

## Appendix 4

### Children Abused through Sexual Exploitation

#### REFERRAL FORM

**Child's name:**

**Date of birth:**

**Ethnicity:**

**Address:**

**Legal status:**

**School / college:**

**Parent/carer:**

**Date of first contact with LA children's social care:**

**Date of current referral to LA children's social care:**

**Social worker:**

**Supervisor:**

**CPO comments on concern:**

**Category of risk:** vulnerable to sexual exploitation

sexually exploited

sexually exploited (entrenched)

**Advice:** NFA within the protocol

Prevention work (give details below)

MAP meeting

**Date of MAP meeting:**

**Date of advice:**

**Signed:** .....

## **Children Abused through Sexual Exploitation**

### **MULTI-AGENCY PLANNING MEETING**

#### **INITIAL AGENDA**

##### **Guidance notes**

- Information given at this meeting is confidential. Matters discussed here should only be disclosed to professional colleagues with a real need to know.
- This borough has an equal opportunities policy. It is important that everyone at the conference is treated with mutual respect giving due regard to race, religion, language, culture, gender, sexuality and disability. Discriminatory attitudes, opinions or language expressed at this meeting will be challenged.
- All participants will be invited to contribute any information they have. Information not presented openly at the meeting cannot be considered in assessing risk. It is important that it is clear from individual contributions what is fact and what is opinion.

- 1. Introduction and status of meeting**
- 2. Apologies**
- 3. Factual information / details**
- 4. Reason for convening MAP**
- 5. Indicators developed**
- 6. Sexual health concerns**
- 7. Family awareness / response to risks**
- 8. Child protection considerations**
- 9. Potentially involved adults**
- 10. Risk discussion**
- 11. Chairs summary (including level of risk)**
- 12. Decisions and recommendations**
- 13. Review date**

**Children Abused through  
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**MINUTES OF MULTI-AGENCY PLANNING MEETING**

**Date of meeting:**

**Venue:**

**A. Basic information**

**Child's name:**

**Date of birth:**

**Ethnicity:**

**Address:**

**Legal status:**

**School / college:**

**Parent / carer:**

**Social worker:**

**Supervisor: Date**

**of referral:**

**Agencies involved:**

**B. Record of attendance**

<b>Name of attendee</b>	<b>Agency</b>	<b>Address</b>	<b>Present / absent</b>

**C: Minutes of meeting**

**D: Chair's summary**

**E: Decisions / recommendations**

**i) Level of risk:**    At risk        Medium risk        High risk   

**ii) Concerns about trafficking:**

**iii) Potentially involved adults:**

- iv) Outcome:**
- Remain within this procedure
  - Consideration of initiating child protection procedures
  - No further action under this procedure

**Children Abused through  
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**MULTI-AGENCY REVIEW MEETING**

**REVIEW AGENDA**

**Guidance notes**

- Information given at this meeting is confidential. Matters discussed here should only be disclosed to professional colleagues with a real need to know.
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- All participants will be invited to contribute any information they have. Information not presented openly at the meeting cannot be considered in assessing risk. It is important that it is clear from individual contributions what is fact and what is opinion.

- 1. Introduction and status of meeting**
- 2. Apologies**
- 3. Changes to factual information/details**
- 4. Significant incidents**
- 5. Agency feedback**
- 6. Family situation update**
- 7. Update on involved adults**
- 8. Risk discussion**
- 9. Chairs summary**
- 10. Decisions and recommendations**
- 11. Review date**