**Spectrum CSE Referral Form**

This form should be used to refer a young person to the Spectrum’s RESPECT programme, for whom there is evidence that they may be at risk of child sexual exploitation or coercive control. In order to access this CSE/sexual coercion early intervention, educational programme, a young person must meet the following criteria:

1. Must be under the age of 18
2. Must live in the Wakefield or Barnsley area
3. Must have indications of risk of exploitation/CSE/sexual coercion
4. **NOT** currently supported by other CSE professionals
5. Verbal consent has been gained from young person and their parent/carer (where possible)

This form should be completed as fully as possible and emailed securely to

[**esther.mahle@spectrum-cic.nhs.uk**](mailto:esther.mahle@spectrum-cic.nhs.uk)

**Please ensure the referral form is completed as comprehensively as possible.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of referral |  | | | | |
| Referrer’s full name |  | | | | |
| Your Service /Organisation/School |  | | | | |
| Your Role/Position |  | | | | |
| Your Contact telephone number |  | | | | |
| Your email address |  | | | | |
| **Name of Young Person** |  | | **Date of Birth** | |  |
| **School Attending** |  | | **Gender** | |  |
| Which other services are currently supporting this young person? |  | | | | |
| Has the young person consented to this referral? | Spoken to:  Permission given: Y/N Date: | | | | |
| Have the parent/carer consented to this referral? | Spoken to:  Permission given: Y/N Date: | | | | |
| Has permission been given by YP to arrange the RESPECT programme via school? | Y/N Date: | | | | |
| Is this case due to be closed upon this referral? | Y/N | Named Lead Profession if due to close | |  | |

Risk Assessment – CSE

Please complete the risk summary below including a summary of your main CSE/coercion concerns.

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| --- | --- |
| Summary of main concerns relating to young person |  |

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| --- | --- | --- | --- |
| Unexplained school absences | Y/N | Drugs or alcohol misuse | Y/N |
| Relationships with significantly older partner (more than 4 years) | Y/N | Repeated sexually transmitted infections/Pregnancy | Y/N |
| Change in physical appearance | Y/N | Evidence of sexual bullying (and or through social media/internet) | Y/N |
| Going missing from home or care | Y/N | Self-harm, eating disorders | Y/N |
| Receiving gifts from unknown sources | Y/N | Poor mental health and wellbeing | Y/N |
| Exploitative relationships | Y/N | Estranged from family | Y/N |
| Thoughts/attempts of suicide | Y/N | Vulnerable to exploitation | Y/N |

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| As the referring agency/school please confirm that you will remain the case holder with links to the family and the ability to review any potential change in risk or ensure that the Named Professional information is completed above (if this case is due to close upon this referral).  Please be aware of potential waiting list times and that Spectrum **will not** have any contact with this young person until the RESPECT programme commences. Any safeguarding disclosures would also be dual reported by Spectrum and the referring agency/school/lead professional, with the referring agency/school/lead professional holding responsibility for liaising with parent/carers and making further referrals where necessary.  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |