

## Letting the Future In

### An NSPCC Intervention for children or young people affected by sexual abuse

Please list any documents enclosed:

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Has the referral and your assessment been shared with the family? Yes / No  
(Please give details):

Has consent been gained to share this information? Yes / No

Has there been any prior social care involvement with the family or support offered?  
(Please give details)

**Please complete the table at the end of the referral with person details, family composition and agencies involved.**

#### Child/Young Person referred

First name:

Surname:

Date of birth:

Gender:

Ethnic origin:

Nationality:

Religion:

Address:

Post code:

Contact telephone number and/or mobile number  
(please state if carer or young person's number):

Language:

Is child able to communicate without an intermediary?  
Please give details:

Yes / No

Learning or Physical disability/health needs:  
Please give details:

Yes / No

Is child/young person 'Looked After' (please give details):

Yes / No

**Details of the alleged abuse:**

Who is alleged to have sexually abused the child/young person? (Please provide details of the relationship to the child/young person)

Name	Address	Date of Birth	Ethnic origin	Relationship to child/young person

When, where and for how long did the abuse take place?

Who was the disclosure made to and how was this responded to?  
(please include who contacted the police/social care and date)

What assessment was made of the safety of the child/young person and other children in the family? (Please provide single assessment or other reports completed.)

What is the impact on the child? Please state any behaviour, emotional or psychological impact:

Any self-harm or suicide attempts?  
(Please add how they are being supported or historical support offered)

Does the child/young person display inappropriate sexual behaviour?  
(Please give details)

**Current Investigation, Court Proceedings/Finding of Fact:**

Is there a current investigation? Please give details:

Yes / No

Who is or was the investigating officer?

Please provide contact details:

Did the child/young person make an ABE video statement? Yes / No

Did the child/young person undertake a medical examination? Yes / No

If the case did not proceed to trial please give reasons:

**Non-abusing carer/Safe Carer:**

Please specify the person best able to support the child/young person:

(Name and relationship to the child)

Is the non-abusing carer/parent in agreement for work to take place with them?

Yes/No

Does the non-abusing carer believe the child/young person and fully support them?

Yes/No

Are they able to bring the child/young person to sessions ? Yes / No

Or if a young person for parent/carer to attend the first session and reviews as a minimum? (Please give details): Yes / No

Are there any diversity, equality or support needs for the carer? (protected characteristics: age, disability, gender reassignment, marriage/civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation; poverty)

What is your view of the relationship between child/young person and their carer/parent?

**Risks and Vulnerabilities:**

Are there any contact arrangements within the family including those with the person alleged to have sexually abused the child/young person?

Does the person alleged to have sexually abused live in the local area?

Please give details:

If 'looked after', is the child/young person in a stable placement and for how long?

Please give details:

Are there any family dynamics that could impact on the ability to support the child/young person? For example, child care arrangements, abuse by a family member?

Have support needs been identified for the carer/family and are they in agreement to accept these? Yes / No  
(please give details)

Does the child feel safe now? Yes / No  
(please give details)

**Safeguarding:** Is the child subject to a Child in Need plan or Child Protection Plan? How are safeguarding concerns being managed? (please give details)

Are there any difficulties the carer/parent is experiencing in parenting the child/young person? Is support in place for them? (please give details)

### **Person details/ Family and Agency involvement**

**People living in the household** including siblings e.g. parents/carers, siblings, extended family members, family friends, partners.

**Please specify if any person poses a risk to children.**

Please continue on a separate sheet if necessary.

Name	Contact phone no	Date of Birth	Gender	Ethnic Origin	Relationship to referred person	Poses risk

Who has parental responsibility for the child/young person?

**Other significant adults and children living outside the family home**

Please continue on a separate sheet if necessary.

Name	Contact phone no	Date of Birth	Gender	Ethnic Origin	Relationship to referred person	Poses risk

**Agencies involved with the family**

Please include school, GP, support workers, CAMHS, social care etc.

Agency	Contact Name, position, address,	Summary of involvement
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	telephone number and email	

**Details of referrer**

Name

Professional role

Agency:

Address:

post code:

Contact telephone number:

Mobile number:

**Please ensure you have completed all sections and attached any assessments undertaken with the family.**

**Signed:**

**Dated:**

Please return the completed form to:-

**Thank you**