



## **Referral Form and Request for Advice for Professionals - CLEAR and Secure** *Child and Young Person Sexual Exploitation Service*

CLEAR and Secure offer support to children and young people (CYP) at risk of, or currently experiencing child sexual exploitation. We do this through 121 support, group work and parent/carer support depending on the needs of the child.

**We also offer advice and support to professionals and parents/carers where the child or young person has not consented to the referral - allowing work around child sexual exploitation to be delivered through a named worker.**

### **CLEAR and Secure Referral Process:**

1. Referrer to complete referral form and CLEAR and Secure's Risk Assessment Toolkit - the referral form is preferably to be completed with child/young person and parent/carer if appropriate.
2. CLEAR and Secure will acknowledge receipt of referral within 7 days and an initial advice session will be arranged.
3. Initial advice session to take place within 14 days of receipt of referral with child/young person and referrer. Parent/carer will also be invited if appropriate.
4. Referrer, child/young person and parent/carer (if appropriate) will be advised of outcome of assessment in writing within 7 days of assessment. They will be offered a service, added to the waiting list or signposted to a more appropriate service dependent on level of need.

### **Guidance for completing this referral form:**

CLEAR and Secure strive to keep children and young people at the heart of our service, and involve them throughout their support. We would be grateful if you could complete this referral form alongside them. However, we realise that this sometimes isn't possible or appropriate and we would appreciate it if you could tell us reasons for not involving them in the referral in the 'additional comments' section.

Similarly, we also offer guidance and support for professionals, parents and carers around understanding child sexual exploitation, and we try to involve parents and carers throughout the referral and support process where appropriate. Again, we realise this isn't always possible or appropriate and would appreciate it if you could tell us reasons for not involving them in the 'additional comments' section.

Type of support required - Please tick all that apply.

Has consent been given?

- Advice and support for professional
- Advice and support for young person
- Advice and support for parent / carer

- Choice 1
- Choice 2
- Choice 3

## Details of child or young person

Name

Date of Birth

Age

Address

Telephone number

Email Address

Preferred method of contact

Gender

Sexuality

Ethnicity

White

Mixed / multiple ethnic groups

Asian / Asian British

Black / African / Carribean / Black British

Prefer not to state

Other:

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Known to social care?

Yes

No

Is the child or young person aware of this referral?

Yes

No

Has this form been completed with the child or young person?

Yes

No

Has the child or young person been involved in a CAF or TAC?

Yes

No

Is the child or young person subject to a child protection plan?

Yes

No

If yes - Please give details

(If you are a parent or young person making your own referral you can tick this box and skip to the next page)

### Details of Referrer

Name

Organisation

Role

Address

Phone number

E-mail

Preferred method of contact

How long have you known the child or young person?

What support have you been offering the child or young person?

Will this support continue if CLEAR & Secure offer support?

Yes  
At a later date

No

What support have you been offering the family?

Will this support continue if CLEAR & Secure offer support?

Yes

No

At a later date

## Details of primary parent / carer 1

Name

Relationship to child /  
young person

Address - (if different to  
child / young person's  
address)

Phone number

E-mail

Preferred method of  
contact

Gender

Additional needs to be  
considered for  
communications

Are they aware of this referral?	Yes	No
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Has this form been completed with primary carer 1?	Yes	No
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Would they like to be contacted throughout the referral and assessment process?	Yes	No
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Would they like to recieve support and advice around CSE from CLEAR and Secure	Yes	No
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Any additional  
comments

## Details of primary parent / carer 2

Name

Relationship to child /  
young person

Address - (if different to  
child / young person's  
address)

Phone number

E-mail

Preferred method of  
contact

Gender

Additional needs to be  
considered for  
communications

Are they aware of this referral?	Yes	No
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Has this form been completed with primary carer 2?	Yes	No
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Would they like to be contacted throughout the referral and assessment process?	Yes	No
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Would they like to recieve support and advice around CSE from CLEAR and Secure	Yes	No
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Any additional  
comments

## Details of other support offered to child / young person and family

Name 1

Organisation

Role

Phone number

E-mail

Details of support  
offered and to whom

Permission to contact            Yes            No

Is this support provider  
aware of this referral?        Yes            No

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Name 2

Organisation

Role

Phone number

E-mail

Details of support  
offered and to whom

Permission to contact            Yes            No

Is this support provider  
aware of this referral?        Yes            No

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Name 3

Organisation

Role

Phone number

E-mail

Details of support  
offered and to whom

Permission to contact            Yes            No

Is this support provider  
aware of this referral?        Yes            No

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Name 4

Organisation

Role

Phone number

E-mail

Details of support  
offered and to whom

Permission to contact            Yes            No

Is this support provider  
aware of this referral?        Yes            No

## **Further information**

What are your concerns for the child / young person in relation to child sexual exploitation?

What is the child / young person's attitude towards / awareness of their situation ?

Please give details of the child / young person's current living situation including any risk at the address.

Please give details of the child / young person's current education / volunteering / employment.

Please give details of any physical or mental health needs. Please include history and current self harm, suicidal thoughts or attempts.

Please give details of any additional needs of the child or young person including language, literacy or learning difficulties



What support do you feel the child / young person / family requires from CLEAR & Secure?

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**Signatures**

Child / Young Person's  
Signature

Date

Parent / Carer's  
Signature

Date

Parent / Carer's  
Signature

Date

Referrer's Signature

Date

Please send this form, along with the Risk Assessment Toolkit to:

[clearandsecure@clearsupport.net](mailto:clearandsecure@clearsupport.net)

CLEAR and SECURE  
PO BOX 706  
Truro  
TR4 9NF  
07860 941 489

**For Office Use Only:**

Date referral recieved  Signature

Date contact made with referrer  Signature

Date contact made with CYP  Signature

Date contact made with parent / carers  Signature

Assessment arranged for:  Signature

Assessment completed  Signature

Referrer notified of assessment outcome  Signature

CYP notified of assessment outcome  Signature

Parent / carers notified of assessment outcome  Signature

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Outcome of assessment

Support offered                      Yes              No

Added to waiting list                Yes              No

Date of support commencement

Support declined?                    Yes              No

Signposted to :