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| Fire Intervention Response Education SchemeReturn to fires@lancsfirerescue.org.ukThis is an Educational Intervention Only |

 **Guidance notes:**

**PLEASE READ BEFORE COMPLETING THE FORM**

*The form may be returned to you if the information supplied is insufficient / incomplete for us to make an assessment thus delaying the intervention.*

Before submitting a FIRES Referral, please consider:

* FIRES referrals may be made for children or young people between the ages of 4-17 years old who have engaged with fire plan, fire setting, arson, hoax calls and attacks of fire service personnel or equipment.
* FIRES is an Educational Intervention only; however we may work with other agencies to support any other interventions being given to the child or young person.
* We require parent/guardian consent prior to the referral being made. Without this, we will not be able to action any referrals for this program.
* Any information provided in the referral will support LFRS staff to tailor the intervention to the child or young person, so please give sufficient detail.
* If the child or young person currently has a criminal case or prosecution relating to fire setting, arson etc. then we may not be able to complete the interventions until this is concluded.
* If you are a Keyworker from an agency/service working with the child or young person, please identify your relationship to the individual and include a contact number. There will be an expectation for the key worker to accompany a member of LFRS staff on the visit/s

Once you have completed the Referral form, please save as a Microsoft Word Document & email to fires@lancsfirerescue.org.uk. Any hard copies should be destroyed & disposed of.

Once we have received the FIRES referral, this will then be allocated to a member of our Community Safety Staff in the local area who will initiate contact.

The following INTERIN FIRE SAFETY MEASURES should be given to the parent/guardian whilst awaiting a response from the FIRES referral (*tick when given*):

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| [ ]  The need to have smoke alarms and to test regularly (LFRS will provide a free Home Fire Safety Check). |
| [ ]  Keep matches, lighters, out of the child or young person’s reach. |
| [ ]  Search the young person’s room for matches, lighters (they may hide matches and lighters in pockets, school bags, clothing, under beds, wardrobes, in drawers etc). |
| [ ]  The need to provide a fireguard if appropriate. |
| [ ]  The need to secure garden sheds and garages (to prevent children who might have fire setting tendencies from gaining access to an area where they would be unsupervised). |

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| **CONFIDENTIAL INFORMATION – NOT FOR GENERAL CIRCULATION** |
| **To be completed by Referrer only** |

**Has a parent/guardian consent been given Yes** / **No** **If No please tell us why**:

This is essential without parent/guardian consent we will be unable to proceed with this referral. This is the referrer’s responsibility.

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| **Section 1 – Child Details** |

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| **Name of Child (essential**):  | **Gender:** Male [ ]  Female [ ]  Other [ ]  |
| **D.O.B (essential):** | **Age**:  |

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| **Ethnic Monitoring - Please select one of the following.** |

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| **White**Choose an item. | **Mixed/Multiple ethnic groups**Choose an item. | **Asian/Asian British**Choose an item. |
| **Black/ African/Caribbean/Black British**Choose an item. | **Other ethnic group**Choose an item. | **If required, please enter a description here:**  |

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| **Conditions** |

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| Does the child or young person have any of the following conditions? (Professional Diagnosis Only) |

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| [ ]  **Autism Spectrum** | [ ]  **Dyslexia** | [ ] **ADHD** | [ ]  **Physical Disability** | [ ]  **Learning Difficulties** | [ ]  **Mental Health Issues** | [ ]  **Other**      |

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| Is the child or young person a young carer? **Yes** [ ]  **No** [ ]  |
| Are there any known Adverse Childhood Experiences (ACE’s)? **Yes** [ ]  **No** [ ] If Yes, please describe:  |
| Are there any past experiences or current behaviours that may impact the delivery of any sessions? **Yes** [ ]  **No** [ ]  **If Yes**, please describe:  |

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| Are there any issues, including behavioural, that LFRS staff should be aware of which may impact their ability to complete any education intervention work? **Yes** [ ]  **No** [ ] **If Yes**, please state: |

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| **Section 2 – Parent/Guardian/Carer & Family Details** |

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| **Parent/Guardian/Carer name (essential)**:  | **Relationship to Child**:  | **Contact Telephone No**:  |

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| **Family Profile**[ ]  Single Parent/Carer[ ]  2 Parent/Carer | **Local Authority Care?**[ ]  Yes [ ]  No [ ]  Other, please state. | **Number of siblings**: |

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| **Section 3 – Address Details** |

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| **Home Address:** **Town:****Postcode:** |  |

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| **Does the child stay/sleep over at any other property (other parent/grandparent etc)** Yes [ ] No [ ]  If yes please supply a name, address & contact number– we will offer them a free Home Fire Safety Check. |

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| **Name (essential):****Relationship to child/young person:** |  | **Address:** **Town:****Postcode:****Contact Number:**  |  |
| **Name (essential):****Relationship to child/young person:** |  | **Address:** **Town:****Postcode:****Contact Number:**  |  |

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| **Section 4 – Education**  |

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| **School / College:** **Address:** |  | **Teachers Name:** |  |
| **Contact Number:** |  | **Year Group:** |  |

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| **Section 5 – Referring Person or Agency / Other Agencies involved** |

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| **Referring Agency:**  |  | **Referrer’s Name:** |  | **Contact Tel No:** |  |
| **Referrer’s Address:**  |  | **Relationship to child/young person:** |  | **Key Worker (if different from above):** |  |

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| **Key worker agency and location:** |  | **Key worker contact tel:**  |  |

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| **Are any of the following agencies also involved with the child/young person or family?** (Select all appropriate)**Children’s Social** **Care** [ ] Yes [ ] No **Adult Social Care** [ ] Yes [ ] No **CAMHS** [ ] Yes [ ] No **Child & Youth Justice Service** [ ] Yes [ ] No**Other, please state** [ ] Yes [ ] No  |

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| **Does a CAF exist:**  | [ ] Yes [ ] No [ ] Do Not Know |
| **Lead Professional Name:** |  |
| **Contact No:** |  |

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| **Section 7 – Incident Details** **Lancashire Fire and Rescue Service may be unable to proceed with intervention until the conclusion of any pending prosecution.** |

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| **Date of latest Incident:**  |  | **Did the Fire Service attend?** | [ ] Yes [ ] No [ ] Do Not Know | **LFRs Incident No:** |  |

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| **Address of Incident:** |  | **Date of Criminal Conviction (if applicable):**  |  |

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| **Is there likely to be a criminal case/prosecution relating to this incident?** | [ ] Yes [ ] No [ ] Do Not Know**If Yes**, LFRS may not be able to proceed with the intervention until the conclusion of this. |

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| **Type of Incidents:** **Select all that apply** | [ ]  Fascination with Fire[ ]  Fire setting[ ]  Hoax Calls [ ]  Setting off a Fire Extinguisher | [ ]  Fire Call Point Activation[ ]  Anti-Social Behaviour related to fire[ ]  Attack on Fire Service Personnel or Equipment[ ]  Other, please state:  |
| **Where have ANY incidents taken place:** **Select all that apply** | [ ]  Home (indoors)[ ]  Home (outdoors)[ ]  School[ ]  Places of Worship [ ]  Grass (off property) | [ ]  Vehicle[ ]  Commercial Property[ ]  Park[ ]  Other, please state:  |
| **Ignition Source:****Select all that apply** | [ ]  Lighter[ ]  Matches[ ]  Fireworks[ ]  Candles | [ ]  Aerosol[ ]  Accelerant[ ]  Other, please state: |
| **Were there any injuries or damage to:**  | [ ]  The child or young person themselves[ ]  Other people | [ ]  Animals[ ]  Property |

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| **Details of Incident/Reason for Referral (essential)**  |
| *Please provide as much information as possible in regards to the reason for referral and any other past behaviour related to this.* |
| **Details of any other Antisocial Behaviour (essential)** |
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| Fire Intervention Response Education SchemePicture shows Lancashire Fire and Rescue's logo on a red background. |
| **LANCASHIRE FIRE AND RESCUE SERVICE – SHQ USE ONLY** |

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| **FIRES ID** |  | **REHAB ID** |  | **Checks Completed** |  |
| **Date Referral Received**  |  | **Date Sent to Team Leader** |  | **Completed by CAO** |  |

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| Any previous Referral’s (FIRES/FACE/Arson/CIS1) | Yes [ ]  No [ ]  If Yes, include ID No.  | ID:ID:ID: |

**INTERIM FIRE SAFETY MEASURES** (*tick when given*)

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| [ ]  The need to have smoke alarms and to test regularly (LFRS will provide a free Home Fire Safety Check). |
| [ ]  Keep matches, lighters, out of the child or young person’s reach. |
| [ ]  Search the young person’s room for matches, lighters (they may hide matches and lighters in pockets, school bags, clothing, under beds, wardrobes, in drawers etc). |
| [ ]  The need to provide a fireguard if appropriate. |
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| **Has a HFSC been completed at the primary address?** | **Yes –****Click or tap to enter a date.** | **No –** **Choose an item.** |

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| **Contact Attempt** | **Date** | **Time** | **Method** | **Outcome** | **Completed by** |
| **Attempted Contact 1** | Click or tap to enter a date. |  |  |  |  |
| **Attempted Contact 2** | Click or tap to enter a date. |  |  |  |  |
| **Attempted Contact 3** | Click or tap to enter a date. |  |  |  |  |

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| **Record of Contact** |

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| **Date & Time of Contact** | **Location of Contact** | **Face to Face or Digital delivery** | **CSA/s Attending** | **Other agencies or people present** |
|  |  | **Choose an item.****Choose an item.****Choose an item.** |  |  |

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| **Details of Contact** *(inc. that with family, other agencies, school etc.)* | *Visit 1 -* *Visit 2 -* *Visit 3 -* *Further Comments -*  |
| **Areas Covered (select all that apply)** |  [ ]  Fire Safety at Home [ ]  Dangers of Fire[ ]  Consequences [ ]  Good/Bad Fire[ ]  What the Fire Service Does [ ]  Antisocial Behaviour [ ]  The Law [ ]  Hoax Calls |
| **Resources Used** | [ ]  Story Bag [ ] Beer Goggles [ ] Games [ ] Worksheets [ ] DVD/Video Clip |

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| **Does the Parent / Guardian agree to being contacted in 1 month after last visit:** | Yes [ ]  No [ ]  |
| **Referred to other agencies? Please say which including date of referral:** |  |
| **Do the Parent / Guardian agree to sharing information with other agencies?** | Yes [ ]  No [ ]   |
| **Are there any Child Protection issues?** | Yes [ ]  No [ ]   |

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| **1 Month Follow Up** |

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| **Contact Attempt** | **Method** | **Outcome** | **Completed by** |
| Click or tap to enter a date. |  |  |  |
| Click or tap to enter a date. |  |  |  |
| Click or tap to enter a date. |  | If no contact after 3rd attempt, staff must send FIRES3 letter & save in referral folder. |  |

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| **FIRES Referral Completed By (CSA)****Name:**Click or tap to enter a date. | **FIRES Referral Signed Off By (CFS TL)****Name:**Click or tap to enter a date. |