Guidance to completing the London Gang Exit referral form

1. Individuals can only be considered for assessment to receive the London Gangs Exit service by the referrer completing the LGE Referral Form. As far as is possible, all sections should be completed to facilitate the Referral Centre decision making process. Incomplete referrals that are received may result in a delay to decisions being made as it is a key factor for the London Gangs Exit service to ensure that all referrals are fully risk assessed before a final decision can be made as to whether a service can be provided to the individual referred.
2. It is essential that the Motivational Screening questionnaire is completed with the young person, as part of the referral, referrals lacking this questionnaire cannot be considered.
3. The complete referral form, the Motivational Screening Questionnaire and any available other relevant documents need to be sent to:  
   [LondonGangExitReferral@londoncrc.org.uk](mailto:LondonGangExitReferral@londoncrc.org.uk)

**(Fax Number: 020 7708 8118 – Please call prior to sending any documents via**

**fax)**

If in doubt about the referral process, or if advice is required about completing the referral form, please contact the Referral Centre on **07850282499 or 020 7708 8150**

1. The Referral Centre will contact the referrer **within 3 working days** to either provide the response to the referral, or to state the progress of the referral if it has not yet been completed (delays to the assessment process may be caused if the referral form is not fully completed)
2. The Referral Centre will provide one of three decisions to the referrer:
   1. That the **young** **person is suitable to receive a service** and the Referral Centre’s proposals as to which services should be provided. (These proposals are not binding; the actual service that will be delivered will finally be determined by the London Gangs Exit Service Deliverer). The Referral Centre will then pass on the referral form to the Service Deliverer who will then contact both the referrer and the young person to arrange a first meeting.
   2. That **no decision can yet be made-** occasionallyit may happen that risk enquiries relating to the young person are not fully completed and so further time will be need to complete the process- an indication of the likely timescale will be provided.
   3. That the **young person is not suitable to receive the service-** If this decision is made, then a full explanation will be given. Common reasons for referral rejection are likely to be:

* It could be that the services required for the young person are already available locally- the Referral Centre will clarify which services these are and how the referrer can access them.
* It may be that the needs and services required by the young person are not provided by the London Gangs Exit service- the Referral Centre will provide information about alternative resources that may be available under such circumstances.
* It may be determined that the young person’s motivation to receive the service is not yet sufficient; if this occurs, the Referral centre will give suggested timescales to receive a re-referral if the young person’s needs could justify a service being provided.
* The young person’s age may not be within the Service eligibility criteria.

1. Appeal process - The referrer has the right to appeal against any decision made by the referral centre. In the first instance, such appeals (and the reason for them) should be sent to:

[LondonGangExitReferral@londoncrc.org.uk](mailto:LondonGangExitReferral@londoncrc.org.uk)

All appeals will be investigated by an independent manager from within the London CRC and the referrer will be informed of the appeal decision. This decision will be final.

London Gang Exit referral form

Young Person’s Details

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name (including middle names) |  | | |
| Any other names known by? |  | | |
| National Insurance number (if known) |  | | |
| Date of Birth |  | Age |  |
| Home Address |  | Borough |  |
| Accommodation status | 1 - Homeless/No Fixed Abode | |  |
| 2 - Bed & Breakfast Long Term | |  |
| 3 - Squatting/Sofa Surfing | |  |
| 4 - Hostel - CJS related | |  |
| 5 - Hostel - non CJS | |  |
| 6 - Parent - Guardian – Family | |  |
| 7 - House or flat rented | |  |
| 8 - House or flat owner | |  |
| 9 - Hospital in-patient | |  |
| 10 – Local Authority Emergency Accommodation | |  |
| 11 – Other  Please state: | |  |
| 99 – Unknown | |  |
| |  | | --- | | Gender | | 1 – Male | |  |
| 2 – Female | |  |
| 3 – Intersex | |  |
| 4 – Other | |  |
| 97 - Prefer not to say | |  |
| Ethnicity | 1 - White British | |  |
| 2- White Irish | |  |
| 3 - Any other White background | |  |
| 4 - Mixed White and Black Caribbean | |  |
| 5 - Mixed White and Black African | |  |
| 6 - Mixed White and Asian | |  |
| 7 - Any other mixed background | |  |
| 8 - Asian or Asian British Indian | |  |
| 9 - Asian or Asian British Pakistani | |  |
| 10 - Asian or Asian British Bangladeshi | |  |
| 11 - Any other Asian background | |  |
| 12 - Black or Black British Caribbean | |  |
| 13 - Black or Black British African | |  |
| 14 - Any other Black background | |  |
| 15 - Chinese | |  |
| 16 - Any other ethnic group | |  |
| 98 - Not stated | |  |
| Sexual Orientation | 1 – Heterosexual | |  |
| 2 – Lesbian | |  |
| 3 – Gay | |  |
| 4 – Bisexual | |  |
| 97 - Prefer not to say | |  |
| Are there any known disability? | 1- Mental health | |  |
| 2- Learning difficulties | |  |
| 3- Physical disability | |  |
| Telephone No |  | | |
| Email Address |  | | |
| Interpreter required | Yes  No  If Yes, language: | | |
| Immigration Status  Does the young person have the right to remain in the UK and access public funds? | Yes  No | | |
| Is the young person aware of this referral: (Please ensure consent form has been signed) | Yes  No | | |

Referrer’s Details

|  |  |  |  |
| --- | --- | --- | --- |
| Referrer’s  Name (s): |  | | |
| Is this a multi-agency referral | Yes  No | | |
| If yes please outline other agency involvement and contact details |  | | |
| Position/Title: |  | Agency: |  |
| Address: |  | Borough: |  |
| Telephone No: |  | Fax: |  |
| Email: |  | | |
| Signature: |  | Date: |  |

Organisation’s Risk Assessment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identified risk: |  | | | |
| What relevant police/ other agency intelligence informs this referral (within the last 3 months) – if any |  | | | |
| Risk status to others: | Low  Medium  High | | | |
| Who is at risk? |  | | | |
| Risk status to self: | Low  Medium  High | | | |
| What is the risk? |  | | | |
| Risk from others: | Low  Medium  High | | | |
| What is the risk? |  | | | |
| Date of most recent risk assessment: |  | | | |
| What existing services/interventions have already been utilised? |  | | | |
| Is the young person currently known to a statutory agency: | Yes  No    Please specify: | | | |
| If known to YOS/Probation - What is the most recent index offence? |  | | | |
| Is the young person currently in custody? | Yes  No | | | |
| Establishment: |  | Conditional Release Date: |  | |
| Known gang association? | Yes  No | Source: |  | |
| Gang Name: |  | Street Name: |  | |
| Any known borough gang tensions? |  | | | |
| Any family/partner concerns? (Please specify) e.g. siblings involved in gang activity |  | | | |
| Any victim issues identified? (Please specify) |  | | | |
| Are there any identified safeguarding issues? (Please specify) |  | | | |
| Does the young person have any health issues? (ie physical /mental) |  | | | |
| What current family support does the young person receive? |  | | | |
| Does the young person have any dependants? | Yes  No | Is the young person currently a carer? | | Yes  No |
| Is the young person known to Social Services and or subject to care proceedings? | Yes  No    **Please specify:**  Looked after child  Child in need  Subject to a Child Protection Plan  Troubled Family | | | |
| Has the young person had any periods of going missing? | Yes  No | | | |
| If yes give details |  | | | |

Self Harm Issues Identified Yes  No

Alcohol Misuse Issues Identified Yes  No

Substance Misuse Issues Identified Yes  No

Mental Health Issues Identified Yes  No

If the answer to any of the above questions is a Yes please provide details:

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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## Skills /Strengths

Please outline any identified positive skills or strengths that the young person may have:

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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## Education/Training/Employment

Is the young person in School, College, Higher Ed, Pupil Referral Unit or Alternative Ed?  
Yes  No

Please specify course and level

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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Is the young person on a training course? Yes  No

Please specify course and level

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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Is the young person in receipt of state benefits? Yes  No

Please specify

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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Is the young person employed? Yes  No

If Yes, what is the nature of their work?

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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|  |
| --- |
| Please provide dates (*within the next 7 working days*) that the young person is UNABLE to attend an appointment |
|  |

Reason for referral

|  |  |  |
| --- | --- | --- |
| Which service provision(s) are required please tick no more than 3 | 1. Exiting Gang Lifestyle |  |
| 2. Moving away from gang associates and harm caused by gangs |  |
| 3. Decreasing / Stopping gang related offending |  |
| 4. Housing Advice / Advocacy in response to serious risk of harm |  |
| 5. Improved mental health and wellbeing |  |
| 6. Improved family relationships |  |
| 7. Specialist ETE for gang associates |  |

|  |
| --- |
| Please provide the reasons for this referral and outline the specific needs of the young person based on the above assessment |
|  |

|  |
| --- |
| Why does the young person wish to be referred |
|  |

|  |
| --- |
| Any Additional Relevant Information |
|  |

Documents sent to the London CRC Young Adults and Gangs Unit:-

[LondonGangExitReferral@londoncrc.org.uk](mailto:LondonGangExitReferral@londoncrc.org.uk)

Motivational Screening

Referral Form

Risk Assessment(s)

(OASYS/Asset etc if available)

Supporting Evidence

(GP letter, Mental Health Assessment, Social Services documents, Substance Misuse Report/Assessment, Learning Needs Assessment)

**PLEASE NOTE THAT WE ARE UNABLE TO PROCESS THIS REFERRAL UNLESS ALL THE RELEVANT DOCUMENTS ARE INCLUDED.**