**Birmingham and Solihull Enhanced RECONNECT Referral Form**

Please complete this referral form and return to

[**bsmhft.enhanced.reconnect@nhs.net**](mailto: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** |  | | | | | | | | | |
|  | | | | | | | | | | |
| **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 |
|  | | | | | | | | | |  |
| **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 | |
|  | | | | | | | | | | |
| **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 | |
|  | | | | | | | | | | |
| **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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