

CSE1

REFERRERS DETAILS

Name Shilane Marsh..... Date of referral...27.02.17.....

Agency Name ...CYPS..... Job Title.....Social Worker.....

Agency type:

Health / **Children's Services** / Education / Youth Services / Police / Probation / Voluntary services

Other – please state.....

Email address..... Telephone No.

CHILD DETAILS

Forename(s)..... (F)

Surname / family name(s)..... D.O.B. 2003

Ethnicity..... Religion..... Nationality.....

Address..... St Helens

Is this Address:

Home / Other family member address / Foster care / Residential Care / Semi independent
Hostel / Secure unit / Other – please state

Home tel no. Mob / other contact

GP name..... Surgery.....

School

CHILDRENS SOCIAL CARE INVOLVEMENT

Not known to CSC	EHAT / CAF	Child in Need	Child Protection Plan x	LAC / Leaving Care
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Is this child placed here from another local authority? YES /NO

If yes – state which.....

PARENT/CARER/GUARDIAN'S DETAILS Parental Responsibility? Yes

Forename(s)..... (M)

Surname / family name(s)..... D.O.B.....

Ethnicity..... Religion..... Nationality.....

Home address..... St Helens Postcode

Home tel no. Mob / other contact no. **DPA**

Occupation.....

PARENT/CARER/GUARDIAN'S DETAILS

Parental Responsibility? **Yes**

Forename(s)..... **Mother of CS-A26** (F)

Surname / family name(s)..... **Mother of CS-A26** D.O.B..... **DPA** 1982

Ethnicity..... **Sensitive/irrelevant** Religion..... Nationality.....

Home address... **DPA** Postcode... **DPA**

Home tel no. Mob / other contact no. **DPA**

Occupation... Unemployed.....

SIBLINGS

Relationship to young person

Forename(s) **Sibling of CS-A26** **Sibling of CS-A26**

Surname / family name(s)..... D.O.B.....

Home address..... **DPA** **Sibling of CS-A26** **DPA** **(CS-A26)**
..... Postcode.....

Home tel no. Mob / other contact no.....

Relationship to young person.....

Forename(s)..... (M/F)

Surname / family name(s)..... D.O.B.....

Home address..... Postcode.....

Home tel no. Mob / other contact no.....

SUSPECTED PERPETRATOR DETAILS

Forename(s)..... **CS-B698** (M)

Surname / family name(s)..... **CS-B698** D.O.B..... **DPA** 1999

Home address..... Postcode.....

Home tel no. Mob / other contact no.....

Has suspect previously breached a court order or police bail? **Y / N** If **Y** provide details below

Please state whether the following are applicable to this young person...	Yes	No	Don't know
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Child suspects only (under 18 years)

School / occupation..... DPA

Absent from school	X		
Attending school with young people who are sexually exploited			x
Change in physical appearance			x
Drug or alcohol misuse	x		
Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites			x
Estranged from their family		x	
Friends with young people who are sexually exploited			x
Gang association either through relatives, peers or intimate relationships (in cases of gang-associated CSE only)			x
History of abuse	x		
Homeless		x	
Involvement in offending		x	
Lacking friends from the same age group		x	
Learning disabilities		x	
Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)	X When at home with Mum		
Living in a gang neighbourhood			x
Living in hostel, bed and breakfast accommodation or a foyer		x	
Living in residential care		x	
Low self-esteem or self-confidence	x		
Missing from home or care		x	
Not in education, employment or training			
Physical injuries		x	
Poor mental health		x	
Receipt of gifts from unknown sources			x
Recent bereavement or loss	x		

Recruiting others into exploitative situations			x
Repeat sexually-transmitted infections, pregnancy and terminations		x	
Self-harm	x		
Thoughts of or attempts at suicide		x	
Unsure about their sexual orientation or unable to disclose sexual orientation to their families		x	
Young carer		x	
If you are not ticking any of the above CSE indicators, please consider if a CSE specific referral needs to be made			

CIRCUMSTANCES OF INCIDENT / ANY OTHER INFO

Sensitive/Irrelevant

CS-A26's mother, Mother of CS-A26, minimises these concerns and states he is not in a relationship with CS-A26. There are concerns in regards to Mother of CS-A26's parenting and her honesty with professionals.

Type of CSE you think this may be or may be heading towards – Please select the one you consider to be most relevant to this situation	
Boyfriend Model	X
Online	
Organised/ networked sexual exploitation or trafficking	
Party Model	
Peer to Peer	
Group / Gang exploitation	
Other – Please state	

ASSOCIATES OF CHILD / RELEVANT PARTIES
CS-B698
ASSOCIATES OF SUSPECTED PERPETRATOR / RELEVANT PARTIES
IF MISSING WHO WERE THEY FOUND WITH AND WHERE?
LOCATIONS OF CONCERN WHERE YOU BELIEVE CSE IS AN ISSUE
VEHICLES THAT COULD BE LINKED TO CSE AND TO THE CHILD /YOUNG PERSON

TELEPHONE NUMBERS LINKED TO THE CHILD / YOUNG PERSON

TELEPHONE NUMBERS LINKED TO THE SUSPECTED PERPETRATOR

Are Parents/ carers aware of these concerns?	YES
Does the child have awareness of these concerns?	YES / NO
Does the young person consent to you sharing this information?	YES

**PLEASE SEND THIS FORM VIA SOCIAL CARE FRONT DOOR TO THE MACSE
(Multi Agency CSE) MEETING**

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 MACSE meeting.

Clearly best practise would always be to inform / consult with parents regarding their children, but this may be detrimental in some cases. It may not always be in the child's best interests to inform parents and each case should be considered individually.