**Multi Agency Sexual Exploitation (MASE) Meeting**

**REFERRAL/REVIEW FORM**

**Please Note: A safeguarding referral should be made to triage if the case is not open to CYPS**

**Carefirst ref:**

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| **Young person’s Name** | **DOB/Age** | **Address** | **Ethnicity** | | **Gender** | |
|  |  |  |  | |  | |
| **Legal Status** | **Parent(s) / carers name & contact number** | **School and local authority** | **Disability**  If yes please detail. | | **Sexual orientation** | |
|  |  |  |  | |  | |
| **Key Agencies involved** | **Current Police Involvement**  If yes please provide details | **Concerns around going Missing** | **Gang Involvement**  (Gang Matrix Reference if applicable) | | **Peer associates/ key friends/ area** | |
|  |  |  |  | |  | |
| **Key locations/**  **frequents** | **Which LA has case responsibility** | **Alleged Perpetrator(s)**  **Name, DOB, Address** | **CSE Strategy Meetings** | | | |
| **CSE Strat held?**  Yes/No | **Date**  **(most recent)** | | **Risk Level** |
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| **Has the case been to MASE before** | **Date/s presented** |
| YES / NO |  |

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| **Background of case/summary update** |
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| **What is the immediate harm?** |
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| **Date** | **Significant event detail** | **Reference** |
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| **What are the current barriers preventing the successful outcome of this case ?** |
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| **Name of Referrer** | **Agency** | **Name of Manager** | **Contact Details** |
|  |  |  |  |
| **Name of Social Worker** | **Contact Details** | **Agency/Service/Team** | |
|  |  |  | |
| **Date:** | | | |

**PLEASE EMAIL COMPLETED FORM TO:** [ChildSexualExploitation@newham.gov.uk](mailto:ChildSexualExploitation@newham.gov.uk); and [Jane.Sharp@newham.gov.uk](mailto:Jane.Sharp@newham.gov.uk)