**YMCA WiSE Referral Form**

**Please send the completed referral form and a copy of the local authority exploitation risk assessment or any other relevant assessments if available to:**

* **Surrey:** **wise.surrey@ymcadlg.org**
* **Brighton & Hove and East Sussex:** **wise@ymcadlg.org**

**We will contact the referrer within 10 working days of receipt. If you have any queries, or wish to discuss the referral further please call: 07841 067418**

**Has the child or young person agreed to meet with a WiSE worker to find out what support can be offered? Yes** [ ]  **No\*** [ ]  **\*Referrals will not be accepted if child or young person does not agree**

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|  **If you suspect anyone is in immediate danger, call the Police on 999. If a child/young person is currently at risk of significant harm, including any form of exploitation, refer immediately to your local Children’s Social Care.** |

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| **Name of Referrer** |  |
| **Agency and Role** |  |
| **Telephone Number** |  |
| **E-mail** |  |
| **Manager’s Name** |  |

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| **Name of Child or Young Person** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Address** |  |
| **Parent/Carers names** |  |
| **Parent/Carers number** |  |
| **Best way to arrange to meet young person i.e. through social worker, school, directly** |  |
| **Child or Young Person’s number (if they’ve agreed for us to contact them directly)** |  |
| **School/College** |  |

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| **Social Care Status, including previous adoption** |  |
| **Responsible Local Authority**  |  |
| **Professionals involved with child or young person or family (Name, Role, Agency, Telephone no., e-mail)** |  |

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| **Has the child or young person been referred to an exploitation panel?**  | Yes [ ]  No [ ]  In process [ ] Date last discussed: Risk Level: |

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|  | **VULNERABILITIES** (tick all which apply) |  |  | **RISK INDICATORS** **CONT.** (tick all which apply) |
|[ ]  Young carer |  |[ ]  Found with large quantities of drugs or weapons |
|[ ]  Living in residential care or transient accommodation |  |[ ]  Recurring or multiple sexually transmitted infections |
|[ ]  Low self-esteem or confidence |  |[ ]  Use of the internet or mobile phone that causes concern |
|[ ]  Lack of positive relationships with nurturing adults/ Breakdown of family relationships |  |[ ]  Living independently and failing to engage with support workers |
|[ ]  Mental health difficulties or personality disorder |  |[ ]  Evidence of drug, alcohol or substance misuse |
|[ ]  Not engaging in education, training or employment (including poor attendance) |  |[ ]  Multiple callers (unknown adults/older young people) |
|[ ]  Physical or learning disability / difficulty |  |[ ]  Exclusion / unexplained absences from school / college /training/work |
|[ ]  Unsure or unable to disclose their sexuality or gender identity |  |[ ]  Expressions of despair (self-harm, overdose, eating disorder, challenging behaviour, aggression) |
|[ ]  Lacking friends from the same age group or isolated from peers |  |[ ]  Disclosure of sexual/physical assault (may be followed by withdrawal of allegation) |
|[ ]  History of Abuse (Neglect, Emotional, Physical or Sexual) |  |[ ]  Significant changes in emotional wellbeing (repeated) |
|[ ]  Recent bereavement or loss |  |[ ]  Emotional abuse by controlling individual |
|[ ]  Living in a chaotic or dysfunctional household, including family history of: substance misuse; mental health difficulties; domestic abuse. |  |[ ]  Relationship with controlling individual (especially with admission of abuse) |
|[ ]  Family experience significant financial difficulties |  |[ ]  Physical abuse by controlling individual/physical injury without plausible explanation |
|[ ]  Friends, peers or family identified as at risk of exploitation |  |[ ]  Returning after having been missing, looking well cared for in spite of having no known home base |
|[ ]  Unaccompanied asylum seeker/refugee/migrant |  |[ ]  Fear of reprisals from others  |
|  | **RISK INDICATORS** (tick all which apply) |  |[ ]  New peer groups or relationships |
|[ ]  Unexplained amounts of money, expensive clothing or other items  |  |[ ]  Adults or older youths loitering outside the child’s usual place of residence |
|[ ]  Expressions of invincibility or not caring what happens to them |  |[ ]  Disclosure of exchanging sex for something (e.g. money, drugs, rent, alcohol, cigarettes, food) |
|[ ]  Increased interest in making money |  |[ ]  Multiple T.O.P’s (Termination of pregnancies) |
|[ ]  Concerns around involvement in county lines |  |[ ]  Introducing peers to others |
|[ ]  Seen getting in /out of taxis or vehicles driven by unknown individuals |  |[ ]  Increasingly disruptive, hostile or physically aggressive at home or school |
|[ ]  Reports of being taken to parties / people’s house / takeaways or out of area by unknown people |  |[ ]  Using sexualised language / language in relation to drug dealing or violence Needs correcting |
|[ ]  Periods of going missing overnight or longer |  |[ ]  Been abducted or falsely imprisoned |
|[ ]  Possession of keys or cards to unknown properties or hotels |  |[ ]  Spending time in known high-risk areas or addresses of concern |
|[ ]  Has multiple mobiles or sim cards |  |[ ]  Agencies unable to engage |
|[ ]  Frequently absent or going missing |  |  |  |

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| **Others vulnerabilities / indicators:** |
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| **What are the historic concerns? Please reference any vulnerabilities or indicators above.** |
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| **What are the current concerns? Please reference any vulnerabilities or indicators above.** |
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| **What outcomes do you hope working with WiSE will achieve?** |
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| **What strengths or protective factors exist in the child/young person’s current situation? E.g. positive relationship with an adult, engagement with a project** |
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| **Internal Only Date received:**  |
| **Further info:****Decision as agreed with manager:** **Date referrer informed:**  |

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