress your enquiry if this information is not provided.***  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. **Family Information**

|  |
| --- |
| Parent/Carer name:  Parent/Carer telephone number:  Parent/Carer email address:  Parent/Carer address:  Does the Parent or Carer have parental responsibility? **Yes / No**  **Please provide details in respect of household members/siblings if relevant to your enquiry:** |

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

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

|  |
| --- |
| B  UK (CMYK) (3)  **PLEASE RETURN THE COMPLETED FORM TO:**  Beacon Project, Barnardo’s Black Country Roots, Blantyre House,  4 Barrack Lane, Halesowen, B63 2UX  If you have any questions regarding any section of this form, please contact us on  **01384 411722**  Our office opening hours are 9am-5pm Monday to Thursday and 9am–4:30pm on Friday  **Website: www.barnardosbeacon.org.uk**  **Email:** [**barnardosbeacon@barnardos.org.uk**](mailto:barnardosbeacon@barnardos.org.uk) |

**What happens next?**

|  |
| --- |
| * Returned and completed enquiry forms will be received by the Barnardo’s 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 * Our reply will include one of the following responses:   An offer to provide professional consultation and guidance to support you in planning CSA intervention for the child or young person  Signposting to local support services with guidance on how to access their provision  If the child or young person requires counselling but there is no provision where they reside, a referral form will be sent for them to access therapy with Barnardo’s Beacon |