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| High_Res_CCC_Logo_v7_col01  **Details for SAFE Team referral & allocation panel** | |  | |
| The Safe Team is not an alternative to existing safeguarding processes and referrals. Any concerns relating to Child Criminal Exploitation should continue be referred into Children’s Social Care via the existing pathway.  Please note: The young person must stay open to the referrer and they remain the lead professional/case responsible during the Safer Relationships Team’s engagement. It is best practice that the child and parent/carer be made aware of and consent to this referral.  Please complete the SAFE Team form and send it with the completed CCE/CSE assessment tool to [YOSSafeReferral365@cambridgeshire.gov.uk](mailto:YOSSafeReferral365@cambridgeshire.gov.uk) Review/updated CCE/CSE assessment tools should also be sent to [METHub@cambridgeshire.gov.uk](mailto:METHub@cambridgeshire.gov.uk). If the child is not open to Children’s Services please follow the guidance on the CCE/CSE Assessment Tool and consider making a separate safeguarding referral to Children’s Social Care. | | | |
| The young person and their parent/carer should be made aware of this referral.  Please check the box to confirm this has been done. | | |  |
| Referrer Name: |  | | |
| Referrer agency/team: |  | | |
| **Child details** | | | |
| Child name: |  | | |
| Child contact number: |  | | |
| **Parent Details** | | | |
| Parent name: |  | | |
| Parent Address: |  | | |
| Contact number: |  | | |
| **Risk information** | | | |
| Any transportation risks identified: | | | |
| Any other risks related to the young person or family: | | | |
| Any known associates known to be involved/at risk of CCE: | | | |
| Known areas of risk/association for the young person: | | | |
| **Intervention and engagement** | | | |
| Please list any Interests/strengths that can be developed with the young person: | | | |
| Please provide a context of the young person’s history and current circumstances (Trauma, influence, education, family, care, behavior, medical, mental health): | | | |
| Are there any barriers to attendance and engagement (transport, language, risk, disability etc): | | | |
| Please list any recent or current services, support or agencies who have been involved with the young person: | | | |

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| |  | | --- | | **Young person & parent/carer views** | | Where possible please speak with the young person and ask for their views on the below questions:  How safe do you feel? (1 not at all, 10 very)  1 2 3 4 5 6 7 8 9 10  How happy and content do you feel? (1 is not at all, 10 very)  1 2 3 4 5 6 7 8 9 10  How well supported do you feel? (1 is not at all, 10 very)  1 2 3 4 5 6 7 8 9 10  Do you feel you have legitimate opportunities for your future? (1 being no and 10 being lots)  1 2 3 4 5 6 7 8 9 10  How well supported are you with any emotional and mental health needs? (1 - not at all and 10 – very well supported)  1 2 3 4 5 6 7 8 9 10  How well do other people understand you? (1 – not at all and 10 – very well)  1 2 3 4 5 6 7 8 9 10 | | Where possible please speak with the young person’s parent or carer and ask for their views on the below questions:  How safe do you feel your child is? (1 not at all, 10 very)  1 2 3 4 5 6 7 8 9 10  How happy and content do you think they are? (1 not at all, 10 very)  1 2 3 4 5 6 7 8 9 10  How well supported do you feel your family is? (1 not at all, 10 very)  1 2 3 4 5 6 7 8 9 10  How well supported do you feel your child is? (1 not at all, 10 very)  1 2 3 4 5 6 7 8 9 10  Do you feel your child has legitimate opportunities for the future? (1 being no and 10 being lots)  1 2 3 4 5 6 7 8 9 10  How well supported is your child with any emotional and mental health needs? (1 - not at all and 10 – very well supported)  1 2 3 4 5 6 7 8 9 10  How well do other people understand your child’s difficulties? (1 – not at all and 10 – very well)  1 2 3 4 5 6 7 8 9 10 | |