

# Protect & Respect Referral Form

Luton Service Centre, 1 The Spires, Adelaide Street, Luton LU1 5BB

Tel: 0203 763 2277 Email: [luton.admin@nspcc.org.uk](mailto:luton.admin@nspcc.org.uk)

Protect and Respect is the NSPCC's service for children and young people aged 11-19 years who are vulnerable to sexual exploitation or who have been sexually exploited.

We work in a multidisciplinary way alongside other services offering prevention, to risk reduction and recovery work. The Protect and Respect model offers a 6 week period of assessment followed by an initial 20 weeks of tailored support, adapted to meet a young person's individual needs. We offer a combination of: one-to-one sessions, group work, advocacy, multi-agency safeguarding work and work with safe adults, where appropriate and with consent.

In order to accurately assess this referral we will need to follow up on the information provided in this form. When we do this we will speak to individuals in confidence and we will store all information safely and securely in line with Data Protection requirements. Where we believe there to be clear Safeguarding concerns we will need to share information with relevant individuals/agencies as the best way of protecting the young person at risk. Again we will do this safely and securely and only when necessary.

If you would like to know more about this, please talk to one of the Protect and Respect team at Luton NSPCC Service Centre, details are above.

Please tell us who, at this stage, is aware of and supports this referral?	Name (referrer)	[required]	Signed	[required]	Date	
	Name (young person)	[If applicable]	Signed	[If applicable]	Date	
	Name (parent/carer)	[If applicable]	Signed	[If applicable]	Date	

## Young Person Details

Name of young person	(include preferred name if different)				
Date of Birth			Gender		
Address					
Contact Number(s)			email		

## Safe Adult Details

Parent/Carer/Safe Adult 1		Parent/Carer/Safe Adult 2	
Relationship to Young Person:		Relationship to Young Person:	
Address:		Address:	
Postcode:		Postcode:	
Telephone:		Telephone:	

## Referral Information

<b>Who is making the referral?</b>	Self-Referral		Family/ Friend		Professional/ Agency	
------------------------------------	---------------	--	----------------	--	----------------------	--

Name of referrer	<input type="text"/>	Role/ relationship to young person	<input type="text"/>
Name of agency/ organisation	<input type="text"/>	Local Authority	<input type="text"/>
Address	<input type="text"/>	Tel	<input type="text"/>
Direct Line	<input type="text"/>	email	<input type="text"/>
If a professional Line Manager's name	<input type="text"/>	email	<input type="text"/>

<b>Have you discussed this referral directly with the young person?</b>	Yes/ No
---	---------

<b>What is the young person's view in relation to this referral being made?</b>
Details (including reasons why the referral hasn't been discussed with the young person, if applicable)

<b>Is there anyone we should not contact at this stage for Safeguarding reasons?</b>
Details

<b>How can we contact the young person?</b>	Mobile		Landline		Email		Letter	
---	--------	--	----------	--	-------	--	--------	--

<b>First /Preferred language</b>	<input type="text"/>	<b>Interpreter required?</b>	Yes/ No
----------------------------------	----------------------	------------------------------	---------

Child sexual exploitation (CSE) is one of the most dynamic emergent issues within the framework of child sexual abuse: it has many causal routes and requires a diverse range of responses. The more information you can provide at this stage then the more swiftly and accurately we will be able to assess and respond to the needs of the young person. **Please complete sections A-D below as fully as you can. If you do not have access to complete information do not delay returning the form: please simply tell us all you can.**

## A: Child Sexual Exploitation

### Known Vulnerabilities (tick all that apply)

Concerns regarding Special Education Needs	<input type="checkbox"/>	Identified incident of rape/ serious sexual assault	<input type="checkbox"/>
Concerns regarding physical disability	<input type="checkbox"/>	Concerns regarding alcohol / drug use	<input type="checkbox"/>
Concerns regarding mental health	<input type="checkbox"/>	Concerns re going missing	<input type="checkbox"/>
Concerns regarding isolation	<input type="checkbox"/>	Concerns regarding changed behaviour	<input type="checkbox"/>
Concerns regarding sexual orientation	<input type="checkbox"/>	Unexplained money or items	<input type="checkbox"/>
Concerns about peer group	<input type="checkbox"/>	Breakdown of relationship with carers	<input type="checkbox"/>
Concerns about STI /pregnancy	<input type="checkbox"/>	Concerns of actual/suspected self-harm	<input type="checkbox"/>

### Identified or Suspected Incident(s) of Child Sexual Exploitation (tick all that apply)

	Known	Concerns		Known	Concerns		Known	Concerns
Peer on peer exploitation	<input type="checkbox"/>	<input type="checkbox"/>	Trafficked (internal/domestic)	<input type="checkbox"/>	<input type="checkbox"/>	Familial	<input type="checkbox"/>	<input type="checkbox"/>
Peer recruitment	<input type="checkbox"/>	<input type="checkbox"/>	Trafficked (international)	<input type="checkbox"/>	<input type="checkbox"/>	Opportunistic	<input type="checkbox"/>	<input type="checkbox"/>
Gang involvement	<input type="checkbox"/>	<input type="checkbox"/>	Older 'boyfriend'	<input type="checkbox"/>	<input type="checkbox"/>	New/Emerging	<input type="checkbox"/>	
Online grooming	<input type="checkbox"/>	<input type="checkbox"/>	Association with older males	<input type="checkbox"/>	<input type="checkbox"/>			
Unsafe use of social networks/mobile	<input type="checkbox"/>	<input type="checkbox"/>	Links to organised adults	<input type="checkbox"/>	<input type="checkbox"/>			

<b>Criminal Investigation</b>	Complete	<input type="checkbox"/>	On-going	<input type="checkbox"/>	None	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>	<b>Prosecution</b>	Complete	<input type="checkbox"/>	On-going	<input type="checkbox"/>	None	<input type="checkbox"/>	Don't Know	<input type="checkbox"/>
<b>Key Police Contact</b>								<b>Key CPS Contact</b>									

## B: Personal Circumstances

### Living Arrangements (tick all that apply)

Lives with immediate family, no experience of care	<input type="checkbox"/>	Young person is privately fostered	<input type="checkbox"/>
Lives with immediate family, previous experience of care	<input type="checkbox"/>	Young person is a Care Leaver	<input type="checkbox"/>
Lives with extended family members, current experience of care	<input type="checkbox"/>	Lives in Supported/Semi Independent Accommodation	<input type="checkbox"/>
Young person is looked after / Foster Family	<input type="checkbox"/>	Young person is in Secure Accommodation	<input type="checkbox"/>
Young person is looked after / Residential Care	<input type="checkbox"/>	Lives in a Hostel or Bed and Breakfast	<input type="checkbox"/>
Other: give details	<input type="text"/>	Homeless	<input type="checkbox"/>

### Further information

### Education Training or Employment

School/College     Alternate Provision/PRU     Connexions/Youth Service     Employed     NEET

<b>Name of Provision</b>		<b>Named Contact</b>	
<b>Address</b>			

### Current Support for Young Person

Social Care ( Child Protection) <input type="checkbox"/>	Missing <input type="checkbox"/>	Health (Primary) <input type="checkbox"/>	Housing <input type="checkbox"/>
Social Care (Early Help) <input type="checkbox"/>	Police <input type="checkbox"/>	Health (CAMHS) <input type="checkbox"/>	Community Group <input type="checkbox"/>
Social Care (Other) <input type="checkbox"/>	Youth Offending <input type="checkbox"/>	Health (Sexual) <input type="checkbox"/>	Faith Group <input type="checkbox"/>
NSPCC <input type="checkbox"/>	CTAC <input type="checkbox"/>	Other	<input type="text"/>

### Further Information/contact details

## C: Experience of Violence, Abuse and Neglect

### Safeguarding Concerns (tick all that apply)

Past exploitation /rape/ serious sexual assault	<input type="checkbox"/>	Physical violence from family	<input type="checkbox"/>
Physical violence from boyfriend/girlfriend	<input type="checkbox"/>	Sexual Abuse from family	<input type="checkbox"/>
Gang involvement /suspected involvement	<input type="checkbox"/>	Neglect from family	<input type="checkbox"/>
Self-harm	<input type="checkbox"/>	Emotional abuse from family	<input type="checkbox"/>
Violent towards others	<input type="checkbox"/>	Family history of domestic violence	<input type="checkbox"/>
Peers are violent	<input type="checkbox"/>	Family history of mental health difficulties	<input type="checkbox"/>
Other please state:	<input type="checkbox"/>	Family history of substance abuse	<input type="checkbox"/>

Further information

Does young person have an allocated local authority social worker?

Yes

No

Unknown

Brief details of Care Status/ History

## D: Minority Ethnic Children

Children from minority ethnic backgrounds may be particularly vulnerable to sexual exploitation so, whilst the service is open to all young people, Protect and Respect practitioners are trained to understand and provide support that meets the needs of young people from minority ethnic backgrounds, including those who have been separated or trafficked, are unaccompanied or who are seeking asylum.

### Ethnicity

White British		White and Black Caribbean		African		Bangladeshi		Any other Asian background		Any other ethnic background	
White Irish		White and Black African		Caribbean		Indian		Chinese		Unknown	
Any other white background		White and Asian		Any other black background		Pakistani		Any other mixed background			

### Specific MEC Vulnerabilities (tick all that apply)

On-going fear of international/domestic traffickers	<input type="checkbox"/>	Influence/pressure from community or religious groups	<input type="checkbox"/>
On-going relationship with international/domestic traffickers	<input type="checkbox"/>	Concerns about honour-based violence	<input type="checkbox"/>
Asylum application	<input type="checkbox"/>	Concerns about forced marriage	<input type="checkbox"/>
Separated child	<input type="checkbox"/>	Concerns about female genital mutilation	<input type="checkbox"/>
Experiences of racism/ hate crime/ homophobia	<input type="checkbox"/>	Member of an isolated community	<input type="checkbox"/>
Isolated because of language	<input type="checkbox"/>	Isolated within own community	<input type="checkbox"/>

### Further information

Please note that this form is in a temporary format whilst we work to design a more accessible version. Thank you for your patience as we continue to develop Protect and Respect.