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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.*

**Referrals can be made in respect of children and young people aged 4-17 years who have engaged in fire play, fire setting/arson, hoax calls and attacks on fire service personnel or equipment.**

**External organisations/agencies**

Please obtain parent/guardian consent to the referral being made prior to completing the form.

Without this consent we cannot action this referral and it will be returned to you from fires@lancsfirerescue.org.uk

Please complete all relevant boxes and give as much information as you can.

**If you are an organisation please identify a Key worker, locality and contact telephone numbers and relationship to the young person. There will be an expectation for the key worker to accompany a member of LFRS staff on the visit/s.**

If you are a parent/guardian or member of Lancashire Fire & Rescue then you do not need to identify a key worker.

Please also give the interim fire safety measures below.

If you have initially taken the details on a hard copy of the referral form please transfer the information onto an electronic copy (available to download from our website – lancsfirerescue.org.uk) then email to: fires@lancsfirerescue.org.uk. Please destroy original hard copy.

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**Interim fire safety measures (see below) should be given at the earliest opportunity by either the referrer or the person taking the referral.**

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

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| [ ]  | 1. | The need to have smoke alarms and to test regularly (LFRS will provide a free Home Fire Safety Check) |
| [ ]  | 2. | Keep matches, lighters, out of the child’s reach. |
| [ ]  | 3. | 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*). |
| [ ]  | 4. | The need to provide a fireguard if appropriate. |
| [ ]  | 5. | 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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| Fire Intervention Response Education SchemeReturn to fires@lancsfirerescue.org.ukThis is an educational Intervention Only |
| FIRES ID |       | *(Once assigned please quote on all correspondence)* | CFRMIS ID |       |

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| **CONFIDENTIAL INFORMATION – NOT FOR GENERAL CIRCULATION**  |

The information that you provide will be used in confidence by the Service Development Department to measure the success of the scheme. The Service Development Department will also use the information to develop both the course content and structure to ensure that it remains relevant to the needs of current participants. Information may be shared with other agencies and partners such as the police or social care in certain circumstances such as the prevention and detection of crime or the prevention of harm. For more information about how we process your data and your data protection rights please go to our Privacy Notice at: <https://www.lancsfirerescue.org.uk/contact-us/privacy-notices/>

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Please note:

**All yellow boxes to be completed by referrer, all grey boxes to be completed by LFRS SHQ and green boxes by LFRS Community Safety staff**

**Please note: If inadequate information is supplied this form will be returned to you.**

**If your referral contains more than one sibling, a separate referral for each sibling should be completed. Multiple individuals should not be placed within one referral.**

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| **Lancashire Fire and Rescue Service - SHQ use only** |
| Date referral received at SHQ: (essential)  |       | Total number of previous referrals to FIRES/Face/Arson/CIS1: |       | Date sent to area: |       |
| Any others referred to FIRES in relation to this incident- Yes [ ]  No [ ]  If yes please complete ID boxes below:ID:       ID:       ID:       ID:       ID:        |

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| **1:** **Name of child Date of birth****(essential):**       **(essential)**       **Gender: Male** / **Female** (Please delete as appropriate) **Age:**      **Home Address**:       **Town**:      **Postcode:**       **Home telephone**:       **Mobile telephone**:      **Parent/Guardian/Caregiver Relationship to child:** **(essential**)       **Has Parent/Guardian consent been given Yes**/**No**  **If No please tell us why**:      This is essential as without parent/guardian consent we may be unable to proceed with this referral. This is the referrers responsibility.**Date interim measures given**:       **By whom**:       |
| **For LFRS use only: Ward       Station Area       Date HFSC completed****HFSC Unable to contact Yes/No HFSC Refused Yes / No** (please delete as appropriate).CFRMIS recordings: State **FIRES** as referral source and enter FIRES id in case notes |

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| **2:** **Family Profile****Single parent or care giver/ 2 parent or care giver family** (please delete as appropriate)**Number of siblings:****Local authority Care: Yes/No** (Please delete as appropriate). **Other (please state)** |

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| **3: Ethnic Monitoring:** |
| **White**1.English/Welsh/Scottish/Northern Irish/British2. Irish3. Gypsy or Irish Traveller4. Any other White background, please describe**Mixed/Multiple ethnic groups**5. White and Black Caribbean6. White and Black African7. White and Asian8. Any other Mixed/Multiple ethnic background, please describe |  **Asian/Asian British**9. Indian10. Pakistani11. Bangladeshi12. Chinese13. Any other Asian background, please describe**Black/ African/Caribbean/Black British**14. African15. Caribbean16. Any other Black/African/Caribbean background, please describe**Other ethnic group**17. Arab18. Any other ethnic group, please describe |  |  |
| 19. Not stated |  |
|  |  |

Enter relevant category number here  |

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| **4: THIS INFORMATION IS ESSENTIAL****Does the child sleep/stay over at any other property (other parent/grandparent etc) Yes / No** If yes please fill out details below for all addresses: **We will offer them a free Home Fire Safety Check****Name** (essential):  **Relationship to child**: **Address:**      **Town:       Postcode:****Home telephone:       Mobile telephone:** |
| **Date HFSC Carried Out (for LFRS use only):       Station Area:****Ward:       HFSC Unable to contact Yes / No HFSC Refused Yes / No**   (Please delete as appropriate).**CFRMIS recordings: State FIRES as referral source and enter FIRES ID in case notes** |
| **Name** (essential):  **Relationship to child**: **Address:**      **Town:**       **Postcode:**      **Home telephone:**       **Mobile telephone:** |
| **Date HFSC Carried Out (for LFRS use only):       Station Area:** **Ward:       HFSC Unable to contact Yes / No HFSC Refused Yes / No** (Please delete as appropriate).**CFRMIS recordings: State FIRES as referral source and enter FIRES ID in case notes** |
| **Name** (essential):  **Relationship to child**: **Address:**      **Town:**       **Postcode:**      **Home telephone:**       **Mobile telephone:**       |
| **Date HFSC Carried Out (for LFRS use only):       Station Area:** **Ward:** **HFSC Unable to contact Yes / No HFSC Refused Yes / No** (Please delete as appropriate).**CFRMIS recordings: State FIRES as referral source and enter FIRES ID in case notes** |

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| **5:** **School/college       Contact Tel:****Address:****Teachers name:       Year group:** |

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| **6:** **Referring Agency:       Referrers name:** **Referrers address:       Contact tel:****Relationship to child:       Key worker (if different from above)** **Key worker agency and location:****Key worker contact tel:** |

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| **7:** **Other agencies involved with child or family** (please delete as appropriate).**Children’s Social Care: Yes / No Adult Social Care: Yes / No YOT: Yes / No** **CAMHS: Yes / No Other (Please state)** **Does a CAF exist: Yes / No / Don’t know** **Lead professional name:       Lead professional contact tel:** |

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| **8:** **Does the child have any of the following conditions (professional diagnosis only).** (Please delete as appropriate). **Autism Spectrum / Dyslexia / ADHD / Physical Disability / Learning difficulties /****Mental health issues (Please say which)       Other (Please state)****Are there any Adverse Childhood Experiences (ACE’s) Yes / No (Please state which)****Is the child a young carer Yes / No**  |

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| **9:** **Date of incident:       Did Lancashire Fire & Rescue attend: Yes / No / Don’t know**(Please delete as appropriate). |
| **LFRS incident number if applicable:** |
| **Address of incident:** |
| **Date of criminal conviction (if applicable)****Is there likely to be a criminal case/prosecution relating to this incident:** **YES / NO / Don’t Know** (Please delete as appropriate).**Lancashire Fire & Rescue may be unable to proceed with the intervention until the conclusion of any pending prosecution.** |
| **Type of incident** (Please delete as appropriate).**Fire / Hoax call / Setting of a fire extinguisher / Fire call point activation /****Attack on fire service personnel or equipment / other (please state)** |
| **Details of incident/reason for referral:** |
| **Details of any previous fire related behaviour:** |
| **Details of any other anti-social/criminal activity:** |

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| **Where have incident/s taken place?** (Please delete as appropriate). |
| **Home (indoors)** |  **Places of worship** |  **Mailbox** |
| **Home (outdoors)** |  **Commercial building** |  **Grass** |
|  **Bedroom** |  **Vehicle** |  **Park** |
| **School** |  **Waste (skip/wheelie bin)** | **Other (please state:** |
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| **Ignition source:** (Please delete as appropriate).**Lighter / Matches / Fireworks / Candle / Aerosol / Accelerant used** **Other (please state):****Injuries/damage to (if yes please state what)****The child: YES / NO / Don’t Know****Other people: YES / NO / Don’t Know****Animals: YES / NO / Don’t Know****Property: YES / NO / Don’t Know** |
| **10:** (Please delete as appropriate).**Are there any pets in the referee’s home YES / NO If Yes please state:** **If Yes do they pose a risk to LFRS staff YES / NO** **Is there any other risk to LFRS staff: YES / NO If Yes please state:** |

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| **11: LFRS to complete the boxes below** |
| **Contact Attempts** | Date  | Time | Method | Outcome | LFRS staff member |
| CAF lead informed |       or N/A |       |       |       |       |
| Attempted Contact 1: |       |       |       |       |       |
| Attempted Contact 2: |       |       |       |       |       |
| Attempted Contact 3: |       |       |       |       |       |
| FIRES 2 sent |       |       |       |       |       |
| Complete below if: **Unable to contact/Refused** (please delete as appropriate). |
| Date team leader informed by email |       | Date case closed (CS TL) |       |
| Date SHQ informed by Team leader by email |       | Date received at SHQ       |
| **12: Record of visit/s** |
| Date and time of visit/s | Location of visit/s: | Visit Number | Lead LFRS officer : | Others attending: |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
| Restorative Approaches: | YES / NO  | RA Ref. No:       |
| Location:       |
| Details of Visit: |       |
| Areas Covered: (Please delete as appropriate) | Fire Safety in the home  | Consequences  | What the fire service does  | Law  |
| Dangers of fire  | Good/bad fire  | Anti-social behaviour  | Hoax calls  |
| Other: |       |
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| Resources Used:(Please delete as appropriate) | Story Bag  | Beer Goggles  | Games  |
| Worksheets  | DVD  | Other       |
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| **13: LFRS to complete the boxes below** (Please delete as appropriate) |
|  FIRES 4 feedback form completed | Yes / No  |
| FIRES 5 letter given to parent/guardian  | Yes / No / NA |
| Does the Parent / Guardian agree to being contacted 1 month after last visit: | Yes / No  |
| Does the Parent / Guardian agree to being contacted for Quality Assurance purposes in the future? | Yes / No  |
| Does the Parent / Guardian agree to sharing information with other agencies? | Yes / No  |
| Referred to other agencies? Please say which: |       |
| Any Safeguarding issues? | Yes / No  |
| Safeguarding referral made & SG1 completed | Yes / No / not applicable  |
| CAF lead informed | Yes / No / not applicable | Date       |
| LFRS staff member name: |       | Place of work/area |       |
| Has this referral been quality assured (QA) | Yes / No  | Name of person who carried out QA  |       |

**RECORD OF 1 MONTH FOLLOW UP PHONE CALL**

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| **14.** **Record of 1 month follow up phone call** |
| Attempted contacts | Date  | Time  | Method  | Outcome  | LFRS officer |
| Attempted contact 1 |       |       |       |       |       |
| Attempted contact 2 |       |       |       |       |       |
| Attempted contact 3 |       |       |       |       |       |
| FIRES 3 sent |       |       |       |       |       |
| **Please ask each question.** (Please delete as appropriate) |
| Any further negative fire related activity? | YES / NO / Not Applicable |
| Involvement in any anti-social behaviour? | YES / NO / Not Applicable |
| Still with the same peer group? | YES / NO / Not Applicable |
| Improved attitude to fire related activity? | YES / NO / Not Applicable |
| Improvement in school attendance? | YES / NO / Not Applicable |
| Improvement in attitude to school? | YES / NO / Not Applicable |
| Improvement in attitude at home? | YES / NO / Not Applicable |
| Moved house? | YES / NO / Not Applicable |
| Changed school? | YES / NO / Not Applicable |

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| **Further details of call:** |
| LFRS officer: |       |

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| Complete below when all visits are completed and one month follow up phone call is complete or unable to contact re one month phone call |
| Date team leader informed by email      | Date case closed (CS TL)      |
| Date SHQ informed by Team leader via email      | Date received at SHQ       |

GUIDANCE FOR FORMS

**Please note**: Hard copy forms will not be accepted and incomplete forms will be returned to you

On receipt of a new FIRES referral SHQ will enter initial details onto the Fire Setters’ Database within CFRMIS and on the FIRES spreadsheet, set up a folder for the individual in the FIRES folder on the s drive and assign the referral a FIRES ID. Once assigned, this ID must be used in all correspondence relating to the referral. A folder for the individual will be set up in the area folder using FIRES ID and a copy of the FIRES1 must be saved in individual’s folder in the area folder and in the S drive folder.

SHQ will then email the respective Area based Community Safety Team Leader to inform them there is a new referral in their FIRES folder and identify this with the FIRES ID number only.

Once informed of a new referral by SHQ, the Area based Community Safety Team Leader will arrange for a CS Advisor to take on the referral, depending on location, availability and workload. The CS Team leader will inform CSA by emailing them the FIRES id.

The CS advisors can access the form from within the area FIRES folder. This form should not be saved in personal drives it must remain within the area FIRES folder at all times following the introductory visit. The information from the hard copy needs to be copied onto the electronic copy and the hard copy shredded.

The CSA must then inform the CS team leader by email once the referral has been completed or unable to contact quoting the FIRES ID. No FIRES forms should be emailed. All associated paperwork must be saved electronically in the person’s folder.

 The CS team leader must then check the copies in the area FIRES folder. If everything is satisfactory the CS team leader should inform SHQ via fires@lancsfirerescue.org.uk that the case is closed stating the FIRES ID. SHQ will then, cut the relevant forms from the person’s folder from within the area FIRES folder and paste the documents into the relevant SHQ FIRES folder, update the spread sheet, fire setters database in CFRMIS and close the case. The person’s folder should then be deleted from the area FIRES folder by SHQ only.

 Area teams will then no longer have access to those documents.