**We offer the following support to children in Sandwell, Dudley, Walsall and Wolverhampton:**

* Direct support for Young People suffering rape, sexual abuse and/or sexual exploitation by gangs.
* One to one support and advocacy.
* Group Work - Awareness raising and prevention work for children and young people. to be delivered to Young People at risk of rape, sexual abuse and/or sexual exploitation by gangs.
* Group support programmes tailored to a range of ages.

**Screening and Referral Tool**

This screening tool is designed to help support professional decisions on what support the child or young person may require from the service. It also supports BCWA to gather all the essential information required to tailor the most appropriate support package and manage risk.

The screening tool will need to be completed with the child or young person. In their absence, you will need to use your professional judgement or provide as much information as you can.

**Important information, please read before completing this form:**

The referring agency is responsible for compliance with GDPR and the seven key principles. Compliance within the spirit of these key principles is a fundamental building block for good data protection practice.

When referring children and young people into BCWA services it is important that you have obtained **Parental consent.** Where you do not have consent from either the child or young person, or parent then we can only provide advice and guidance but not direct support or group work.

|  |
| --- |
| **Screening Tool** |
|  |
| **Section 1: Police involvement**  |
| Is there any Current Police Involvement?  |
| **No**  | **Yes** | **Date of offence:**  | **URN:**  |
| **Details:** |  |
| Is there any Known Gang Affiliation?  |
| **Young Person** | **No**  | **Yes** | **Details:** |
| **Family Members** | **No**  | **Yes** | **Details:** |
| **Section 2: Emotional wellbeing and mental health .** |
| **Is the young person presenting with any of the following difficulties?** |
| Signs of neglect □ History of DV at home □ History of Social Care involvement □ Behaviour that is out of control/concerning □ Recent significant change in behaviour □ Sibling displaying significant change in behaviour □ Frequently complaining of illness □ Poor attendance/increase in absences □ Difficulties making and maintaining friendships □History of Self Harm □ History of Suicidal Ideation □  |
| **Agency information** |
| Agency making referral: |  | Date of Referral |  |
| Contact Name: |  | Contact Number: |  |
| Contact Email: |  |

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| **Reason for referral** |
| **What is the main reason for the referral to Black Country Women’s Aid?**

|  |  |
| --- | --- |
|  | One to one  |
|  | Group work  |
|  | Advice and guidance  |

**Brief overview of situation (include background to case, previous history, analysis of risk, current relationship status and living situation** |

|  |  |
| --- | --- |
| **Type of abuse**  | **Tick if present**  |
| Witnessed Domestic abuse |  |
| Victim of domestic abuse |  |
| Unhealthy relationship |  |
| Sexual violence/abuse |  |
| CSE (risk level)  |  |
| Gang exploitation  |  |

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| **Risk Information: (Please provide details of any level of risk factors the young person may be affected by, either physically, mentally, sexually, financially) .**  |
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|  |  |
| --- | --- |
| **Additional risk** | **Tick if present** |
| Drugs |  |
| Alcohol  |  |
| Self-harm |  |
| Suicide |  |
| Gangs |  |
| Anger/aggression |  |

 |
| **Young Person’s information** |
| Name: |  | Date of birth: |  |
| Address:Postcode: |  | YP contact number |  |
| Religion: |  | Gender: |  |
| Disability: |  | Parent contact number |  |
| Parent name |  | Other information: |
| YP Previously Known to BCWA | Yes | No |
| **Ethnicity**  |
| * White British
 | * White Irish
 | * Asian Other
 | * Indian
 |
| * White/Black Caribbean
 | * White Black African
 | * Mixed other
 | * Black British
 |
| * Bangladeshi
 | * Pakistani
 | * White other
 | * Black other
 |
| * Black African
 | * Black Caribbean
 | * White/Asian
 | * Other
 |
|

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| --- |
| **Agencies involved**  |
| School/College name  |  | Contact details  |  |
| GP surgery  |  | Contact details  |  |
| CAMHS/Mental Health |  | Contact details |  |
| Social Care InvolvementLevel: Please Circle |  | Contact details  |  |
| Early Help | CIN | CP | LAC |

**Perpetrator Details**  |
| Perpetrator name |  | Date of birth |  |
| Relationship to Young person |  | Parental Responsibility? | Yes | No |
| Additional risks/concerns |

|  |
| --- |
| **Consent and Confidentiality** |
| If over 13 has the young person consented to you making this referral on their behalf? | Yes ☐ | No ☐ |
| If under 13 has the parent consented to you making this referral on their behalf? | Yes ☐ | No ☐ |
| **If the client has not consented: we will only be able to provide advice and guidance to the referring agency**  |

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| **Privacy Notice Statement** Please note by completing this referral, BCWA will expect that: * **The referral has been discussed and greed by the service user**
* **You consider to have the service user to have capacity to give informed consent**
* **You have explained that any information held on this form will be stored via BCWA on a secure database**
 |

Due to having personal information on this form, this should be sent through secure email to: supportforchildren@sandwellwa.cjsm.net

Non secure emails MUST be sent password protected to: youngpeople@blackcountrywomensaid.co.uk