**Sexual Exploitation and Harm Panel Referral Form**

**Please submit to:** SEHP Coordinator,VAWG Project Officer, Lambeth Council

**Email (secure):** [LambethSEHP@lambeth.gov.uk](mailto:LambethSEHP@lambeth.gov.uk)

**\*\*Before completing this form please refer to Sexual Exploitation and Harm Panel Operating Protocol and Data Sharing Agreement and ensure that all boxes are completed, and all information is accurate \*\***

This information has been passed onto the SEHP to safeguard women at risk due to their involvement in sex work/prostitution, women who are sexually exploited, and any associated children. This information should not be disclosed to third parties without the consent of the referring organisation. This document should be stored securely by all recipients.

This SEHP referral has only been accepted to Lambeth SEHP when you receive a response confirming this from the VAWG Officer.

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| **Referrer information** | |
| Referrer |  |
| Referring Organisation |  |
| Email |  |
| Telephone |  |
| Date of referral |  |

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| **Client** | | | |
| **Do you believe that the client being referred is at a high risk of serious injury of harm or death as a result of involvement in sex work/prostitution and/or sexual exploitation?**  **Yes**  **No** | | | |
| Name (including any aliases) |  | Does the client want to engage with support? |  |
| Date of birth |  | Does client have recourse to public funds? |  |
| Address |  | Sex assigned at birth |  |
| Ethnicity |  | Gender |  |
| Vulnerabilities (ie. Substance misuse, mental health) |  | Nationality |  |
| Immigration status |  | Sexuality |  |
| Is the client experiencing other VAWG strands?[[1]](#footnote-1) |  | Does the client have a disability? (please provide details) |  |
| Is there an allocate worker supporting the client? If so, please provide their name, title, email and contact number. |  | | |

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| **Perpetrator(s)** | | | |
| Name (including any aliases) |  | Sex assigned at birth |  |
| Date of birth (if known) |  | Gender |  |
| Ethnicity |  | Nationality |  |
| Vulnerabilities (ie substance misuse, mental health) |  | Relationship to client |  |
| Address (if known) |  | | |
| Any other information (ie. Physical description if name isn’t known, frequently visited areas etc) |  | | |

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| **CHILDREN(S) name** | **Date of birth** | **Address (if different to address of service user)** |
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| If there are safeguarding children concerns please confirm that you have made a referral to Children and Young Persons Referral and Assessment Team and on which date this was sent**:** |  | |



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| **Have any other safeguarding referrals been completed (Adults Social Care, Children Social Care, MARAC)**  **If yes, what is the current status of the safeguarding assessment and add what you think the SEHP referral and discussion can add to the process** |  |
| **Reason for referral** | **Summary of history/background to the case:**  **Any recent incidents:**  **Key risks and concerns:**  **What the service user wants from SEHP:** |

**SEHP Privacy Notice**

**Under the General Data Protection Regulation framework (**[**GDPR 2018**](https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation)**) practitioners referring to the SEHP are required to inform the person they are referring how the person’s data will be used in a clear and understandable way. This must include the below points;**

* **Your details & your organisation’s Data Protection Officer’s (DPO) details. *(e.g. name and email address)***
* Your organisation will have a DPO, please find out who this is.
* **Purposes and legal basis for sharing information**
* You are sharing this information to protect their vital interests and the interests of others. This includes protecting people from death or injury and to prevent unlawful acts. For more information please consult the SEHP Purpose Specific Information Sharing Agreement.
* **What will being shared**
* Names and addresses of the victim, perpetrator, children and adults at risk. Proportionate information about the abuse experienced. The current risks to them and others. What they would like from the SEHP.
* **Who will it be shared with *(SEHP reps)***
* Representatives from statutory and voluntary agencies in Lambeth. For the full list please see the SEHP Operating Policy or Lambeth SEHP Reps List.
* **The retention period for the SEHP data**
* This is 100 years – roughly equivalent to a human lifetime.
* **They have a right to access, rectify, erase and restrict their personal data and to object to processing.**
* If they want access to the case file that an individual agency holds on them they should make the request to that individual agency.
* If they would like access to the SEHP records held about them they should make the request in writing to the SEHP Coordinator at: [LambethSEHP@lambeth.gov.uk](mailto:LambethSEHP@lambeth.gov.uk)
* For information on how to do this: [https://ico.org.uk/your-data-matters/your-right-of-access/.](https://ico.org.uk/your-data-matters/your-right-of-access/)
* **That they can complain to a supervisory authority (ICO)**
* If they have concerns about an organisation's information rights practices, they can report it to the Information Commissioner’s Office;

T: 0303 123 1113

W: https://ico.org.uk/make-a-complaint/

**Practitioners do not have to share the above information if the subject has already been informed OR if informing them requires “disproportionate effort” or “seriously impairs the achievement of the objectives of processing” this includes where informing them would heighten the risk of harm to them or others or would prevent them from engaging with support.**

1. Domestic abuse, female genital mutilation/cutting forced marriage, sexual violence (non-DA), so-called ‘honour’ based violence, and stalking and harassment (non DA) [↑](#footnote-ref-1)