**Tower Hamlets Prostitution Partnership Meetings**

**Referral Form**

**This form must be completed in full by the referring agency. It must be sent to Beyond the Streets for monitoring and review. It provides essential information to assist agencies to support the referred person and reduces the need for duplication of information. The form must be sent securely to** [thpp@beyondthestreets.org.uk](mailto:thpp@beyondthestreets.org.uk) **marked confidential.**

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| **referring professional** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referring professional:** | | | | | | | | | | | | | | | **Agency:** | | | | | | | | | | |
| **Telephone:** | | | | | | | | | | | | | | | **Email:** | | | | | | | | | | |
| **Date of referral:** | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Client Information** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Name:** | | | | | | | | | | | | **Middle Name:** | | | | | | | **Surname:** | | | | | | |
| **Any Aliases (please include all known)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of birth:** | | | | | | | | | | | | | **Safe contact number:** | | | | | | | **Safe time(s) to contact:** | | | | | |
| **Current address:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postcode** |  |  |  | | | |  |  |  | |  | | **Safe to contact at this address**: Yes ☐ No ☐ | | | | | | | | | | | | |
| **Housing Status:** | | | | | Sole Tenant | | | | | | | | | ☐ | **Gender:** | | Female ☐ | | | | | **How does the client define their ethnicity?** | | | |
| Joint Tenant | | | | | | | | | ☐ |
| Owner/Occupier | | | | | | | | | ☐ | Male ☐ | | | | |
| Homeless/NFA | | | | | | | | | ☐ |
| Licence | | | | | | | | | ☐ | Transgender ☐ | | | | |
| Supported housing | | | | | | | | | ☐ |
| Other | | | | | | | | | ☐ |
| **Does the client consider themselves disabled?** Yes ☐ No ☐ *If yes, please specify* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Language Support Needed?** Yes ☐ No ☐  Please specify: | | | | | | | | | | | | | | | **Does the client have recourse to public funds?** | | | | | | | | | | |
| **perpetrator Information** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Any known perpetrator(s):** | | | | | | | | | | | | | | | **Perpetrator’s date of birth (if known)** | | | | | | | | | | |
| **Relationship of perpetrator to client (e.g. intimate partner and/or pimp):** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Perpetrator’s Address:** | | | | | | | | | | | | | | | **Gender:** | | Female | | | | ☐ | | **Ethnicity?** | | |
| Male | | | | ☐ | |
| Transgender | | | | ☐ | |
| **CHILDREN** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Children living in the home?** | | | | Yes ☐ | | | | | | **Children’s Social care involved?** | | | | | | Yes ☐ | | **Merlin created?**  **(only if police have attended an incident)** | | | | | | | Yes ☐ |
| No ☐ | | | | | | No ☐ | | No ☐ |
| **Name(s) and Gender:** | | | | | |  | | | | | | | | | | | **Date(s) of Birth:** | | | | | | |  | |
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| **Address (if different to client):** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RISK LEVEL** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Police Cautions/Arrests in the last 12 months:** Yes ☐ No ☐ | | | | | | | | | | | | | | | | | **If yes, please give details of all** | | | | | | | | |
| **Reasons for referral to THPP:** | | | | | | | | | | | | | | | | | **Background of the case:** | | | | | | | | |
| **Key risks and concerns:** | | | | | | | | |
| **HELP SOUGHT BY CLIENT** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please indicate what support the client is seeking:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| ☐ General advice or information  ☐ Health  ☐ Housing  ☐ Help for drug issues  ☐ Help for alcohol issues  ☐ Support for Exit | | | | | | | | | | | | | | | **Please specify:** | | | | | | | | | | |
| **CONSENT** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Has the client provided consent for referral?** | | | | | | | | | | | | | | | Yes ☐ | | **If no, please record why and confirm this has been recorded** | | | | | | | | |
|  | | | | | | | | | | | | | | | No ☐ | |

**Vulnerability Information**

Individuals involved in street prostitution invariably have a complex range of needs and a high level of vulnerability. Each individual is different but typically the vulnerability can change rapidly and should be viewed as a continuum. In line with this, and with the associated vulnerabilities that agencies should expect individual involved in prostitution to present, there are ‘red flag’ vulnerabilities which should escalate the need for referral to the THPP.

The table below shows what are normally considered to be ‘expected vulnerabilities’ that agencies would expect to see in those involved in prostitution and ‘red flag’ vulnerabilities where there has been a change or deterioration in behaviour.

|  |  |
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| **Expected’ Vulnerability** | **‘Red Flag’**  **Vulnerability** |
| Involvement in street prostitution | Altered pattern of working including being out for longer and/ or more often  Signs of coercion and control (from known male perpetrators/ pimps, and/ or other women) |
| Problematic drug and alcohol use | Increased use of the same substance, resulting in greater level of intoxication  Increased seriousness of substance or method of intake (e.g. from using crack to speedballing, from smoking to injection)  Too intoxicated to stand, incoherent, not able to remember incidents |
| Poor physical health | Visible deterioration in physical health and self-care  Difficulty in mobility (suggests possible abscesses and drug-related injury to legs and hips) |
| Poor mental health | Signs of self-harm such as cutting  Psychotic illness - visibly distressed, confused, incoherent, delusions, paranoia |
| Unhealthy and controlling relationships  High rate of domestic and sexual violence within intimate relationships (current and historic) | Signs of physical injury resulting from domestic violence on face and body (cuts and bruises, signs of strangulation, injuries to face and mouth, bald spots, cigarette burns, defensive injuries, scratches, reduced mobility)  Appears very fearful  Too frightened to discuss abusive relationship  Isolation from support networks (professional or personal)  Perpetrator known to police  Links to MAPPA/ MARAC |
| History of care, family violence, neglect and/ or abuse | Very young or young in appearance  Run away  Signs of grooming |
| Dependent on benefits | Not claiming benefits so no legitimate income  No ID  No recourse to public funds |
| Multiple and compounding factors of social exclusion | Street homeless  Isolated  First language not English |
| Subject to discrimination, stigma and hate crime from those purchasing sex and the local community | LGB and transgender (particular risk factors for trans clients include recent surgery/  change in physical appearance)  Physical/ learning disability |
| Offending | Changing to higher risk offending patterns such as larger scale acquisitive crime/ violent crime |
| No contact or limited contact with children | Children resident in same household  Pregnancy |