

Merseyside Child Exploitation 1 (CE1) Referral Form

Type of Referral:

Child Criminal Exploitation Child Sexual Exploitation Both

Child Details:

Forename(s)..... Surname

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 No.....

GP Name.....

Surgery Address.....

School

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

Parent/Carer Details:

Forename(s) Surname

Relationship: Contact No.

Referring Person Details:

NameDate of referral.....

Agency Name Job

Title.....

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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?

Suspected Perpetrator Details:

Forename(s)..... Surname

Gender Ethnicity.....

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			

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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?

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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 Front Door to the MACE
(Multi Agency Child Exploitation)**

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.