REACH Team Protocol for CSE Referral

Young people must be open to social care with a named social worker

Social worker/Family Practitioner completes the CSE Risk Indicator M7 form on carefirst assessments (as per peninsula protocol - carefirst electronic version M7) then send a carefirst message in relation to the YP to CSEMISS requesting that the form be viewed as a referral

REACH team will contact referring Social worker/Family Practitioner to determine outcome – either consultation or 1-2-1 direct REACH input

Consultation Work agreed (support the case named Social worker/Family Practitioner with the direct work) Agreed that REACH specialist intervention required (1-2-1 direct working)

REACH worker and named Social worker/Family Practitioner will arrange a review meeting to agree a CSE intervention

REACH worker to agree plan of work with named Social worker/Family Practitioner and the REACH worker will undertake this

- The consultation supported working process allows for the expertise of the limited REACH team resources to influence a higher proportion of cases.
- It ensures that staff are directed towards resources that are known to work well with young people and current.
- Bespoke intervention plans are produced based on the needs identified via the Risk indicator tool *.
- By supporting Social workers/Family Practitioners in locality their skills and knowledge in this area is increased better equipping them to recognise and support young people experiencing CSE.
- Over time this should up skill the general workforce.

*The risk indicator tool includes a scoring system. It is important to note that the scoring system is not used to determine if intervention is required. That decision is made on the presenting facts and the risk of harm they communicate

- The scoring system helps identify areas that require intervention i.e. substance use
- The REACH team use the form during case reviews a reduction in score indicates a reduction in risk and is viewed as a positive indicator