

The purpose of the MACE panel is to identify and disrupt the exploitation of children and young people (up to age 24) across Suffolk. We are now considering referrals for young people who are victims or perpetrators (or both) of exploitation. If a young person is not being groomed or exploited, or they are not exploiting others there will be nothing for the MACE panel to disrupt, so a referral in these circumstances will not got to panel.

As this is a multi-agency panel, we ask that the referral considers information from all relevant agencies too. **Without multi-agency input this referral will not be able to progress.**

Please fill out the form below, specifically considering how the individual has been **groomed, coerced, or exploited into criminal or sexual activity**, in the last 6 months.

### Agency Information

**Please make sure you have discussed the case with other partners to ensure you have as much detail as possible, and to avoid multiple referrals. It might be useful to hold a professionals meeting will all involved partners before the referral is complete.**

#### This referral includes information from which of the following agencies? (Tick all that apply)

[ ]  Social Care

[ ]  Education

[ ]  Health

[ ]  Police

[ ]  Youth Justice

[ ]  Voluntary or private sector

[ ]  Other

#### Referrer name: Enter referrer name

#### Referrer email: Enter referrer email

#### Referring agency: Choose an item.

### Child/Adolescent Information

#### Is the child/adolescent you are referring a victim or perpetrator of exploitation? Choose an item.

#### Name of child/adolescent: Enter YP name

#### Date of Birth of child/adolescent: Click or tap to enter a date.

#### Gender: Choose an item.

#### Address and postcode of child/adolescent: Enter YP address

#### Family structure:

#### **Please include name, relation to yp, DOB and address if different from YP's home address.**

#### Enter family details

#### Adverse Childhood Experiences?

[ ]  Abuse

[ ]  Neglect

[ ]  Household Disfunction

[ ]  None

#### Which agencies are already involved with the young person?

**Please give details of agency, worker and worker's email address.**

**If there is an exploitation investigation active with the police, please share details of the OIC.**

#### Enter professionals’ details

### Perpetrator / Victim Information

#### Perpetrator Information

**If the yp you are referring is the victim of exploitation**, please give details of the suspected perpetrator, where possible including – Name, DOB, Address, Physical description, Nicknames, Vehicles

#### Enter perpetrator details

#### Victim Information

**If the yp you are referring is the perpetratpr of exploitation**, please give details of the victim, where possible including – Name, DOB, Address etc.

#### Enter victim details

### Evidence of grooming or exploitation

**The list below is a guide, but is not exhaustive.**

**Signs of Grooming**

\* recent change in behaviour

\* new friendships

\* unexplained items (high end clothing, electronic devices, jewellery etc.) which may be explained away as a ‘gift’

\* unexplained money

\* use of drugs that have been “gifted” or given “on tick”

\* yp started going missing

\* attending locations of concern

**Signs of Exploitation**

\* Have they been the victim or witness of a crime? – Serious violence, sexual attack, domestic abuse

\* Have they been the perpetrator of a crime? – Serious violence, sexual attack, possession of drugs, carrying weapons

\* Have they been travelling? Within the county or across borders

\* Are they in education, employment, or training? Consider poor attendance, NEET, home schooling, reduced timetable, fixed term and permanent exclusions

\* Has there been an increase in missing episodes? Duration or quantity

\* Are there any concerns regarding sexual health?

\* Is the unexplained movement in and/or out of their bank account?

#### Grooming or exploitation concerns: Enter details

#### In which report is this evidenced? Enter details

### Locations of Concern

**Do not assume the person reading your referral has local knowledge. The more specific the information you can give, the better.**

#### Where is the exploitation taking place? Enter details

#### What times of day? Enter details

#### What is happening at these locations? Enter details

### Education

#### Is the child/adolescent in education, employment or training? Choose an item.

#### If yes, what provision do they attend? Enter details

#### Attendance: Choose an item.

#### Does the child/adolescent have an EHCP? Choose an item.

### Health

#### Physical health concerns? Choose an item. If yes, please give details:Enter details

#### Sexual health concerns? Choose an item. If yes, please give details:Enter details

#### Mental health concerns? Choose an item. If yes, please give details:Enter details

#### Learning difficulties? Choose an item.

#### Drug alcohol misuse? Choose an item.

Please return form to cecoordinator@suffolk.gov.uk We aim to have all referral processed within two weeks.