Buckinghamshire Child Exploitation 1 (CE1) Referral Form

**Type of Referral:**

Child Criminal Exploitation Child Sexual Exploitation  Missing 

Please circle as appropriate.

**Child Details:**

Forename(s) Surname

Street Name/TAG

D.O.B Ethnicity

Gender Disability

Address Postcode

**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 numbers

E mail Address

Social Media Accounts Known to use

**GP Name**

Surgery Address

Contact Number

Any treatment/knowledge of sexually transmitted infections Yes No

If yes please detail

Any identified health conditions

Not in Education, Employment or Training (NEET): Yes/No

**School**

Not in Education, Employment or Training (NEET): Yes/No

Last School Attended

**Parent/Carer Details:**

Forename(s) Surname

Forename(s) Surname

Address

Contact Details

Home Phone

Mobile

E mail

**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 | Early Help Plan | Child in Need | Child Protection Plan | LAC/Leaving Care | YOS |
|  |  |  |  |  |  |

**Lead practitioner name**

Contact Details

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?

**Suspected Perpetrator Details:**

Forename(s) Surname

Street Name/TAG

Gender Ethnicity

Date of Birth

Approximate Age

Address if known

**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 account for/received from unknown sources |  |  |  |
| Change in physical appearance or behaviour |  |  |  |
| Pregnancy, termination or repeat testing for sexually transmitted infections or repeat request for morning after pill |  |  |  |
| Young person has been coerced to take/share indecent images |  |  |  |
| Arrested/involved in criminality |  |  |  |
| Found/travelling out of County |  |  |  |
| Multiple mobile phones |  |  |  |
| Young person feels indebted to an individual or group |  |  |  |
| Family or young person having to leave or move from their home |  |  |  |
| Items missing from home |  |  |  |
| Young person carrying or concealing weapons |  |  |  |
| Known to be involved/found with individuals known to be associated with criminality or Organised Crime Groups |  |  |  |
| Absent from school/Non school attendance |  |  |  |
| Services have not been able to engage the young person |  |  |  |
| Living in a chaotic/dysfunctional household |  |  |  |
| Low self esteem/self confidence |  |  |  |
| Found with or in relationships with others who have been exploited |  |  |  |
| Self harm indicators and/or mental health concerns and/or suicidal thoughts/attempts |  |  |  |
| Injuries – evidence of a 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 |  |  |  |

Are Parents Carers aware of these concerns?

Does the young person have an awareness of these concerns?

Does the young person 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 to MASH secure-cypfirstresponse@buckinghamshire.gov.uk or if child/young person is already open to BCSC exploitationreferrals@buckinghamshire.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 prior to the referral being made.

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.