The Contextual Safeguarding Operational Group is a multi-agency meeting where children for whom Contextual Safeguarding Screening Tools have been completed are discussed. It also serves to identify those suspected of perpetrating child exploitation and locations where exploitation may be occurring and then actively disrupt this.

This form should be used by practitioners to request that a **‘person of interest’** e.g. a potential exploitation perpetrator,a **specific location** where exploitation is thought to be occurring or **a group** be discussed at the Operational Group.

Any referrals for children at risk of exploitation should be submitted via completion of the Contextual Safeguarding Assessment Tool. NB. The Operational Group will only consider a multi-agency flag once there has been a holistic assessment of the risk supported by use of the Screening tool.

Please complete the form with all the information you are aware of. If you do not know the full name/address/DOB for the perpetrator or victim, or the exact address of the location, include what information you do know i.e. a person’s description, nickname, approx. age, places frequented, vehicles they are linked to.

**WHAT IS YOUR REQUEST FOR?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Consideration of a multi-agency flag for a victim** |  | **Suspected perpetrator to be discussed** |  | **Location to be discussed** |  | **Group to be discussed** |  |

**DETAILS OF SUSPECTED PERPETRATOR(S):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **Ethnicity** | **Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**DETAILS OF CHILDREN RELEVANT TO THIS REFERRAL:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Ethnicity** | **Address** | **CE Screening tool complete?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**DETAILS OF A LOCATION WHERE CHILD EXPLOITATION IS BELIEVED TO BE OCCURRING:**

|  |  |
| --- | --- |
| **Location:** |  |

**BRIEF SUMMARY OF THE CONCERNS:**

|  |
| --- |
|  |

**DETAILS OF REFERRER:**

|  |  |
| --- | --- |
| **Referrers Name:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Agency:** |  |
| **Date of Referral:** |  |

Please complete and send to Cheshire Police Vulnerability Hub:

Vulnerability.Hub@cheshire.police.uk