**Referral Form**

**Birmingham Disrupting Exploitation Programme**

**Once complete please submit referrals to**

**E**:MidlandsDE@childrenssociety.org.uk

**T:**0121 212 5599

The Disrupting Exploitation Programme in Birmingham is focusing on young people at risk of child criminal exploitation.  We are accepting referrals for one to one support and advocacy to the young person as well as prevention work.  We are particularly focused on children aged 13 -18.

The Disrupting Exploitation Programme will also be accepting referrals for systems change concerns (something you would change in the system that surrounds young people at risk of/or experiencing exploitation) or a context (e.g. a place (Pupil Referral Unit, school, fast food shop) or peer-group). If you would like to refer this then please use our separate systems change referral form.

**Please ensure that the referral is password protected and sent securely**

**Please complete risk assessment only where appropriate**

**Referrer Details**

|  |  |
| --- | --- |
| **Referrer’s Name** |  |
| **Service/Organisation** |  |
| **Contact Number** |  |
| **Email** |  |
| **Date of Referral** |  |
| **What outcome would you like from the referral?** |  |

**Young Persons Details**

|  |  |
| --- | --- |
| **Has the Young Person consented to the referral? If the YP is under 16 years of age has the parent/carer consented?** | Choose an item. |
| **Does the YP need an interpreter? Are there any cultural needs that need to be taken into consideration?** | Choose an item. |
| **Name:** |  |
| **EDI Data** | **Gender Choose an item.**  **Ethnicity Choose an item.**  **Religion**Choose an item.  **Nationality/Immigration Status** Choose an item. |
| **Date of birth:** |  |
| **Address:** |  |
| **Details of School/PRU/College** |  |
| **Contact number for YP:** |  |
| **Has a National Referral Mechanism (NRM) referral been completed? (For e.g. YP who have been trafficked)** | Choose an item. |
| **LAC / CIN / CP / EARLY INTERVENTION / NONE** | Choose an item. |
| **Name and contact number of Guardian:** |  |
| **Name and contact of social worker:** |  |

**Risk Assessment**

|  |  |  |
| --- | --- | --- |
| **Vulnerabilities** | **Y/N** | **Details** |
| 1. **Has the YP been reported missing?**   Provide dates and times of missing episodes. Please include details of missing episode/s and episodes longer than 24 hours. |  |  |
| 1. **Has YP been found out of Area/Borough? If so where?** |  |  |
| 1. **Has YP returned home physically harmed or injured?** |  |  |
| 1. **Is YP at risk of trafficking (e.g., internally in relation to county lines, or externally out of the UK)?**   Provide details. Is YP at risk of, or being criminally exploited, OR exposed to other young people being criminally exploited (e.g., in their placement)? |  |  |
| 1. **Is the YP linked to any gangs, Organised Crime Groups (OCG)s? Include info about:**   Weapons?  Hurt/harmed?  Expressed fear of reprisal/vulnerability to exit gang? |  |  |
| 1. **Does the YP have a “Street Name”?** |  |  |
| 1. **Is YP engaged with Youth Offending Service (YOS)? Allocated YOS worker? If yes, provide name/contact details.** |  |  |
| 1. **Is YP engaged with any other professionals? Provide name/contact details.** |  |  |
| 1. **Is YP at risk, or being sexually exploited (CSE) or at risk of grooming, domestic abuse, victim of rape?** |  |  |
| 1. **Describe the YP’s parent/carer’s capacity to protect, including adverse childhood experiences. (Select as many as apply and add further details if required).** |  | Domestic abuse  ☐ Substance misuse  Physical abuse  Sexual abuse  Emotional abuse  Recent bereavement  Physical neglect  Emotional neglect  Intimate partner violence  Substance misuse in the household  Household mental illness  Parental separation or divorce  Incarcerated household member |
| 1. **Has there been any significant changes in the young person’s behaviour/beliefs/friendship groups/appearance? (Select all that apply and add further details if required).** |  | Extremist views  Physically aggressive  Sexualised language  Increased substance misuse  Significant change in appearance/presentation |
| 1. **Has YP made expressions around invincibility/not caring about what happens to them? E.g. exaggeration of male stereotypical behaviour, such as an emphasis on physical strength, aggression, and sexuality.** |  |  |
| 1. **Has YP been excluded from school/NEET?** |  |  |
| 1. **Has YP been bullied, including online cyber bullying (WhatsApp, Facebook), Twitter, Instagram)?** |  |  |
| 1. **Is YP at risk of radicalisation?** |  |  |
| 1. **Does the YP have a disability?** |  |  |
| 1. **Are there mental health concerns about YP? (Select and add further details if required).** |  | Self-harm  Suicidal thoughts  Depression  Anxiety  Other, please state. |

**Please sign and date the below confirming that you have explained the Disrupting Exploitation Programme to the young person above.**

**Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**