

**The Phoenix Project for Young Women and Girls at Risk of Exploitation in Manchester**

**REFERRAL FORM**

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| **This form should be used to refer young women and girls (11-18 years-old) at risk of county lines, coercive control, grooming, child trafficking, gang, criminal and sexual exploitation to AFRUCA. (we also work with young people who identify as women / girls)**  |

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| **Date of Referral** |  |

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| 1. **DETAILS OF REFERRER or SELF-REFERRER**
 |
| Name |  | Work / Home Address |  |
| Role |  | Organisation |  |
| Telephone |  | E-mail |  |
| For young people who are self-referring, please contact Katrina Alley-Adiat to have an informal chat and complete the form:Phone: 0161 205 9274 E-mail: katrina@afruca.org |

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| **2. DETAILS OF PARENTS:** |
| Parents / carers name |  | Country of origin |  | Gender |  |
| Language  |  | Interpreter required? \* |  | Ethnicity |  |
| Contact No: |  | Address |  |
| Immigration Status  |  | Additional needs |  | Involvement with agencies |  |
| Has consent been gained from main parent/carer for the referral? |  |

\*Note = Please note that we have limited funds for Interpreters

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| **3. DETAILS OF CHILD(REN) and/or YOUNG PERSON / PEOPLE** |
| **Full Name** | **DOB** | **Gender**  | **Parental responsibility** |
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| **4. ARE THERE OTHER ADULTS LIVING IN HOUSEHOLD?** *(if different from above)* | Yes | No |
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| Has consent been gained from the child/young person for the referral? |  |  |

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| **5. OTHER AGENCIES/PROVISION INVOLVED WITH THE FAMILY/CHILD (REN)** |
| Agency | Name of key professionals | Contact details | Current involvement |
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| **6. WHAT ARE THE INDICATORS OF COUNTY LINES, COERCIVE CONTROL, GROOMING, CHLD TRAFFICKING, GANG, CRIMINAL AND SEXUAL EXPLOITATION?** |
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| 1. **REASONS FOR THE REFERRAL OR REQUEST FOR SERVICES**
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| **What is working well for the young person?**  |
| **What are you worried about?**  |
| **What needs to be done & what has been done by yourselves as an agency / professional?** *(include details of referrals to other services) / What are the expectations of this referral for the child and family?/ What needs to change?* |

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| 1. **RISK ASSESSMENT**
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| **Has the young person displayed the behaviours and/ or been involved in any of the situations listed below?** (Tick the boxe(s) that apply) |
| Going Missing |
| Verbal Abuse |
| Serious Anti-Social Behaviour |
| Extremism |
| Violence to other |
| Self-Harm |
| Suicide attempt |
| Health Issues |
| Substance Misuse |
| Non-compliance with medication |
| Damage to Property |
| Theft |

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| **9. INTERVENTION REQUIRED FROM AFRUCA** |
| **We offer the following services to young people on the project:*** Direct one-to-one work with young people. Project will support young people to address vulnerabilities or issues leading to vulnerability and work with others to implement safeguarding processes to ensure their well-being and protection.
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| * One-to-one support and mentoring (face to face and virtually) for service users through a Youth Intervention Worker. That will include: emotional-wellbeing support that focuses on building self-esteem, building healthy relationships, understanding indicators of coercive control, grooming and gang exploitation, self-protection, resilience building and career guidance.
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| * Group activities for young people each year to promote, including two away-days (June and August) organised by themselves, to promote self-esteem building, decision-making and resilience, learn about risk factors, increase safety and encourage peer to peer support/learning by young people. Additionally, we will host a Young Women's Forum one Saturday a month at a suitable/safe location to bring young people together for peer learning, leadership skills enhancement, networking and befriending.
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| Is the young person willing to take part in the above-mentioned activities? | Yes / No |
| Are there any additional comments you would like to make? |

**Signed: ........................................................................**

**Thank you for approaching AFRUCA. We aim to contact the referred family within 5 working days of us receiving the completed referral form to offer an appointment for an initial assessment. Please send in referrals to: katrina@afruca.org. If you do not receive an acknowledgement of your completed referral form, please contact Katrina Alley Adiat at AFRUCA via email aforementioned or by phone on 0161 205 9274**

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| **REFERRAL CRITERIA YOUNG PERSON** |
| Child/young person (11-18 years-old) at risk of:* Coercive control
* Grooming
* Child trafficking
* Gang, criminal and sexual exploitation
* Child/young person at risk of or in school exclusion/ In Pupil Referral Unit
* Cultural adultification
* Gender Identity-based abuse
* Harmful cultural / religious practices (e.g. FGM, witchcraft, forced marriage, etc.)
 | **+** | * Child/young person in the children protection system
* Child/young person with learning disability
* Child/young person with alcohol or substance misuse issues
* Child at /young person at risk of or affected by domestic abuse or neglect
* Child/young person at risk of or in contact with law enforcement or youth justice system
* Any other related issues
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**AFRUCA Safeguarding Children**

**March 2023**