

Referral Form for SACS: Child Safety

Sexual Abuse Counselling Service – Cairns

To ensure a prompt response to your referral, please complete as much detail/information as possible on this form.

Catchment: We accept referrals from Edmonton, Cairns, North Cairns & Lower Cape, Atherton, Innisfail, Cape York North and Torres Strait Islands Child Safety Service Centres for clients residing in the service delivery catchments which include the following suburbs:

Palm Cove, Clifton Beach, Kewarra Beach, Trinity Beach, Trinity Park, Smithfield, Yorkey's Knob, Holloways Beach, Machans Beach, Cairns North, Edge Hill, Whitfield, Stratford, Freshwater, Redlynch, Kamerunga, Caravonica, Bentley Park, Bayview Heights, Earlvile, Kanimbla, Mooroolooloolo, Manoora, Manunda, Westcourt, Bungalow, Woree, White Rock, Mount Sheridan, Lamb Range, Earlvile, Gordonvale.

Referral Criteria:

1. **LEGAL GUARDIAN/S** consent to referral (both parents if applicable)
2. Referral is for a child or young person (5-18 years) who is subject to child protection statutory intervention and has been sexually groomed, abused or assaulted, or
3. Referral is for a child or young person (5-18 years) who is subject to child protection statutory intervention and engages in problematic or harmful sexual behaviour to self or others
4. Caregivers are willing and able to support the therapeutic process
5. There are no current family law court proceedings taking place

Referrer details

Date of referral		CSSC	
Staff member with case responsibility			
Direct phone line and email address:		CSSC phone:	
Team leader		Team:	

Please note, cases are allocated based on priority level

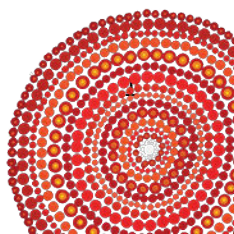
Priority 1: Children under 18 who have been sexually abused, groomed or assaulted

Priority 2: Children under 18 years who are engaged in problematic or harmful sexual behaviour

Priority 3: Children under 18 who are at risk of sexual harm (Protective Behaviours)

Priority 4: Protective Carer/Parent Psycho-educational support (no child in their care)

Priority 5: Residential Care or other staff working with children at risk of sexual abuse, grooming or engaging in problematic or harmful sexual behaviours.



Child / young person details – one child per referral

(please indicate which priority applies for each client below)

Name:		Priority 1-5	<input type="checkbox"/>
Date of birth:		Gender:	Ethnicity:
School & Grade:		If ATSI name of identified support:	

Consent Clarification

<p>For the purpose of consent and release of information, who holds guardianship of the child/young person? For Birth Parent or other, please include their name.</p> <p><input type="checkbox"/> DoCs - Child Safety <input type="checkbox"/> Birth Parent <input type="checkbox"/> Other, please specify:</p>
Type of order/ If applicable:

Current living arrangements

(who is child/young person currently living with?)

Guardian:	<input type="checkbox"/> Parent(s) <input type="checkbox"/> Kinship carer <input type="checkbox"/> Foster carer <input type="checkbox"/> Residential care		
Details of Guardian(s) Please advise adults living with child/children that they will be involved in our intervention.			
Name:		Relationship to the child:	
Date of Birth:			
Day time phone:		Mobile:	

Name:		Relationship to the child:	
Date of Birth:			
Day time phone:		Mobile:	
Address <input type="checkbox"/> residential, or <input type="checkbox"/> postal:			

Only complete for referrals regarding sexual abuse and/or sexual grooming

Person (s) who harmed the child

Name (if known)	Relationship to Child	Frequency of contact with child

Details of Abuse

Please describe the acts of abuse that have been disclosed or uncovered (this includes online concerns).	
When did abuse occur or commence?	
Frequency and duration of the abuse (if known)	
Please describe any observations of behaviour change and symptoms arising since the disclosures (e.g. trauma symptoms, sexualised behaviour, etc.)	

Disclosure details

Child Safety Investigation and Assessment complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outcome?	<input type="checkbox"/> Substantiated <input type="checkbox"/> Substantiated at Risk <input type="checkbox"/> Unsubstantiated
Safety Plan Completed?	Date: _____ Attached <input type="checkbox"/> Yes <input type="checkbox"/> No When is review required? _____
Criminal investigation complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have charges been laid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of CPIU/Task Force Argos Investigation Officer:	
Office of CPIU Officer:	Telephone number: _____

Only complete for referrals regarding problematic or harmful sexual behaviours

Harm to Self (may include online concerns)

Description of the behaviours that raise concern	
Frequency of the behaviours (if known)	
Length of time behaviours have been occurring (if known)?	
Location(s) where behaviours occur?	
How did you become aware of the behaviours?	<input type="checkbox"/> Child/young person self-disclosure <input type="checkbox"/> Report from peer <input type="checkbox"/> Report from school <input type="checkbox"/> Observations of carer/worker? <input type="checkbox"/> Medical Practitioner? <input type="checkbox"/> Other
Risk Assessment undertaken?	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No
Safety Plan Completed?	Date: _____ Attached <input type="checkbox"/> Yes <input type="checkbox"/> No When is review required? _____
Has the harm towards self been reported to police e.g. <i>if online activities are occurring or behaviours involve criminal activities?</i>	If yes, name of CPIU Investigation Officer: _____ Office and phone number of CPIU Officer: _____ Have charges been laid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the PSB/HSB towards self been reported to the Department of Child Safety?	If yes, name of person who reported (if known): _____ Has an investigation commenced? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there an outcome?
Are there other organisations/ school/ professionals involved?	Names and contact telephone and/or email if known:

Only complete for referrals regarding problematic or harmful sexual behaviours

Harm to Others (may include online concerns)

Name of person (s) harmed (if known)	Relationship to Child/ Young Person

Description of the behaviours that are problematic or harmful to others	
Frequency of the behaviours (if known)	
Length of time behaviours have been occurring (if known)?	
How did you become aware of the behaviours?	<input type="checkbox"/> Person harmed by the behaviours disclosed to others <input type="checkbox"/> Child/young person self-disclosure <input type="checkbox"/> Report from peer <input type="checkbox"/> Report from school <input type="checkbox"/> Observations of carer/worker <input type="checkbox"/> Medical Practitioner <input type="checkbox"/> Other
Risk Assessment undertaken?	Date: _____ Attached <input type="checkbox"/> Yes <input type="checkbox"/> No When is review required? _____
Safety Plan Completed?	Date: _____ Attached <input type="checkbox"/> Yes <input type="checkbox"/> No When is review required? _____
Has the person harmed been offered support, referral, counselling and/or advocacy?	
Has the PSB or HSB been reported to police?	If yes, name of CPIU Investigation Officer: _____ Office and phone number of CPIU Officer: _____ Have charges been laid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the PSB or HSB been reported to the Department of Child Safety?	If yes, name of person who reported (if known): _____ Has an investigation commenced? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there an outcome?
Are there other organisations/ school/ professionals involved?	Names and contact telephone and/or email if known:

THANK YOU FOR YOUR REFERRAL

To send your referral or for more information about process or waitlist status, please use the following information to call or email:

Sexual Abuse Counselling Service (SACS) – Cairns (Act for Kids)

Please email your referral to sacscairns@actforkids.com.au or call **07 4033 8550** or **0407 049 576**