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| **Type of Referral:**  Child Criminal Exploitation Child Sexual Exploitation Both |

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| **Child Details:**  Forename(s)……………………………… Surname ………………………………………  D.O.B.…….…...………….............. Ethnicity…………………………..  Gender………………………….….. Disability ….………………………  Address……………………………………………………………………..  Postcode….……………………….. |

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| **This address is:**  Home / Other family member address / Foster care / Children’s Home / Semi-Independent / Hostel / Secure unit / Other (please state) …………………………………  Home Tel No. ……………………..……...Mob / other contact No.…………….…………….…  GP Name..………… ………………………….…………………….............  Surgery Address………………………….…………………….............  School ……..……………………………………  Not in Education, Employment or Training (NEET): Yes/No |

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| **Parent/Carer Details**: Forename(s) ………………………….. …Surname ………………………….. ……  Relationship: ………………………….. Contact No. …………………………..……… |

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| **Referring Person Details:**  Name …………………………………………Date of referral……………………………………Agency Name ……………………………… Job Title……………………………………………  Agency type: Health / Children’s Services / Education / Youth Services / Police / Probation / Voluntary services  Other – please state……………………………………....  Email address…………………………………………Telephone No.……………… |
| **Lead Agency Involvement:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | No Lead Agency | Early Help Plan | Child in need | Child Protection Plan | LAC / Leaving Care | |  |  |  |  |  |   **Lead practitioner name**…………………………………………………………………………………………....  Is this child placed from a different Local Authority? YES /NO  If yes – state which and if known what date have they been placed since? |

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| **Suspected Perpetrator Details:**  Forename(s)……………………………… Surname ………………………………………  Gender …………………………. Ethnicity….…...………….........  Approximate Age ………………………….  Address if known…… ……………. |

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| **Which of the following are applicable to this young person?**     |  |  |  |  | | --- | --- | --- | --- | |  | **Yes** | **No** | **Unknown** | | Regularly missing |  |  |  | | Parents / Carers not reporting young person missing |  |  |  | | Drug or alcohol misuse |  |  |  | | Has extra money/new items/‘gifts’ that cannot legitimately be accounted for/received from unknown sources |  |  |  | | Change in physical appearance or behaviour |  |  |  | | Pregnancy, termination or repeat testing for sexually transmitted infections |  |  |  | | Young person has been coerced to take/share indecent images |  |  |  | | Arrested/Involved in criminality |  |  |  | | Found / travelling out of Borough |  |  |  | | Multiple mobile phones |  |  |  | | Young person feels indebted to an individual or group |  |  |  | | Family or young person having to move or leave their home |  |  |  | | Items missing from home |  |  |  | | Young person carrying / concealing weapons |  |  |  | | Associates known to be involved in criminality or Organised Crime Groups (OCG’s) |  |  |  | | Absent from school / Non-school attendance |  |  |  | | Services have not been able to engage with child |  |  |  | | Living in a chaotic / dysfunctional household |  |  |  | | Low self-esteem / self confidence |  |  |  | | Association with others who have been exploited |  |  |  | | Self-harm indicators and/or mental health concerns and/or suicidal thoughts/attempts |  |  |  | | Injuries – evidence of physical or sexual assault |  |  |  | | Relationship breakdown with family and or peers |  |  |  | | Homeless |  |  |  | | Young person has limited age appropriate friendships |  |  |  | | Association with older and/or risky peers |  |  |  | | Young Carer |  |  |  | | Change in education attendance/Change in education provider/Missing from education/Non-attendance in education |  |  |  | | Young person’s sexuality increases their vulnerability as they feel unaccepted due to sexual orientation |  |  |  |   Are Parents / Carers aware of these concerns? Does the child have awareness of these concerns? Does the child consent to you sharing this information? Does the parent consent to you sharing this information? |
| **Evidence for above tick answers and reason for referral (please give as much information as possible):** |

**Please send this form via Social Care Contact Centre**

**adultandchildrenteam@sthelens.gov.uk**

It is the responsibility of the referring agency to determine whether the referred child’s parents are informed that their child will be discussed at the MACE meeting.

Best practise would be to inform/consult with parents; however, this may prove detrimental in certain cases. It may not always be in the child’s best interests to inform parents and each case should be considered individually.