**Sexual Exploitation and Harm Panel Referral Form**

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

**Email (secure):** 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 the information provided is accurate \*\***

The Sexual Exploitation and Harms Panel (SEHP) is a multi-agency case review meeting where professionals share information on individuals at high risk of harm, and any associated children, as a result of being involved in sex work, prostitution and/or sexual exploitation to ensure they have a robust package of support in place, including a risk management plan.

The aim of the meeting is to address the safety and support needs of individuals discussed and to identify trends in support provision and gaps in interventions to enable the prevention of harm and hold perpetrators to account.

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 confirmation from the VAWG Officer.

|  |
| --- |
| **REFERRER INFORMATION** |
| Referrer  |  |
| Agency |  |
| Email |  |
| Telephone |  |
| Date of referral | Click or tap to enter a date. |

|  |
| --- |
| **REASON FOR REFERRAL:**To be referred to the SEHP someone must be:* At high risk of serious harm \*
* Involved in sex work/prostitution/sexually exploited
* Be 18 years or over
* Live or be involved in sex work/prostitution/sexually exploited in Lambeth

\*There are a range of factors outlined below which may increase someone’s risk. Select all that apply: |
| Modern slavery [ ]  Domestic abuse [ ]  Poor physical health [ ] Poor mental health [ ]  Problematic substance misuse [ ]  Homelessness [ ] No Recourse to Public Funds [ ]  Risk to children / pregnancy [ ]  Offending [ ] Subject to discrimination, stigma and hate crime from those purchasing sex and the local community [ ]  |
| Is the individual aware of the referral? | Yes [ ]  No [ ]  |
| Does the individual wish to collaborate with SEHP? | Yes [ ]  No [ ]  |

Modern slavery is the illegal exploitation of people for personal or commercial gain. It covers a wide range of abuse and exploitation and is a form of VAWG when the exploitation is of a sexual nature.
Trafficking is a form of VAWG when it involves the recruitment, transportation and exploitation of adults (without their knowledge or consent) and children for the purposes of sexual exploitation across international borders and within countries (‘internal trafficking’).No Recourse to Public Funds means that the individual is not be able to claim most benefits, tax credits or housing assistance that are paid by the state.

|  |
| --- |
| **INDIVIDUAL TO BE DISCUSSED**  |
| Name (including any aliases)  |  | Date of Birth  | Click or tap to enter a date. |
| Address  |  | GP details |  |
| Relationship to perpetrator(s) (if there is a known perpetrator) |  | Gender identity | Choose an item.Specify: |
| SAFE telephone numberIs it safe to leave text or voicemail? | Yes [ ]  No [ ]  | Does the individual’s gender match the sex they were assigned at birth? | Choose an item. |
| Race / Ethnicity | Choose an item. | Sexual orientation | Choose an item. |
| Pronoun | Choose an item.Specify: | Is there anything else they would like to tell us about them? |  |
| Nationality | Please select from list | Immigration status |  |
| Religion / Belief | Please select from list | Income source | Choose an item. |
| Is an interpreter required? | Yes [ ]  No [ ]  | Housing Tenure | Choose an item. |
| Multiple disadvantage | Substance misuse [ ] Mental Health [ ] Homelessness [ ] NRPF [ ]  | Primary language |  |
| Is the individual experiencing other VAWG strands? | Choose an item. | Does the individual have a disability? (please provide details) | Yes [ ]  No [ ]  |
| Is there an allocated worker supporting the individual? If so, please provide their name, title, email and contact number.  | Yes [ ]  No [ ] Name:Role:Email / Number:Organisation: |

Domestic abuse, female genital mutilation/cutting forced marriage, sexual violence (non-DA), so-called ‘honour’ based violence, and stalking and harassment (non DA).
Are the victim’s day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Please include problems related to old age) Equality Act 2010

|  |
| --- |
| **CHILDREN**If there are safeguarding children concerns please confirm that you have made a referral to Children and Young Persons Referral and Assessment Team**:**  |
| **CHILD NAME** | **DOB** | **Address** | **Relationship to v/s** | **Relationship to perp** | **School** | **GP** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Is the individual pregnant? | Choose an item. |
| Confirm the DATE you made a referral to Children and Young Persons Referral and Assessment Team.  | **Date referral made:** Click or tap to enter a date. |
| Where the children are already known to Children’s Social Care please provide the allocated Social Worker’s details.  | **Name:****Tel:****Email:****Date you informed the Social Worker of SEHP referral and concerns:** Click or tap to enter a date. |

|  |
| --- |
| **Is there a known PERPETRATOR(s)?** If yes, please complete the following: |
| Name (including any aliases)  |  | Date of Birth  | Click or tap to enter a date. |
| Is the perpetrator SERIAL (known with another individual)? | Yes [ ]  No [ ]  | Is anyone else at risk from the perp? | Yes [ ]  No [ ]  |
| Relationship to perpetrator |  | Gender identity | Choose an item.Specify: |
| Address |  | Does the perp’s gender match the sex they were assigned at birth? | Choose an item. |
| Nationality | Please select from list | Sexual Orientation | Choose an item. |
| Religion / Belief | Please select from list | Income source | Choose an item. |
| Multiple disadvantage | Substance misuse [ ] Mental Health [ ] Homelessness [ ] NRPF [ ]  | Housing Tenure | Choose an item. |
| Does the perpetrator have a disability?(please provide details) | Yes [ ]  No [ ]  |

Are the perpetrator’s day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Please include problems related to old age) Equality Act 2010

|  |
| --- |
| **ADULT(s) at risk**\*please see definition of ‘adult at risk’ below |
| **ADULT’s name and gender** | **DOB** | **Address** |
|  |  |  |
|  |  |  |
|  |  |  |
| Where any of the individuals being discussed or another associated adult has also been identified as an ‘adult at risk’\* please confirm the DATE you made the required Adult Safeguarding Referral to the relevant Adult Social Care or Mental Health Team, whether with their consent or not, and brief details\**‘adult at risk’ – over 18 with a disability or physical or mental health issue, and uses or might need health or community care services, and may be unable to care or protect themselves against significant harm or exploitation* | **Date referral made:** Click or tap to enter a date.* No, person is not an ‘adult at risk’ [ ]
* Yes, person is an ‘adult at risk’ and has given consent [ ]
* No, person is an ‘adult at risk’ but ***NOT*** given consent [ ]
* Yes, person is an ‘adult at risk’ but ***NOT*** given consent [ ]

**Brief Details:** |

 

|  |  |
| --- | --- |
| **What has been done to manage the risk and to safeguard the individual discussed?****Can you confirm that a referral has been made to specialist support services?**  | Adult Social Care [ ] Children Social Care [ ] MARAC [ ]  Mental Health services [ ] Substance misuse services [ ] [Gaia Centre](https://refuge.org.uk/i-need-help-now/one-stop-shop-services/) [ ] [Spires](http://www.spires.org.uk/) [ ] [Beth Centre](https://womeninprison.org.uk/support/womens-centres) [ ] [St Mungo’s](https://www.mungos.org/) [ ] [Streetlight](https://www.streetlight.uk.com/) [ ] Other [ ] (If other, please specify)  |
| **Reason for referral** **(Please outline dates of when the incidents occurred; individuals involved, high risk factors)** | **Summary of history/background to the case:** |
| **Any recent incidents:** |
| **Key risks and concerns:** |
| **Individual / practitioner’s requests 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
* 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.**