



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

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.

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

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	

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)	1. 2. 3.

Has the child or young person been referred to an exploitation panel?	Yes <input type="checkbox"/> No <input type="checkbox"/>	In process <input type="checkbox"/>
	Date last discussed:	Risk Level:



VULNERABILITIES (tick all which apply)
<input type="checkbox"/> Young carer
<input type="checkbox"/> Living in residential care or transient accommodation
<input type="checkbox"/> Low self-esteem or confidence
<input type="checkbox"/> Lack of positive relationships with nurturing adults/ Breakdown of family relationships
<input type="checkbox"/> Mental health difficulties or personality disorder
<input type="checkbox"/> Not engaging in education, training or employment (including poor attendance)
<input type="checkbox"/> Physical or learning disability / difficulty
<input type="checkbox"/> Unsure or unable to disclose their sexuality or gender identity
<input type="checkbox"/> Lacking friends from the same age group or isolated from peers
<input type="checkbox"/> History of Abuse (Neglect, Emotional, Physical or Sexual)
<input type="checkbox"/> Recent bereavement or loss
<input type="checkbox"/> Living in a chaotic or dysfunctional household, including family history of: substance misuse; mental health difficulties; domestic abuse.
<input type="checkbox"/> Family experience significant financial difficulties
<input type="checkbox"/> Friends, peers or family identified as at risk of exploitation
<input type="checkbox"/> Unaccompanied asylum seeker/refugee/migrant
RISK INDICATORS (tick all which apply)
<input type="checkbox"/> Unexplained amounts of money, expensive clothing or other items
<input type="checkbox"/> Expressions of invincibility or not caring what happens to them
<input type="checkbox"/> Increased interest in making money
<input type="checkbox"/> Concerns around involvement in county lines
<input type="checkbox"/> Seen getting in /out of taxis or vehicles driven by unknown individuals
<input type="checkbox"/> Reports of being taken to parties / people's house / takeaways or out of area by unknown people
<input type="checkbox"/> Periods of going missing overnight or longer
<input type="checkbox"/> Possession of keys or cards to unknown properties or hotels
<input type="checkbox"/> Has multiple mobiles or sim cards
<input type="checkbox"/> Frequently absent or going missing

RISK INDICATORS CONT. (tick all which apply)
<input type="checkbox"/> Found with large quantities of drugs or weapons
<input type="checkbox"/> Recurring or multiple sexually transmitted infections
<input type="checkbox"/> Use of the internet or mobile phone that causes concern
<input type="checkbox"/> Living independently and failing to engage with support workers
<input type="checkbox"/> Evidence of drug, alcohol or substance misuse
<input type="checkbox"/> Multiple callers (unknown adults/older young people)
<input type="checkbox"/> Exclusion / unexplained absences from school / college /training/work
<input type="checkbox"/> Expressions of despair (self-harm, overdose, eating disorder, challenging behaviour, aggression)
<input type="checkbox"/> Disclosure of sexual/physical assault (may be followed by withdrawal of allegation)
<input type="checkbox"/> Significant changes in emotional wellbeing (repeated)
<input type="checkbox"/> Emotional abuse by controlling individual
<input type="checkbox"/> Relationship with controlling individual (especially with admission of abuse)
<input type="checkbox"/> Physical abuse by controlling individual/physical injury without plausible explanation
<input type="checkbox"/> Returning after having been missing, looking well cared for in spite of having no known home base
<input type="checkbox"/> Fear of reprisals from others
<input type="checkbox"/> New peer groups or relationships
<input type="checkbox"/> Adults or older youths loitering outside the child's usual place of residence
<input type="checkbox"/> Disclosure of exchanging sex for something (e.g. money, drugs, rent, alcohol, cigarettes, food)
<input type="checkbox"/> Multiple T.O.P's (Termination of pregnancies)
<input type="checkbox"/> Introducing peers to others
<input type="checkbox"/> Increasingly disruptive, hostile or physically aggressive at home or school
<input type="checkbox"/> Using sexualised language / language in relation to drug dealing or violence Needs correcting
<input type="checkbox"/> Been abducted or falsely imprisoned
<input type="checkbox"/> Spending time in known high-risk areas or addresses of concern
<input type="checkbox"/> Agencies unable to engage

Others vulnerabilities / indicators:



What are the historic concerns? Please reference any vulnerabilities or indicators above.

What are the current concerns? Please reference any vulnerabilities or indicators above.

What outcomes do you hope working with WISE will achieve?

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

Internal Only

Date received:

Further info:

Decision as agreed with manager:

Date referrer informed:

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