**Child’s Name**

Forename(s) ……………………………………………………..

Surname ………………………………………………………….. D.O.B.…….…...…………..............

Are parents / carers aware of these concerns?

Does the child have awareness of these concerns?

Does the young person consent to you sharing this information?

Does the parent consent to you sharing this information?

**Nature of Exploitation**

Criminal (CCE): (hyper link to X)

 County Lines / In borough drug dealing / Storing weapons or drugs for others /

 Performing sexual acts on others under coercion / Committing offences under coercion /

 At risk or prevention of CCE /

 Other (please specify): ………………………………..……………………………………..

Sexual (CSE): (Hyper link to Y)

Online or phone / Party / Boyfriend or Girlfriend - Older / Adult or lone offender / Group or gang / On Street / Peer /

 Other (please specify): ………………………………………………………………………..

**Suspected Perpetrator Details (if known)**

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

Surname …………………………………………………………..

Ethnicity …………………………………………………………… Approximate Age ………………...

Address (if known) ……..…………….

Any other information …………………………………………………………………………………………..

…………………………………………………………………………………………………………………….

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**Which of the following are applicable to this young person?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Unknown** |
| Regularly going missing |  |  |  |
| Not being reported as missing by parents/carers |  |  |  |
| 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 |  |  |  |
| Concerns around social media use (accessing, sending, victim) |  |  |  |
| 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 (OCGs) |  |  |  |
| 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 (ie domestic abuse) |  |  |  |
| 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 |  |  |  |
|  |

**Evidence for above tick answers and reason for referral (please give as much information as possible):**

|  |  |  |
| --- | --- | --- |
| **Name of Referrer** |  |  |
| **Role and Agency** |  |  |
| **Date completed and sent** |  |  |

**Please send this form to childreferrals****@croydon.gov.uk**