

Mindset Reset – Group Work Referral Form

Interim referral route – group work

This form is a temporary, tailored route for referrals into Mindset Reset, Safer London's six-session group programme for young people aged 11 to 25 who have had contact with the Criminal Justice System. It replaces the standard one-to-one referral form for this purpose only, while a dedicated group work pathway is built into our case management system. Every referral will still be logged and triaged by the Referral and Screening Team in the usual way.

Before referring, please ensure the young person is aware that you are contacting Safer London about this and are happy for you to do so.

Please complete every field marked *.

A. About this referral

Date of referral *

YOS / probation office or area making this referral *

☐ I confirm this referral is for a young person aged 11 to 25 with current or recent involvement with the Criminal Justice System (for example a YOS order or probation supervision). *

☐ I confirm that the young person being referred has consented to this referral being made. *

If known, what are the views of the young person about joining the group?

B. Referrer details

Referrer name *

Job title *

Organisation / team *

Relationship to young person being referred *

Referrer email address *

Referrer phone number *

How did you hear about Mindset Reset?

C. About the young person

Full name *

Date of birth *

Sex (as recorded) *

Male / Female / Not known – this is used to plan whether a group should be single-sex or mixed.

Pronouns / gender identity (if known)

This is to ensure we know how to address the young person appropriately.

School / education setting

Please write 'None' or 'not in education' if this does not apply.

Home address *

Young person's phone number (if they have one)

Young person's email address (if they have one)

If either of the above belongs to someone else (for example a parent or carer) rather than the young person, please say whose it is. If the young person does not have their own phone or email, please tell us the best way to contact them directly about sessions. *

Current order type *

For example: YOS referral order, Youth Rehabilitation Order, DTO (post-release), informal YOS involvement, probation community order, probation licence. If you have a copy of the current order (or written confirmation of the order type and conditions) to hand, you may attach it with this referral. This is not required to submit the referral; if it is not provided now, we may ask for it after triage if relevant.

D. Reason for referral

Reason(s) for referral (tick all that apply) *

These are not mutually exclusive – please tick every category that applies. For example, county lines is usually best understood as a context within which criminal exploitation happens, rather than a separate type of harm, and criminal exploitation can occur without county lines involvement. Gang involvement can overlap with either.

- ☐ Affected by gang involvement / activity
- ☐ Child sexual exploitation
- ☐ County lines
- ☐ Criminal exploitation
- ☐ Exposure to violence outside the home (contextual violence)
- ☐ Harmful sexual behaviour
- ☐ Missing from home or care
- ☐ Sexual abuse
- ☐ Trafficked or subject to other forms of modern slavery
- ☐ Other (please specify below)

Brief context, including dates of any incidents *

Is there current or recent police involvement? *

For example charges, bail conditions or an ongoing investigation.

☐ Yes ☐ No

If yes, please add brief detail

E. Risk information

These questions are essential to a safe decision about this referral and any group placement. We may not be able to accept the referral without them.

Risk to self *

For example: self-harm, suicidal ideation, substance use, unmet mental health need.

Risk to others *

For example: aggression or violence towards peers or professionals, weapons, or capacity to manage group boundaries. If you are already aware of a specific person, peer group or area this young person should not be placed with, please note this briefly. It will be explored fully as part of the group risk assessment once a specific group is proposed.

Risk from others *

For example: exploitation, trafficking, going missing, or being targeted because of a dispute.

Places and spaces of concern *

Boroughs or areas where this young person is not safe.

F. Group suitability and session content

Based on your knowledge of this young person, do you believe they are able to participate constructively in a group setting with peers, including sessions where sensitive topics (for example exploitation, violence or abuse) are discussed? *

- ☐ Yes – no concerns
- ☐ Yes – with some support or adjustments
- ☐ Uncertain – would like to discuss before referring

If you selected 'with some support or adjustments' or 'uncertain', please provide further detail

Does this young person have any additional needs that facilitators should plan for, so they can access the group and its materials? *

For example: difficulty reading or writing, dyslexia, autism or other neurodivergence, a learning disability, sensory sensitivities, or a preferred way of communicating. Please describe what would help (for example easy-read materials, extra processing time or a quieter space), or write 'None known'.

Sessions may cover the following topics:

- Cycle of hope and harm
- Choices and decision making: risk vs reward
- Exploitation and grooming
- Regulating emotions
- Social media and its influence
- Values and morals
- Substance misuse and harm to self
- Relationships: family, friends, peers and intimate relationships
- Self-development and progression
- Identity and influence

Are there any topics above that could be difficult for this young person to engage with, based on any known difficulties, significant life events or personal experiences? *

Anything else group facilitators should be aware of

For example: triggers to topics or subjects not listed above or capacity to manage hearing about others' experiences and disclosures.

G. Attendance and practical considerations

Any known barriers to this young person attending

For example: travel, safety travelling to or from the venue, timing, care responsibilities.

Any days or times this young person cannot attend

H. Equality monitoring information (optional)

This information is not used to decide whether a referral is accepted. It helps us understand who is accessing Mindset Reset and monitor equality of access, and is recorded separately from the information above. Please answer as already recorded on your own system, where known. If not known, please select 'not known' rather than guessing.

Ethnicity

- ☐ White
- ☐ Mixed or multiple ethnic groups
- ☐ Asian or Asian British
- ☐ Black, African, Caribbean or Black British
- ☐ Other ethnic group
- ☐ Not known
- ☐ Prefer not to say

Religion or belief

- ☐ Christian
- ☐ Muslim
- ☐ Jewish
- ☐ Hindu
- ☐ Sikh
- ☐ Buddhist
- ☐ No religion
- ☐ Other religion or belief
- ☐ Not known
- ☐ Prefer not to say

Sexual orientation

- ☐ Heterosexual / straight
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Other
- ☐ Not known
- ☐ Prefer not to say

Does the young person consider themselves to have a disability?

- ☐ Yes
- ☐ No
- ☐ Not known
- ☐ Prefer not to say

Submitting this referral

Please email the completed form to referrals@saferlondon.org.uk, with 'Mindset Reset referral' in the subject line. The Referral and Screening Team will review and triage your referral and will be in touch with you shortly.

If you have any questions, including advice and guidance on how to complete the form or following up on a submitted referral, please email referrals@saferlondon.org.uk or call 0207 021 0301 and choose option 1.