**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**](mailto:wise.surrey@ymcadlg.org)
* **Brighton & Hove and East Sussex:** [**wise@ymcadlg.org**](mailto: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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