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**Reporting Form for Professionals**

**Child Sexual Exploitation**

***WHEN TO USE THIS FORM***: Refer using this form should a non-urgent response be required or to submit information about Child Sexual Exploitation. HALO will acknowledge receipt of the referral via e-mail.

If there is no immediate risk to life or property but a police response is required as soon as practicable due to the seriousness of the incident and/or potential loss of evidence, dial 101.

If there is an immediate danger to life, risk of injury or crime being committed please dial 999.

This form should be used to refer children and young persons and/or suspects and perpetrators. This form should also be used in cases where no victim is known but a person is exhibiting CSE perpetrator behaviours.

A separate referral must be completed for each child who is vulnerable to, or a victim of, Child Sexual Exploitation.

On completion of the form please e-mail it to hqsafeguarding@herts.pnn.police.uk

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| **Part 1: Referrer’s Details** |
| Name |  |
| Agency |  |
| Address |  |
| Telephone |  |
| E-mail (if not secure please seek guidance from your safeguarding lead) |  |
| Date Completed |  |

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| **Part 2: Child / Young Person’s Details (under the age of 18 years)** |
| Family Name |  |
| Forenames |  |
| Alternative Names (include nicknames) |  |
| Date of Birth |  |
| Address |  |
| Telephone |  |
| Parent / Guardian (please provide address if different from above and include date of birth) |  |
| Ethnicity (see codes at end of referral) |  |
| School/Education (please include school year if known) |  |
| Health Worker |  |
| Disability - if applicable (use descriptions shown at end of referral) |  |
| Are Parent (s) / Guardian aware of the report  | YES | NO | UNKNOWN |
| Do Parent (s) / Guardian Consent to the Referral | YES | NO | UNKNOWN |
| Is the Child Looked After | YES | NO | UNKNOWN |
| Siblings (please provide address if different from above and include date of birth) |  |
|  |
| **Part 3: Suspect Details**(please provide additional persons below) |
| Family Name |  |
| Forenames |  |
| Alternative Names (include nicknames) |  |
| Date of Birth |  |
| Address  |  |
| Telephone |  |
| Ethnicity (see codes at end of referral) |  |
| Relationship to Child/Young Person and Nature of Involvement in the Referral |  |
| Disability - if applicable (use descriptions shown at end of referral) |  |

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| **Other Persons Involved** (please provide additional persons below) |
| Family Name |  |
| Forenames |  |
| Alternative Names (include nicknames) |  |
| Date of Birth |  |
| Address  |  |
| Telephone |  |
| Ethnicity (see codes at end of referral) |  |
| Relationship to Child/Young Person and Nature of Involvement in the Referral |  |

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| **Additional Persons** |
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| **Part 4 – Details of Case/Incident/Intelligence** |
| **Describe circumstances of concern and what happened.****List all relevant locations.****Provide dates and times.****Where did the information come from?** |
| **Other Relevant Information***(for example nicknames, descriptions, vehicle details, activities, known history)* |

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| **Part 5 – Child Sexual Exploitation Indicators**Please indicate against all behaviours that may apply to the child/young person**(Ensure that those indicated have been explained in the comments box)** |
| **STANDARD LEVEL INDICATORS** |
| **BEHAVIOURS** | **Y/N** | **COMMENTS** |
| Regularly coming home late or going missing |  |  |
| Sexualised risk taking including on internet |  |  |
| Associating with unknown adults or other sexually exploited children |  |  |
| Sexually transmitted infections |  |  |
| Poor self-image, eating disorders, some self-harm |  |  |
| Overt sexualised dress |  |  |
| Unaccounted for monies or goods |  |  |
| Reduced contact with family and friends and other support networks |  |  |
| Experimenting with drugs and/or alcohol |  |  |
| Truanting from School |  |  |
| **MEDIUM LEVEL INDICATORS** |
| **BEHAVIOURS** | **Y/N** | **COMMENTS** |
| Getting into cars with unknown adults |  |  |

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| Being groomed on the internet |  |  |
| Disclosure of a physical assault with no substantiating evidence to warrant a S47 enquiry, then refusing to make or withdrawing a complaint |  |  |
| Having an older boyfriend/girlfriend |  |  |
| Staying out overnight with no explanation |  |  |
| Unaccounted for money or goods including mobile phones, drugs and alcohol |  |  |
| Self-harming that requires medical treatment |  |  |
| Gang member or association with gangs |  |  |
| Associating with known CSE adults |  |  |
| Repeat offending |  |  |
| Clipping i.e. offering to have sex for money or other payment and then running before sex takes place |  |  |
| Being involved in CSE through being seen in hotspots i.e. known houses or recruiting grounds |  |  |
| Non school attendance or excluded |  |  |
| Breakdown of residential placements due to behaviour |  |  |
| Multiple sexually transmitted infections |  |  |

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| **HIGH LEVEL INDICATORS** |
| **BEHAVIOURS** | **Y/N** | **COMMENTS** |
| Child under 13 engaging in sexual activity  |  |  |
| Pattern of street homelessness and staying with an adult believed to be sexually exploiting them |  |  |
| Being taken to clubs and hotels by adults and engaging in sexual activity |  |  |
| Child under 16 meeting different adults and exchanging or selling sexual activity |  |  |
| Disclosure of serious sexual assault and then withdrawal of statement |  |  |
| Being moved around for sexual activity  |  |  |
| Being bought/sold/trafficked |  |  |
| Indicators of CSE in conjunction with chronic alcohol and drug use |  |  |
| Receiving rewards of money or goods for recruiting peers into CSE |  |  |
| Abduction and forced imprisonment |  |  |
| Multiple miscarriages or terminations |  |  |
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| **Action Taken To Address Risk** |

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| **Part 6 – Position Statement for Victim referral** |
| I am making this referral because …. | TICK |
| 1. The Child / Young Person is vulnerable to Child Sexual Exploitation but I do not believe they are a victim of Child Sexual Exploitation at this time.
 |  |
| 1. The Child / Young Person is vulnerable to Child Sexual Exploitation and it is unknown if they are a victim of Chid Sexual Exploitation at this time.
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| 1. The Child / Young Person is vulnerable to Child Sexual Exploitation and I believe they are a victim of Chid Sexual Exploitation at this time.
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| **Part 7 – Position Statement for Suspect only referral** |
| I am making this referral because …. | TICK |
| 1. The suspect is showing signs they could be a Child Sexual Exploitation perpetrator but I do not believe they are perpetrating Child Sexual Exploitation at this time.
 |  |
| 1. The suspect is showing signs they could be a Child Sexual Exploitation perpetrator and it is unknown if they are perpetrating Chid Sexual Exploitation at this time.
 |  |
| 1. The suspect is showing signs they are a Child Sexual Exploitation perpetrator and I believe they are perpetrating Chid Sexual Exploitation at this time.
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| **Part 8 – Details of Other Agencies Involvement Or Who Are Aware of Referral** (please include named professionals) |
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 **On completion of the form please e-mail it to****hqsafeguarding@herts.pnn.police.uk**

**Ethnicity Codes**

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| Code | Description |
| W1 | British |
| W2 | Irish |
| W9 | Any Other White Background |
| M1 | White and Black Caribbean |
| M2 | White and Black African |
| M3 | White and Asian |
| M9 | Any Other Mixed Background |
| A1 | Indian |
| A2 | Pakistani |
| A3 | Bangladeshi |
| A9 | Any other Asian Background |
| B1 | Caribbean |
| B2 | African |
| B9 | Any Other Black Background |
| 01 | Chinese |
| 09 | Any Other Ethnic Background |
| NS | Not Stated |

**Disability descriptions**

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| **LCS code** | **LCS Description** | **DfE Code** | **DfE Definition** |
| A | Autism or Asperger's syndrome | AUT | ‘DIAGNOSED WITH AUTISM OR ASPERGER SYNDROME’ – diagnosed by a qualified medical practitioner as having classical autism or Asperger syndrome. Do not include children who have merely been identified as having an autistic spectrum disorder (ASD), eg by their school. This can be associated with the behaviour and learning categories above. |
| B | Blindness | VIS | ‘VISION’. |
| BD | Behavioural, Emotional or Social Disability | BEH | ‘BEHAVIOUR’ – a condition entailing behavioural difficulties, includes attention deficit hyperactivity disorder (ADHD). |
| C | Complex Health Needs | DDA | OTHER DDA – one or more of the child’s disabilities under the Disability Discrimination Act 2005 does not fall into any of the above categories. |
| CB | Colour Blindness | VIS | ‘VISION’. |
| D | Deaf | HEAR | ‘HEARING’. |
| DX | Dexterity Impairment (Arms/Hands/Fingers) | HAND | ‘HAND FUNCTION’ – holding and touching. |
| H | Hearing Impaired | HEAR | ‘HEARING’. |
| L | Language Impairment | COMM | ‘COMMUNICATION’ – speaking and/or understanding others. |
| LD | Learning Disability | LD | ‘LEARNING’ – having special educational needs, etc. |
| LL | Life Limiting | DDA | OTHER DDA – one or more of the child’s disabilities under the Disability Discrimination Act 2005 does not fall into any of the above categories. |
| NV | Non-Verbal | COMM | ‘COMMUNICATION’ – speaking and/or understanding others. |
| O | Other Disability - Please Give Details | DDA | OTHER DDA – one or more of the child’s disabilities under the Disability Discrimination Act 2005 does not fall into any of the above categories. |
| P | Paralysis | MOB | ‘MOBILITY’ – getting about the house and beyond. |
| PD | Physical Disability | MOB | ‘MOBILITY’ – getting about the house and beyond. |
| PS | Poor Vision | VIS | ‘VISION’. |
| S | Speech Impairment | COMM | ‘COMMUNICATION’ – speaking and/or understanding others. |

**Disability severity**

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| **LCS Severity** |
| 1 - Mild |
| 2 - Moderate |
| 3 - Severe |
| 4 - Profound |