**The Safe Project – Sibling Group Referral Form**

Please submit this form via email to: [safeprojectteamVM@leeds.gov.uk](mailto:safeprojectteamVM@leeds.gov.uk)

If you have any questions or would like to discuss if a child is appropriate, please contact Rebecca Mauganai: Rebecca.Mauganai@leeds.gov.uk

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| **Referral Expectations** |
| * There is an expectation that the child being referred has a sibling who is open to CSWS with an allocated social worker and is assessed at risk of exploitation (any risk level). The child attending does not have to be open to CSWS to attend the group. * Ages 8-11 are suitable to attend the group (year 4-6 at school). * There has been consent given by parents/carer. * The child has consented to attend the group. |

**Referrer’s Details:**

|  |  |
| --- | --- |
| Referrer’s Name: |  |
| Referrer’s Agency: |  |
| Telephone: |  |
| Email: |  |
| Date of Referral: |  |

**Child and Family Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| DOB: |  | Mosaic ID: |  |
| Ethnicity: |  | Gender: |  |
| Does the child have a disability or SEN? If so, please explain |  | Language spoken: |  |
| Communication needs: |  | School/Education Provision: |  |
| Address: |  | Sibling(s) and age: |  |
| Parent’s/Carers Name(s) |  | | |
| Other significant family members: |  | | |
| Health and Safety considerations | *If the child and/or sibling is known to carry weapons or has any gang links then please share details. This is essential to ensure the safety of the group.* | | |

**Type of harm identified for sibling:**

|  |  |  |
| --- | --- | --- |
| CSE | CCE | Both CCE and CSE |
|  |  |  |

**Current Plan for sibling:**

|  |  |  |  |
| --- | --- | --- | --- |
| CAFA | CIN | CP | CLA |
|  |  |  |  |

**Sibling’s Assessed Level of Risk:**

|  |  |  |
| --- | --- | --- |
| Low Risk | Medium Risk | High Risk |
|  |  |  |

**Summary:**

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| What would you like the child to learn from the group? |
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| What impact has exploitation had on the child attending the group? |
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| Are there any wider concerns or family conflict that is appropriate for The Safe Project to be aware of? Please include if anyone is not allowed contact with the child. |
|  |
| Do any family members (children or adult) have any links to gangs? |
|  |
| Are there any contextual concerns? i.e. peers, places and spaces |
|  |
| What challenges have the child/family experienced both past and present? |
|  |
| What are the protective factors? |
|  |

**TO BE COMPLETED INTERNALLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| Screened By: | Date: | Has the referral been accepted? | **Yes / No** |
| If referral not accepted, please state why: |  | | |