



Referral form to Cambridgeshire or Peterborough Children's Social Care



To be used by all agencies that wish to report concerns about a risk

BEFORE YOU MAKE A REFERRAL

IF YOU HAVE A CONCERN REGARDING A CHILD OR YOUNG PERSON AND WOULD LIKE TO DISCUSS IT FURTHER YOU SHOULD CONSULT THE SAFEGUARDING LEAD OR A SAFEGUARDING PROFESSIONAL WITHIN YOUR ORGANISATION.

IF THAT IS NOT POSSIBLE AND A CHILD COULD BE AT IMMEDIATE RISK DO NOT DELAY: MAKE A REFERRAL.

DATA PROTECTION LAW APPLIES WHEN MAKING A REFERRAL. THE PARENTS/CARERS OF A CHILD SHOULD BE AWARE OF THE REFERRAL AND THE INFORMATION IT CONTAINS UNLESS INFORMING THEM PLACES THE CHILD OR ANOTHER AT A SUBSTANTIVE LEVEL OF RISK. PARENTAL CONSENT TO SHARE THEIR INFORMATION AND SEEK ADDITIONAL INFORMATION FROM OTHER AGENCIES IS REQUIRED UNLESS A CHILD IS AT RISK OF SERIOUS HARM.

MAKING A REFERRAL

IF YOU THINK THAT A CHILD OR YOUNG PERSON IS AT IMMEDIATE RISK OF SERIOUS HARM CALL THE POLICE (999) OR THE SOCIAL CARE CONTACT CENTRE:

**CAMBRIDGESHIRE TELEPHONE 0345 045 5203 – (8am to 6pm Mon – Fri)
PETERBOROUGH TELEPHONE 01733 864170 – (9am to 5pm Mon – Fri).
OUT OF HOURS EMERGENCIES 01733 234724.**

ALL TELEPHONE REFERRALS SHOULD BE FOLLOWED UP IN WRITING WITHIN 24 HOURS USING THIS FORM.

IS THIS A REFERRAL FOR
HONOUR BASED ABUSE
FORCED MARRIAGE
FEMALE GENITAL MUTILATION

IF YOUR REFERRAL RELATES TO AN ISSUE NOT COVERED BY THESE HEADINGS PLEASE LEAVE THIS SECTION BLANK

IS THIS A REFERRAL FOR:
**CHILD SEXUAL EXPLOITATION (CSE),
PREVENT (Violent Extremism)
GANG EXPLOITATION**
If any of these three issues are relevant please complete the [hyperlinked checklist](#) attached at the end of the Referral Form

ALL FIELDS MUST BE COMPLETED SO WE CAN PROGRESS YOUR REFERRAL

PLEASE COMPLETE IN CAPITAL LETTERS/TYPED WHERE POSSIBLE

Details of Person making referral:

Name and Role	
Agency	Education
Email address	
Contact address: (in full)	
Contact Telephone Numbers (This is essential information)	
Date of referral	
How long have you been working with/aware of this family, and in what capacity?	
What work have you completed/ delivered with the family?	

Details of Child or Young Person:

Name of baby, child or young person/Any other names known by:									
Forename(s):		Date of birth / EDD:							
Surname:		Gender:							
Name and details of Mother/carer	NAME	Date of Birth	Date of Birth						
Mother/Carers Home Address			Other household members and siblings. DOB if known	NAME Date of Birth					
Names of Father or Carer(s):	NAME	Date of Birth	Home Tel & Mobile						
Father Home Address:			Other household members and siblings: DOB if known	NAME Date of Birth					
Child's first Language			Parent's first language						
Interpreter required for child?	Yes/No	Interpreter required for parent?		Yes/No					
Child's immigration status			Parent's immigration status						
Child seeking asylum?	Yes/No Any details:	Parent seeking asylum?		Yes/No Any details:					
White British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>
Any other White background (please state)	<input type="checkbox"/>	Gypsy/Roma	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Not given/ Refused	<input type="checkbox"/>
Any other Black background (please state)	<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>	Any other Asian background (please state)	<input type="checkbox"/>	Any other mixed background (please state)	<input type="checkbox"/>	White European (please state)	<input type="checkbox"/>
Please outline any aspect of the child or family's culture or context relevant to effective communication and assessment			(e.g. nationality, religion and level of religious observance etc)						

Name of School/Early Years Setting & Contact person:	
Name and contact details of GP:	
Does the child/young person and or parent(s) carer(s) have a physical or learning disability? If so, please detail:	YES / NO/NOT KNOWN
Does the child/young person have any other relevant medical information? Is so, please detail:	YES / NO/NOT KNOWN

Current agency involvement

(Please refer to [Cambridgeshire Model of Staged Intervention](#) or [Peterborough's Threshold document](#) to support responses below.)

Is there a current relevant Common Assessment Framework (CAF) or Family CAF If yes, please confirm it is attached to this referral	YES / NO/NOT KNOWN YES / NO /NOT KNOWN
Have Early Help services been involved with this child/family If no, please confirm why not	YES / NO/NOT KNOWN

If yes, please outline any ongoing support that is being provided.

Detail any past concerns or known involvement of statutory agencies.

Where on the MOS! (Cambridgeshire) or Threshold document (Peterborough) would you place this child or young person	Level 2 <input type="checkbox"/>
	Level 3 <input type="checkbox"/>
	Level 4 <input type="checkbox"/> Please also contact CSC by telephone

What are your concerns about the child or young person?

Why are you making a referral to Children's social care? What are you concerned about? What are the risks to the child? (If you think there is a risk of exploitation through CSE, gang related activity or violent extremism, please **also** complete the Child Exploitation Checklist attached to this referral and then complete this box with the details of your concerns.)

Is there evidence of any other children in the family who are being subjected to abuse (physical, emotional or sexual) or neglect?
If 'YES' please specify:

What key actions have been taken by referring agency/involvement with the family to safeguard:

What outcomes for the child do you anticipate in making this referral to Children's Social Care?

Communication with the family and Consent

Does the person with parental responsibility know that a referral to Children's Social Care has been made?

YES / NO Date Completed:

If yes, does the person with parental responsibility consent for:
Members of the family's network
Professionals to be contacted for further information?

YES / NO Date Completed:

YES / NO Date Completed:

If this referral is based on information from a third party, are they aware it is being made?

YES / NO Date Completed:

Does the child or young person know about this referral?

YES / NO Date Completed:

Does your Line Manager or Safeguarding Lead know about this referral?

YES / NO Date Completed:

If 'No' to any of the above, please explain why:

If the child/ren is/are aware of the referral, what do they want to happen? If not, what do you think they might be worried about?

Any other information that would be helpful?

Any referral where the child is at immediate risk of serious harm should be made by telephone first and followed up in writing within 24 hours

This form should be emailed to the Contact Centre:

Cambridgeshire: referralcentre.childrens@cambridgeshire.GCSX.gov.uk FAX:01480376748

Peterborough: cscrecords@peterborough.gcsx.gov.uk Fax: 0870 238 4083

Escalation policy www.cambslscb.org.uk / www.peterboroughlscb.org.uk

CHILD EXPLOITATION CHECKLIST

Child Exploitation Checklist

These give context to the specific risk indicators for Child Sexual, Prevent and Gang Exploitation in Part 2. Supporting evidence should be provided on the Joint Referral Form

Please complete if you have concerns about vulnerability to exploitation through CSE, Extremist Activity, Prevent or Gangs and describe your concerns in the box on page 2 of the Joint Referral form

Part 1: Vulnerabilities. These are “underlying” factors which may make a young person more vulnerable to being targeted for exploitation.	
	Tick if Yes
Known to Children’s Social Care/Child Protection Plan/Looked After Child, now or previously	
Sexuality (if known) or is the child or young person unsure about their sexual orientation or unable to disclose sexual orientation to their families/friends?	
Does the child or young person have a physical or learning disability or difficulty that makes them more vulnerable to exploitation?	
Migrant/refugee/asylum seeker/trafficked status?	
Involvement with the Youth Justice system? Is there or has there been involvement from any other Agency, such as drug & alcohol or mental health services?	
Has sexual exploitation previously been identified as a specific issue for this child?	
Is there evidence or knowledge of neglect by parent/carer/family member?	
Is there evidence or knowledge of physical/emotional/sexual abuse by parent/carer/family member? Or has there been a lack of positive relationship with a protective/ nurturing adult?	
Family history of/current knowledge of: substance misuse; mental health difficulties; domestic abuse; parental learning difficulty? Has the young person been a young carer?	
Is there a family history or current knowledge of poverty or deprivation? Or unsuitable or inappropriate accommodation (Inc. street homeless, staying with inappropriate adults/hostel/B&B).	
Is there a family history or current knowledge of exploitation or prostitution?	
Breakdown of family relationships, family bereavement; recent bereavement of the child or young person?	
Is there a history or current knowledge or history of social isolation or of low self-esteem or history or current knowledge of being bullied or of bullying?	

Part 2. Risk Indicators: Evidence of current grooming or exploitation.

It may be difficult to differentiate between ordinary teenage behaviour and the risk of involvement in exploitation. Below are some signs that a child is being groomed for exploitation or is being exploited. Please tick if you are aware of any of these in respect of the child or young person. Supporting evidence should be provided on the Joint Referral Form.

2A. WITHIN FAMILY/HOME/RELATIONSHIPS	Tick if Yes
Change in behaviour – being more secretive/withdrawn/isolated from peers or not mixing with usual friends, withdrawn from hobbies.	
Increasingly disruptive, hostile or physically aggressive at home or school including use of sexualised or concerning language.	
Associating/relationship with significantly older men or women who encourage emotional dependence, loyalty and isolation from safe relationships (record details of adults i.e. occupation/description)	
Physical or emotional abuse by a boyfriend/girlfriend or controlling adult including use of manipulation, violence and/or threats.	
Associating with other sexually exploited children or children known to be associated with gangs or extremist groups	
Multiple callers (unknown adults/older young people)	
Estranged from family	
Regular coming home late or going missing from home, care or education for any period of time (whether reported or not)	
Returning home after long periods appearing well cared for.	
Unexplained amounts of money, mobiles, credit, expensive clothing, jewellery or other items gifts	
Having multiple mobile phones, SIM cards or use of a phone that causes concern – multiple callers or more texts/pings than usual	
Entering / leaving vehicles, cars with unknown adults	
2 B. HEALTH AND MENTAL HEALTH	Tick if Yes
Change in physical appearance (new clothes. More/less make-up, weight gain/loss)	
Marks or scars or physical injuries on the body or face which they try to conceal	
Expression of despair (Inc. depression, mental ill health, self-harm, suicide thoughts/attempts, overdose, eating disorder)	
Are there concerns regarding their emotional stability and or mental health?	
2 C BEHAVIOUR AND EXPERIENCES	Tick if Yes
Concealed/concerning use of the internet including web-cam, excessive virtual friends, online gaming (via X-Box, PlayStation), chat rooms etc.	
Exclusion from school or unexplained absences from, or not engaged in school/college/training/work	
Failing to respond to attempts to keep in touch by workers/carers or recent disengagement	
Young gay/bisexual exploring sexuality in unsupported way	
Increasing use of drugs or alcohol or misuse of drugs or alcohol	
Displaying signs of harassment/unwanted attention	

Evidence of sexual bullying and / or vulnerability through the internet and / or social networking sites	
Unusual association with groups of adults.	
Part 3. SPECIFIC FORMS OF EXPLOITATION	
3A. CHILD SEXUAL EXPLOITATION	Tick if Yes
Increased health/sexual health related problems	
Repeat/unplanned pregnancy or pregnancies (including ending in termination/miscarriage(s))	
Sexually Transmitted Infections (STIs) and/or repeat tests particularly with negative result.	
Reports of being taken to hotels, nightclubs, takeaways or out of the area by unknown adults.	
Sexualised risk-taking including on internet or mobile phone, such as sexting (sending explicit messages or photos to adults or peers)	
Association with taxi firms/takeaway owners (night-time economy)	
Overt sexualised dress	
Possession of hotel keys/cards of keys to unknown premises	
Child under 13 engaging in penetrative sex with someone over 15 years.	
Child meeting different adults and exchanging or 'selling' sexual activity	
Frequenting areas known for on/off street sex work	
Receiving rewards of money or goods for introducing peers to CSE adults	
Disclosure of sexual/physical assault followed by withdrawal of allegation	
Knowledge of towns or cities they have no previous connection with	
Being taken to clubs or hotels and engaging in sexual activity	
Abduction or forced imprisonment	
Being taken to brothels/massage parlours	
Seen in CSE hotspots (certain flats, recruiting areas, cars or houses)	
3B. GANGS	Tick if Yes
Do they associate with negative / criminal peers or known groups of concern?	
Gang affiliations/cultural expectations (wanting to belong/craving social acceptance/subject to peer pressure/recruiting others)	
Fear of victimisation from other gangs due to gang affiliation or rivalry	
Constrained by 'rules' of a gang	
Inability to negotiate exit from a gang due to fear/dependency	
Fear of gang leaders	
Involved in criminal offending activity (i.e. Anti-Social Behaviour/criminal damage/theft)	
Change in personal appearance that could indicate affiliation with a gang or groups	

Branding (i.e. gang logos)	
Carrying or expressing need to carry a knife	
Involved in possessing or carrying substances	
3C. EXTREMISM	Tick if Yes
Are there concerns over conflict with their families regarding religious beliefs / lifestyle choices?	
Is there evidence of cultural anxiety and / or isolation linked to insularity / lack of integration?	
Expressing obsessive beliefs and values	
Association or affiliation with extremist groups or individuals (attendance at meetings, marches etc)	
Expression of radicalised or extremist views	
Are they new to a particular faith / faith strand? What was the context of their conversion?	
Do they seem to have naïve, narrow or limited religious / political knowledge?	
Are there concerns about a highly inconsistent vocalisation / practicing of their faith?	
Is there evidence of increasing association with a closed tight knit group of individuals / known recruiters / extremists / restricted events?	
Are there particular grievances either personal or global that appear to be unresolved / festering?	
Have there been sudden changes in their observance, behaviour, interaction or attendance at their place of worship / organised meeting?	
Have there been specific examples or is there an undertone of "Them and Us" language or violent rhetoric being used or behaviour occurring?	
Is there history in petty criminality and / or unusual hedonistic behaviour (alcohol/drug use, casual sexual relationships, and addictive behaviours)?	
Is there evidence of participation in survivalist / combat simulation activities, e.g. paint balling?	
Have they got / had extremist propaganda materials (DVD's, CD's, leaflets etc.) in their possession?	
Has there been an increase in unusual or sudden travel abroad without satisfactory explanation?	