

**Hand in Hand Project**

**North Yorkshire Referral and Screening Form**

**The Children’s Society Hand in Hand Project** is a service which provides support to children and young people who are at risk of or has been subjected to Child Exploitation; this includes: sexual and criminal exploitation and those who are frequently missing. We offer one to one intensive support, with a focus on the areas of a young person’s life that makes them more susceptible to exploitation. This is long term support and involves a range of interventions to raise awareness around exploitation to help reduce risk taking behaviours.

This screening tool is designed to allow our team of professionals determine their approach and interventions to best meeting the child’s need. We encourage all professionals to complete the majority of this referral form with the young person, to allow them to have a voice in the services they receive.

In order to make a referral to the Hand in Hand Project:

1. The young person must have consented to this referral.
2. The young person should be aged 10 – 18 (up to 21 if the young person has additional needs). Please contact the email below if you have questions regarding the age of a young person you wish to refer.
3. The young person must live in or around the following areas: **Scarborough, Ryedale, York, Selby, Harrogate, Craven, Hambleton & Richmondshire.**
4. The young person must have completed both Section 1 and Section 3 with the referrer.
5. For young people aged 13 and under, their parents must also consent to this service taking place. If Fraser-Gillick competent, young people aged 14 and over do not need parental consent to engage in this service.
6. Anyone can refer a young person if they have worries or concerns about the young person being exploited.

**Once the referral is complete, please email to** [**zoe.stephenson-jones@childrenssociety.org.uk**](mailto:zoe.stephenson-jones@childrenssociety.org.uk) **&** [**handinhand@childrenssociety.org.uk**](mailto:handinhand@childrenssociety.org.uk)

**We will contact you on receipt of the referral to acknowledge your request.**

**Section 1: Young person questionnaire**

*Please allow the young person to complete the questionnaire. We suggest this is done together to promote conversation and involvement in the referral process.*

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| **Young Person Questionnaire** | | | | | |
| 1. Hopes and dreams | | | | | |
|  | False | Somewhat False | Not sure | Somewhat True | True |
| I have an idea of what I want for my future. |  |  |  |  |  |
| I believe I can achieve my goals. |  |  |  |  |  |
| Thinking about my future makes me feel worried or scared |  |  |  |  |  |
| 1. Having my say | | | | | |
|  | False | Somewhat False | Not sure | Somewhat True | True |
| I feel like people value my opinions. |  |  |  |  |  |
| I feel like people don’t listen to me. |  |  |  |  |  |
| 1. Where I live | | | | | |
|  | False | Somewhat False | Not sure | Somewhat True | True |
| I feel safe at home |  |  |  |  |  |
| I enjoy spending time at home |  |  |  |  |  |
| I feel safe in my neighbourhood |  |  |  |  |  |
| There are certain places in town that I feel unsafe |  |  |  |  |  |
| 1. Friends | | | | | |
|  | False | Somewhat False | Not sure | Somewhat True | True |
| My friends encourage me to do the right thing |  |  |  |  |  |
| I feel safe when I am with my friends |  |  |  |  |  |
| I like the friends I have |  |  |  |  |  |
| I make good choices when I am with my friends |  |  |  |  |  |
| 1. Family/Carer | | | | | |
|  | False | Somewhat False | Not sure | Somewhat True | True |
| I feel safe when I am with my family/carer |  |  |  |  |  |
| My family/carer support the choices I make |  |  |  |  |  |
| My family/carer and I argue a lot |  |  |  |  |  |
| 1. Education/Employment/Skills | | | | | |
|  | False | Somewhat False | Not sure | Somewhat True | True |
| I feel safe when I am at school/work |  |  |  |  |  |
| I enjoy going to school/work |  |  |  |  |  |
| I do well at school/work |  |  |  |  |  |
| 1. Physical Health | | | | | |
|  | False | Somewhat False | Not sure | Somewhat True | True |
| I know where to go in my local area to ask about sexual health. |  |  |  |  |  |
| I regularly drink alcohol |  |  |  |  |  |
| I regularly use drugs |  |  |  |  |  |
| I regularly smoke cigarettes |  |  |  |  |  |
| 1. Mental and Emotional Health | | | | | |
|  | False | Somewhat False | Not sure | Somewhat True | True |
| Sometimes I feel sad for no apparent reason |  |  |  |  |  |
| Most days I feel happy and relaxed |  |  |  |  |  |
| I have self-harmed before |  |  |  |  |  |
| I often feel worried or scared |  |  |  |  |  |
| 1. Safety | | | | | |
|  | False | Somewhat False | Not sure | Somewhat True | True |
| I feel safe when I am on the internet |  |  |  |  |  |
| I get friend requests from people who are older than me |  |  |  |  |  |
| I have been asked to send an inappropriate photo |  |  |  |  |  |
| I have bought drugs online |  |  |  |  |  |
| Sometimes I carry a knife or something sharp on me to feel safe |  |  |  |  |  |
| Sometimes when I am angry, stressed or upset I might run away |  |  |  |  |  |

**Section 2: Views on service and change**

*Please complete the information below, attempting to incorporate the child’s views when possible:*

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| **Service Information** |
| Approximately, how long has the young person been with your service? Click or tap here to enter text. |
| During your time with the young person, what work has been completed?  Click or tap here to enter text. |
| Please list all known services/agencies the young person has/is worked with, including contact details if possible.  Click or tap here to enter text. |
| Please tick all statuses the young person currently holds.  Child in Need  Child Protection  Looked After Child  Young Carer  Care Leaver |
| What did the young person most enjoy about working with you?  *Example: Does the young person enjoy creative activities? Was there anything in particular that helped the young person trust or engage with you?*  Click or tap here to enter text. |

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| **Strengths of the young person** |
| Please use this section to highlight strengths of the young person.  Example: *What has gone well during your sessions? What interests has the young person shown?*  Click or tap here to enter text. |

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| **Positive activities** |
| Please use this section to highlight any positive activities that the young person engages in.  Example: *Does the young person engage in a sport? Do they have a good job? Is the young person active in their school or home community?*  Click or tap here to enter text. |
| Does the young person have any positive peers they spend time with? Yes  No |

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| **Desired Outcomes** |
| When considering the Hand-in-Hand Service, what is your desired outcome for the young person?  Click or tap here to enter text. |
| What would the young person like to see change?  Click or tap here to enter text. |
| If known, what would the parent/carer like to see change?  Click or tap here to enter text. |

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| **Young Person View on Referral** |
| In their own words, why are they being referred to for this service?  Click or tap here to enter text. |

**Section 3: Contact details**

*Please complete the information below:*

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| **Contact details of the Young Person** | | | |
| Has the young person consented to this referral? Yes No  *Please note: the young person must be aware of the referral and have completed Section 1, so that we can ensure support can be put in place without delay.* | | | |
| Name: Click or tap here to enter text. | Date of Birth: Click or tap to enter a date. | | |
| Home Address: Click or tap here to enter text. | | | Postcode: Click or tap here to enter text. |
| Does the young person currently have access to a phone? Yes  No  When would the young person prefer to be contacted? Click or tap here to enter text. | | | |
| Tel no: Click or tap here to enter text. | | Ethnicity: Choose an item. | |
| Religion: Choose an item. | |
| Has information on this young person been shared with North Yorkshire Police VAT, MACE or MACEM?  VAT  MACE  MACEM | | | |
| Does the young person have disability, special needs or any medical conditions? Yes  No  **If yes, please explain to the best of your abilities:** Click or tap here to enter text. | | | |

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| **Parent/ Carer Contact Details** | |
| Does the young person consent to contact being made with parents? Yes  No  *Please note: if the child is over 13 years of age, their parents do not have to be involved with our services. If 13 years and under, consent will be needed from both child and parent.* | |
| Parent/ Carer’s Name: Click or tap here to enter text. | |
| Tel no: Click or tap here to enter text. | Relationship to YP: Choose an item. |
| Is the parent/carer aware of this referral? Yes  No  *Please note: this is not necessary but it will help our work.* | |
| If known, what support would the parent/carer like to see for their young person?  Click or tap here to enter text. | |

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| **Education** |
| Is the young person in full time education? Yes  No |
| Name of School: Click or tap here to enter text. |
| Name of Key Contact(s) in school: Click or tap here to enter text. |
| School tel no: Click or tap here to enter text. |
| Is school aware of this referral? Yes  No |
| What is going well for the young person in school? Click or tap here to enter text. |

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| **Referrer Details** | | |
| Date of referral: Click or tap to enter a date. | | |
| Name of referrer: Click or tap here to enter text. | | Tel no: Click or tap here to enter text. |
| Relationship to YP: Click or tap here to enter text. | | Agency name: Click or tap here to enter text. |
| Referrer’s email address: Click or tap here to enter text. | | |
| Are you the Social Worker involved with the young person? Yes No | | |
| If no, please include contact details of the Social Worker if known.  Click or tap here to enter text. | | |
| Is there concern of the YP being trafficked or groomed?  Yes  No | Has a referral to the NRM been discussed?  Yes  No | |

**Section 4: Exploitation Risk assessment**

*Please complete the following risk assessment, providing as much detail as possible.*

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| **Accommodation** |
| Does the young person feel safe in their current accommodation? Yes  No  *If* ***no****, please explain why the young person feels unsafe in their current accommodation?*  Click or tap here to enter text. |
| The young person’s quality of accommodation: Choose an item. |
| The young person’s living situation: Choose an item. |
| **Please explain any concerns you may have regarding the young person’s accommodation:** Click or tap here to enter text. |
| **What protective measures are already in place to keep the young person safe in their accommodation?**  Click or tap here to enter text. |

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| **Family/Carer relationships** |
| Does the young person feel safe with their family/carer? Yes  No  *If* ***no****, please explain why the young person feels unsafe with their family/carer?*  Click or tap here to enter text. |
| What is the family/carer relationship like for the young person?: Choose an item. |
| **Please explain any concerns you may have regarding the young person’s relationship with family/carer:**  Click or tap here to enter text. |

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| **Health:**  *Please tick all that apply:* |
| **The young person has/is experiencing the following:**   1. Bruising suggestive of either physical or sexual assault: 2. Chronic fatigue: 3. Recurring or multiple sexually transmitted infections: 4. Pregnancy and/or seeking an abortion and/or miscarriage: 5. Evidence of drug, alcohol or substance misuse: 6. Sexually risky behaviour: 7. Injuries concurrent with the young person physically fighting: 8. Evidence of malnutrition: 9. Feelings of anxiousness or depression: |
| Is the young person known to be engaging in sexual activity below the legal age limit? Yes  No |
| Has the young person accessed support or advice from their local sexual health clinic? Yes  No |
| Is the young person known to use safe preventative methods against STI’s and pregnancy (ie. Condoms or birth control)? Yes  No |
| **Please explain any concerns you may have regarding the young person’s health, including sexual health:**  Click or tap here to enter text. |

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| **Risk to others and themselves**  *Please tick all that apply:* | |
| 1. No risk to others 2. Mild concerns around risk/influence to others 3. Concerns regarding influence on other YP 4. Concern raised that YP may expose others to risk | |
| Please identify persons at risk of exploitation or violence due to the young person (including family):  Click or tap here to enter text. | |
| Does this young person associate with other young people who are known to be exploited and are thought to be encouraging/recruiting other YP in CSE/CCE? Yes  No | |
| Does this young person currently believe they are in a relationship with an older person?  Yes  No | Is this young person believed to have relationships/associates with older adults?  Yes  No |
| **Please list any known risks regarding the young person (including to Themselves, Workers and Others):**  Click or tap here to enter text. | |
| **What protective measures are already in place to prevent risk to others?**  Click or tap here to enter text. | |

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| **Missing**  *Please select which one applies:* |
| In regards to missing episodes, the young person: Choose an item. |
| **Please explain any missing episodes** (including how long the missing episode was, did they travel to a different city/country, and whether they engaged in a Return Home Interview)**:**  Click or tap here to enter text. |
| **What protective measures are already in place to prevent or support missing episodes?**  Click or tap here to enter text. |

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| **Online and Social Media Use**  *Please tick all that apply:* |
| 1. The young person is known to be active on social media. 2. The young person is secretive about the internet and online activity/usage. 3. This young person is believed to use the internet inappropriately, forming relationships with unknown individuals. 4. This young person is believed to be sending inappropriate photographs. 5. This young person accepts requests for friendships from unknown sources. 6. This young person uses adult networking sites. 7. This young person has received calls, texts, letters, or similar from unknown adults. 8. This young person has frequent access to online gaming. 9. This young person is known to access chat forums, such as Omegle. |
| Please list all social media sites you know the young person accesses:  Click or tap here to enter text. |
| **Please explain any concerns you may have regarding the young person’s social media and online usage:**  Click or tap here to enter text. |
| **What protective measures are already in place to keep the young person safe online?**  Click or tap here to enter text. |

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| **Criminality** | |
| Is this young person known to local police forces?  Yes  No | Is this young person known to Youth Justice?  Yes  No |
| Has the young person ever been involved in Anti-Social Behaviours? Yes  No | |
| Has the young person ever been involved in low-level criminality (eg shoplifting)? Yes  No | |
| Has the young person ever been cautioned/reprimanded/arrested? Yes  No | |
| Is the young person known to enter or leave vehicles driven by unknown adults? Yes  No | |
| Is the young person afraid or worried to visit different areas of their locality? Yes  No | |
| Does the young person have more than one phone? Yes  No | |
| **Please explain any concerns you may have regarding criminality and the young person:**  Click or tap here to enter text. | |
| **What protective measures are already in place to help prevent the young person in criminality?**  Click or tap here to enter text. | |

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| **Education**  *Please select the one that applies:* |
| Is the young person in full time education or employment? |
| Does the young person feel safe in school? Yes  No  *If* ***no****, please explain why the young person feels unsafe in school?*  Click or tap here to enter text. |
| Select the appropriate statement that applies to the young person’s education and/or employment:  Choose an item. |
| **Please explain any concerns you may have regarding the young person’s education/employment:**  Click or tap here to enter text. |
| **What protective measures are already at school to keep the young person safe?**  Click or tap here to enter text. |

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| **Drug and Alcohol use**  *Please select the one that applies:* |
| The young person’s use of alcohol: Choose an item. |
| The young person’s use of drugs: Choose an item. |
| The young person is known to use the following drugs: Click or tap here to enter text. |
| **What protective measures are already in place to prevent substance misuse?**  Click or tap here to enter text. |

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| **Experience of Violence in the past**  *Please select all that apply:* |
| 1. No records of previous violence 2. Experience of domestic abuse from family members 3. Is known to abuse/attack/assault family members 4. Peers are violent 5. Young person has been violent with peers 6. Experience of grooming and/abuse in a relationship |

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| **Mental Health** | |
| Are there any mental health concerns regarding the young person? Yes  No  *If yes, please explain the concerns you have regarding the young person’s mental health.*    Click or tap here to enter text. | |
| Does the young person self-harm?  Yes  No | Has the young person attempted suicide?  Yes  No |
| Does the young person currently access any mental health services? Yes  No | |
| If yes, please provide information on the services available to the young person.  Click or tap here to enter text. | |
| **Please explain any concerns you may have regarding the young person’s mental health:**  Click or tap here to enter text. | |

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| **Exploitation – Levels of risk** | | | | | | |
| **Levels of risk** | | **Comments** | | | | |
| **Low Risk** | | No evidence that child is being sexually or criminally exploited. May be some vulnerabilities or behaviours that require interventions, eg. Via CAF | | | | |
| **Medium Risk** | | Young person would be vulnerable to exploitation but is not at immediate risk. Support via CAF or Child in Need Plan | | | | |
| **High Risk** | | Evidence suggests the child is at immediate risk of being exploited. Referral to children’s social care and S47 Enquiries. | | | | |
| **Assessment of Risk**  *Please make a professional judgement based on your analysis of the information.* | | | | | | |
| **High Risk** |  | | **Medium Risk** |  | **Low Risk** |  |
| **Please use the space below to provide additional information and to summarise your concerns:**  Click or tap here to enter text. | | | | | | |