**CATE Referral Form**

Please email completed referral form to: [familyconnect@telford.gov.uk](mailto:familyconnect@telford.gov.uk)

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| Date of referral to Family Connect Safeguarding: | | | | | | | | | | |  | | | | | | | |
| Date of CATE Team consultation: | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Referrer Details:** | | | | | | | | | | | | | | | | | | |
| Referrer’s Name | | |  | | | | | | | | | Job Title | | |  | | | |
| Referring Agency | | |  | | | | | | | | | Date of Referral | | |  | | | |
| Telephone Number | | |  | | | | | | | | | Email Address | | |  | | | |
| Agency Address | | |  | | | | | | | | | | | | | | | |
| **Young Person’s Details:** | | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | Surname | | | | | | Other Names | | | | | |
| Date of Birth | | Age | | | | Gender | | | Details of Education/Employment/Training | | | | | | | | | |
| Young Person’s current address  Post code: | | | | | | | | | | | | | | | | | HUB | |
| Hadley Castle |  |
| Wrekin |  |
| Lakeside South |  |
| Young Person’s current contact numbers (Home / Mobile): | | | | | | | | | | | | | | | | | | |
| Details of any dependents? | | | | | | | | | | | | | | | | | | |
| Ethnicity **To insert a cross in the check boxes hover over the box and double click, then select “checked”** | | | | | | | | | | | | | | | | | | |
| White British | | | | | Indian | | | | | White/Black Caribbean | | | | | | Caribbean | | |
| White Irish | | | | | Pakistani | | | | | White/Black African | | | | | | African | | |
| White Other (Specify) | | | | | Bangladeshi | | | | | White/Asian | | | | | | Black Other (Specify) | | |
| Asian Other (Specify) | | | | | Mixed Other (Specify) | | | | | |
| Chinese | Other ethnic group (Specify) | | | | | | | | | | | | | | | | | |
| **Parent / Carer Details:** | | | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | | | | | | | | |
| Address:  (including post code) | | | |  | | | | | | | | | | | | | | |
| Contact Number: | | | |  | | | | | | | | | | | | | | |
| Name of person Young Person is living with: | | | |  | | | | | | | | | | | | | | |
| Relationship to Young Person: | | | |  | | | | | | | | | | | | | | |
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| **Consent**  **Parent/Carers/Young Person MUST be informed of this referral** | | | | | | | | | | | | | | | | | | |
| Parent/Carers Consent | | | | | | | | Yes | | | | | | No | | | | |
| Young person consented to referral | | | | | | | | Yes | | | | | | No | | | | |
| **Social Care Details** | | | | | | | | | | | | | | | | | | |
| Known to Children’s Social Care: | | | | | | | | | Yes | | | | | No | | | | |
| Social Worker Details: | | | | | | | | Name: | | | | | | Contact Details: | | | | |

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| **Other Agency Involvement:** | | |
| Agency: | Agency Contact: | Contact Details: |
| Agency: | Agency Contact: | Contact Details: |
| Agency: | Agency Contact: | Contact Details: |
| **Risk Indicators and details of Child Exploitation**  Please complete information in the relevant sections below | | |
| 1. Association with risky peers/adults   (please add full names, context, location and frequency any indicators of coercive/controlling behaviour) | | |
| 1. Missing from home/care   (please add length/frequency/unreported and location if known) | | |
| 1. Concerns with education/employment/training   ( Please add provision attended, Exclusions, modified timetable, specific concerns, educational needs) | | |
| 1. Unexplained gifts/items   (please provide details –include food/travel/train/bus tickets) | | |
| 1. Offending behaviour   (Please provide details, any information relating to carrying weapons? Youth Justice involvement?) | | |
| 1. Emotional & Physical Welling   (Please provide details of emotional well-being needs, self-harm, current or historical, support in place, any significant bereavement, physical assaults or unexplained injuries) | | |
| 1. Concern regarding use of internet/social networking sites   (Please provide details) | | |
| 1. Relationship breakdown parents/carers   (Please provide details) | | |
| 1. Change in behaviour   (Please describe changes eg: change in appearance/presentation, more withdrawn/extrovert etc) | | |
| 1. Substance/alcohol misuse   (Please provide details, current/historical, factual or suspected) | | |
| 1. Associating with others at risk of/being exploited   (Please provide full names and context) | | |
| 1. Lack of engagement with Services   (eg Sexual health, social worker, Stars, Support worker) | | |
| 1. Previous abuse   ( Please consider all Adverse Childhood Experiences) | | |
| 1. Young Persons awareness of risk   (Please provide details of your discussion with the Young Person in respect of this referral ensuring that the language used is non victim blaming ) | | |

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| **Other relevant information** |
| **PLEASE INCLUDE YOUR VIEW ON HOW PARENTS/CARERS ARE RESPONDING TO THE ISSUES OF EXPLOITATION** |
| **For Safeguarding use ONLY**  **Please cut & paste further information from Protocol** |
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