**Safeguarding Adolescents from Exploitation**

**REFERRAL FORM**

|  |
| --- |
| **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) |

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

|  |  |  |
| --- | --- | --- |
| **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 |  | |

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Referrer** | |
| Agency referring case |  |
| Referrer name |  |
| Telephone No |  |
| Email |  |
| Agencies involved & keyworker names |  |

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

|  |  |
| --- | --- |
| **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)