**Safeguarding Adolescents from Exploitation**

**REFERRAL FORM**

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| **Type of Referral \*select all that apply** |
| [ ]  Child Criminal Exploitation [ ]  Displaying Harmful Behaviours[[1]](#footnote-1)[ ]  Child Sexual Exploitation [ ]  Other Vulnerability (e.g. gangs, trafficking) |

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| **Reason for Referral \*select all that apply** |
| [ ]  Blockage [ ]  Information Sharing [ ]  Advice [ ]  Support  | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **Young Person / Location Details** |
| Name |  |
| DOB  |  |
| Gender |  |
| Address |  |
| Ethnicity  | Choose an item. |
| Location of concern / frequents |  |
| Case previously at SAFE?  | [ ]  **Y** [ ]  **N** |
| Does the young person have any SEN needs? | [ ]  **Y** [ ]  **N**  | *If Yes, please state type of need*  |
| Does the young person have an EHCP? | [ ]  **Y** [ ]  **N** |
| Is the YP involved in County Lines?  | [ ]  **Y** [ ]  **N**  | ***If yes, referral to be made to National Referral Mechanism (NRM) and Independent Child Trafficking Guardian Service*** |
| NRM Referral Number  |  |

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| **Suspected Perpetrator / Person of Concern Details** |
| Name of person of concern |  |
| Gender |  |
| Approximate Age |  |
| Ethnicity |  |
| Address if known |  |

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| **Referral** |
| Key concerns**\*Please attach the completed Child Exploitation risk assessment tool** |  |
| Current Level of Risk  | [ ]  **Low** [ ]  **Medium** [ ]  **High**  |

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| **Gang Association** |
| Gang association |  |
| Gang conflicts and Potential Areas of Risk |  |
| Current Offences |  |
| Original Offences |  |
| Order/Intervention Type |  |
| Supervisor |  |

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| **Known Associates - Children/ Young People Involved** |
| Name | DOB (if known)/Age | Current Lead Professional | Any other information *(Has a risk assessment been completed, frequency of attending location/contact with persons of concern) etc* |
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| **Referrer** |
| Agency referring case |  |
| Referrer name |  |
| Telephone No |  |
| Email |  |
| Agencies involved & keyworker names |  |

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| **Strategy Meeting** |
| Date  |  |
| Actions |  |

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| **Outcome of the Panel** |
| Outcome  |  |
| Actions |  |

**\*Please attach the completed Child Exploitation risk assessment tool**

Please send completed to AdolescentSafeguardingTeam@enfield.gov.uk

1. (Young people under 18 who pose exploitation risks to other young people) [↑](#footnote-ref-1)