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| Fire Intervention Response Education Scheme  Return to [fires@lancsfirerescue.org.uk](mailto:fires@lancsfirerescue.org.uk)  This 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](mailto: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. |
| 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).   |  |  |  | | --- | --- | --- | | **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. |