



Young People Aged 12 – 17  
Referral Form

**1. Administrative information**

Name of referrer: Name of allocated worker for the child  Role of person completing form:	
Team/Agency of referrer:	Telephone No:
Other agencies working with referred person and contact details.	

**2. Personal details**

Name of young person and CF6 Number:		
Date of Birth:		Female
Address:		
Ethnicity	White Mixed Asian Black Caribbean Black African Chinese Other If other, please specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Nationality (if known)	British	
Sexual identity	Bisexual Gay Heterosexual Lesbian Not known	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Disability	Physical disability Learning difficulty Not applicable Speech and Language difficulties None known If other, please specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None

3. Nature of risk		
<b>Is the young person currently supported by social care services/integrated services?</b>	Child Protection Plan Child in Need Plan CAF/TAC plan Not applicable (ie no social care/strategy meeting)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>What were the concerns leading to the current level of risk? (tick all that apply)</b>  <b>What support has been offered to the child/young person/family to date?</b>	Child Sexual Exploitation  Radicalisation  Group/gang activity  Female Genital Mutilation  Missing  Forced Marriage  Other	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
<b>Indicate current level of need</b> (please provide a brief summary outlining the nature of the actual/potential risk )		

4. Nature of exploitation		
<b>Who initiated the exploitation?</b>	Older boyfriend/girlfriend Peer boyfriend/girlfriend Other young person(s) Relative Network of perpetrators Not known Other If other, please specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>Method of coercion used</b>	Grooming by an older individual Pressure from an exploited other Peer to peer Gang related activity Through local business (eg taxi firms, fast food) Through social networking sites Other use of internet Use of mobile phones/Bluetooth Not known Other (If other, please specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Nature of sexual exploitation</b>	Risky behaviour Swapping sex Commercial sexual exploitation Moved from location to location within the UK Moved between countries Not known Other If other, please specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>5. Signs of exploitation (please tick all that apply)</b>		
1	Regularly missing school or not taking part in education	<input type="checkbox"/>
2	Staying out at night, regularly returning home late and/or returning home after long intervals and appearing well cared for	<input type="checkbox"/>
3	Defensive about where they have been and what they have been doing	<input type="checkbox"/>
4	Appearing with unexplained gifts or new possessions (money, mobile phones, clothes, jewellery etc)	<input type="checkbox"/>
5	Diagnosed with sexually transmitted infection	<input type="checkbox"/>
6	Non-attendance at medical appointments	<input type="checkbox"/>
7	Mood swings or changes in emotional wellbeing, language and/or physical appearance	<input type="checkbox"/>
8	Displaying inappropriate sexualised behaviour Secretive and withdrawn. Looks tired, ill or sleeping during the day	<input type="checkbox"/>
9	Associates with older men/women and/or developing a relationship of a sexual nature with a significantly older man or woman	<input type="checkbox"/>
10	Using drugs and/or alcohol	<input type="checkbox"/>
11	Commencement of, or escalating, incidents of offending	<input type="checkbox"/>
12	Receiving more phone calls and/or texts than usual	<input type="checkbox"/>
	Marks or scars on their body which they try to conceal by refusing to undress or uncover parts of their body	<input type="checkbox"/>
	Risk taking behaviour or suicidal tendencies	<input type="checkbox"/>

6. Living situation		
<b>Where does the young person live?</b>	Village Town Not known	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Who is the young person living with?</b>	With family Looked after Secure/custody Independent Co-habiting Not known Other If other, please specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Location if with family</b>	Family home Kinship care Not applicable Other If other, please specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Location if not with family</b>	Residential Children's Home Supported accommodation Private fostering Residential School Bed and breakfast Not applicable Other If other, please specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Legal status if looked after</b>	Section 20 - voluntary accommodation Section 31 - interim care order Section 38 - full care order Placement order Supervision order Residence order Remand to Local Authority Not applicable Other If other, please specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Location if in secure/custody</b>	Secure accommodation YOI Adult prison Not applicable Other If other, please specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Location if independent</b>	Living alone Living with friends Hostel/B&B Vulnerably housed (eg squatting) Homeless Not applicable Other If other, please specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

7. Education/employment/training		
<b>Education (please give name of school/college/PRU)</b>	At school/college(full time) At school/college (part time timetable) Home schooled Temporary exclusion Permanent exclusion Attending Pupil Referral Unit Truancing No longer in education Not known Other If other, please specify Lily is currently on role at the Attic (Bungay) however she is not able to attend at present as the building is not yet complete. Lily has indicated to her mother that she is not intending to attend when the school is open.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Does the young person have a statement of special education need and/or communication/learning difficulties?</b>	Yes No Don't know	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Training/employment</b>	Vocational training In employment Unemployed Not known Not applicable Other If other, please specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

8. Health issues		
<b>Is the young person currently using illegal drugs, misusing prescription/other medication?</b>	Yes No Don't know If yes please specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Does the young person have any sexual health issues known/diagnosed</b>	Yes No Don't know If yes please specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Does the young person have any mental health needs known/diagnosed</b>	Yes No Don't know If yes, please specify if CAMHS support in place and tier	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

9. Other risk factors		
<b>Has the young person ever been the subject of a child protection plan?</b>	A history of child protection issues Identified as a child in need (s47) prior to risk of child sexual exploitation No previous child protection issues Not known	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Does the young person have a history of being reported missing?</b>	None reported Less than 10 episodes reported More than 10 episodes reported Not known	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Are there concerns that the young person has been exposed to domestic violence?</b>	Experienced domestic violence Witnessed domestic violence Not known Not applicable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

10. Young Person involvement with Criminal Justice		
<b>Has the young person been involved in criminal activities?</b>	ABC/ASBO or equivalent Committed offence(s) Victim of crime Not applicable Youth Offending Other If other, please specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Are police currently involved with this young person?</b>	Yes No Don't know	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Is the young person currently part of a police investigation?</b>	Yes No Don't know	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Is the young person currently subject to court proceedings?</b>	In process Conviction secured Complete but no conviction	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

11. CSE Toolkit Outcome. Please tick which applies and give summary, also scan CSE Toolkit and email to <a href="mailto:MAC@suffolk.gcsx.gov.uk">MAC@suffolk.gcsx.gov.uk</a>
<b>Low</b>
<b>Medium</b>
<b>High</b>

**12.**

**A. How do you feel the Make A Change (MAC) team can work *with* you to support the child/young person to make positive changes?**

**And/or**

**B. What work do you feel needs to be undertaken with the MAC team to achieve this?**

**13. Please sign – please note that the Make A Change Team can only accept referrals for *direct work* with young people if they have agreed to engage in work with us, and sign this referral to that effect.**

Referrer Sign

Date

Young Person Sign

Date