**Birmingham and Solihull Enhanced RECONNECT Referral Form**

Please complete this referral form and return to

**bsmhft.enhanced.reconnect@nhs.net**

Please be aware that for referrals to be accepted, consent from the individual being referred is required. One we receive the completed referral form a member of the team will be in contact to discuss next steps.

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| **Date of referral** |  |
| **Name**  |  | **Date of Birth** |  |
| **Sex at Birth** |  | **Gender Identity** |  |
| **Sexual Orientation** |  | **Relationship Status** |  |
| **Ethnicity** |  | **Religion** |  |
| **Caring Responsibilities** |  |
| **Contact details for referred individual** |  |
| **Current address of referred individual** |  |
| **If in prison, previous community address** |  |
| **Prisoner No.** |  | **Sentence date** |  |
| **Sentence END date** |  | **Release date** |  |
| **Release location** |  |
|  |
| **Name of referrer** |  | **Job Role** |  |
| **Email**  |  | **Contact Number** |  |
| **Name of Community Officer Manager** |  | **Email** |  |
| **Name of Prison Offender Manager** |  | **Email** |  |
| **Community Probation Delivery Unit** |  |
| **End Date of Probation Involvement** |  |
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| **Where is the individual currently residing?** |
| IN THE COMMUNITY | IN PRISON |
| Up to 12 months post release | Y / N | Up to 6-months pre-release. | Y / N | OR | The individual is subject to life licence or IPP and requires a parole board hearing before release | Y / N |
| Will the individual havecontinuous involvement from a Criminal Justice Agency (e.g, counterterrorism, MOSOVO, HMPPS) | Y / N |
| Will the individual be resettling in Birmingham and Solihull (immediately on release of after time in an Approved Premise, for example) | Y / N |
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| **Does the individual meet criteria for one of the following priority groups?** |
| **Priority Group 1: National Security Division (NSD) Cohort** |
| * Registered critical public protection case including individuals convicted of sexual or violent offences who are high profile and of national interest.
 | Y / N |
| * Convicted under the Terrorism Act or where the court states the offence is terrorist connected
 | Y / N |
| * Terrorist risk individuals (not TACT convicted) who present a national security threat.
 | Y / N |
| **Priority Group 2: National Security Division (NSD)** |
| * Identified as having extremist vulnerabilities.
 | Y / N |
| * Channel Panel referral
 | Y / N |
| **Priority Group 3: Regional Probation Service Complex Case (with at least six of the following criteria)** |
| * Risk level is high
 | Y / N |
| * Mental health needs
 | Y / N |
| * Risk of self-harm/suicide
 | Y / N |
| * Learning difficulties (including neuro-divergent difficulties)
 | Y / N |
| * Current MAPPA 2 or 3 registration
 | Y / N |
| * Current OPD screening showing ‘Screened In’
 | Y / N |
| * Alcohol and/or drugs a need
 | Y / N |
| * Sentence is IPP
 | Y / N |
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| **Does the individual have any of the following additional needs?** |
| * Military history
 | Y / N |
| * History of complex trauma
 | Y / N |
| * Physical health complications
 | Y / N |
| * Neuro-divergent difficulties
 | Y / N |
| * Speech, language or social communication needs (including need for an interpreter)
 | Y / N |
| * Physical disability of ABI (Acquired Brain Injury)
 | Y / N |
| * Homelessness
 | Y / N |
| * Gender identity issues
 | Y / N |
| **Additionally for women** |
| * Trafficked, exploited or other e.g. cuckooing
 | Y / N |
| * History of revolving through the criminal justice system
 | Y / N |
| * Loss / threat of loss of children
 | Y / N |
| * Loss of home
 | Y / N |
| * Domestic abuse
 | Y / N |
| * Pregnant
 | Y / N |
| * At risk of returning to sex work
 | Y / N |
| * Significant complications despite a lack of high risk / risk of serious harm / or MAPPA 2/3
 | Y / N |
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| **CONSENT** |
| Does the person being referred consent to the referral? | Y / N |
| Does the person consent to contact with other agencies in respect of this referral? | Y / N |

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| **What is the nature of the risk / offending?** |
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| **Reason for referral?** |
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| **Please identify specific health and treatment needs in the community (e.g. accessing physical health care services, mental health / substance misuse services)** |
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| **What are the challenges to accessing treatment for this individual?** |
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| **Is the individual registered with a GP? Please state which GP if known** |
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| **Are there any concerns about a successful transition to the community? (e.g. anxiety, previous unsuccessful attempts, social circumstances etc)** |
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| **Are there any geographical area that the person must avoid upon release? Please give details.** |
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| **Are there any risks that the individual poses when engaging with others, including staff? (e.g. aggressive tendencies, known triggers, previous behaviours etc)** |
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| **Which other agencies are involved in this person’s care?** |
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| **Any other information that you think is relevant to this referral?** |
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