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|  | **Multi Agency Safety Planning Meeting**  **re Missing and CSE** |

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| **Name of child** | |  | | | | | **Age** |  | | **Fwi Number** | | |  | | | | | | |
| **Date** | |  | | | | | **Time** |  | | **Venue** | | |  | | | | | | |
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| **Has a CSE risk assessment been completed?** | | | | | | | | | | | | | | | **Yes** | | | | **No** |
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| **What is the current level of risk?** | | | | | | | | | | | | | | | | | | | |
| **High Risk of CSE** – Screening and risk assessment indicates evidence that the child is actively being sexually abused. Should be level 4 on continuum of need and will require a Children’s Social care intervention.  **Medium Risk** **of CSE**– Screening and risk assessment indicates evidence that the child maybe being sexually abused or at significant risk of exploitation. Level 3 or 4 on the continuum of need requiring a Social worker or named lead professional.  **Low Risk** **of CSE** – Screening and risk assessment indicates evidence that the child may be vulnerable to exploitation and sexual abuse. Level 3 or 2 on the continuum of need and will need a named lead professional.  No Risk of CSE, however Child frequently goes **Missing** | | | | | | | | | | | | | | | | | |  | |
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| **What’s working well? Have any risks reduced?** | | | | | | | | | | | | | | | | | | | |
| ***What CSE/Missing risks were identified in the CSE screening tool?*** | | | | | | | | | | | | | | | | | | | |
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| ***Was a safety plan developed – What from this has worked well?*** | | | | | | | | | | | | | | | | | | | |
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| ***Have any of the identified risks reduced?*** | | | | | | | | | | | | | | | | | | | |
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| ***What has helped to reduce the risks (if additional from above)?*** | | | | | | | | | | | | | | | | | | | |
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| ***Who has helped to reduce the risks to the child (i.e. YOT, CSC, Police, Parents, School, safety plan etc.)?*** | | | | | | | | | | | | | | | | | | | |
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| **What are we worried about? Have any risks increased?** | | | | | | | | | | | | | | | | | | | |
| ***Have any of the identified risks increased?*** | | | | | | | | | | | | | | | | | | | |
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| ***Why have the risks increased?*** | | | | | | | | | | | | | | | | | | | |
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| ***What other risk factors have now been identified?*** | | | | | | | | | | | | | | | | | | | |
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| **Are there known locations the child goes to?** | | | | | | | | | | | | | | | | | | | |
| ***List locations;*** | | | | | | | | | | | | | | | | | | | |
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| ***Are police and other agencies concerned about the locations? If yes, why?*** | | | | | | | | | | | | | | | | | | | |
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| **What other risks or complicating factors have been identified?** | | | | | | | | | | | | | | | | | | | |
| ***Are there any other factors that have contributed to increased risk (i.e. people of concerns, substance misuse, secrecy, emotional well-being, criminal activity)?*** | | | | | | | | | | | | | | | | | | | |
| **Is child attending school/college/appropriate provision**  **/ absconding from school / not in education?** | | | | | | | | | | | | | | | | | | | |
| ***Is the child of statutory school age?*** | | | | | | | | | | | | | | | | | | | |
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| ***Are they attending school? How many hours a day/week?*** | | | | | | | | | | | | | | | | | | | |
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| ***Do they have an EHCP or additional education needs?*** | | | | | | | | | | | | | | | | | | | |
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| ***Is there a plan around non-attendance and engagement in suitable activities?*** | | | | | | | | | | | | | | | | | | | |
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| **Is child linked to other children we are worried about? If so, enter name(s)** | | | | | | | | | | | | | | | | | | | |
| ***Names of children and evidence why are we worried?*** | | | | | | | | | | | | | | | | | | | |
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| ***Are these other children/YP known to CSC or other agencies?*** | | | | | | | | | | | | | | | | | | | |
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| **Is child linked to any suspected/alleged perpetrators of CSE or crime? If so, enter name(s)** | | | | | | | | | | | | | | | | | | | |
| ***Names of children and evidence why are we worried?*** | | | | | | | | | | | | | | | | | | | |
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| ***Names and are they known to police or other agencies? Are we clear about what is evidenced risk and what may be assumptions*** | | | | | | | | | | | | | | | | | | | |
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| **Safety Plan / Trigger Plan** | | | | | | | | | | | | | | | | | | | |
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| **Detailed Actions relating to each risk –**  **include trigger plan for missing if appropriate**    **(include actions child and family will take)** | | | | | | | | | | | | | **By Whom?** | | | **By When?** | | | |
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| **Contingency and Crisis Plan** | | | | | | | | | | | | | | | | | | | |
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| **If there is a family crisis or the safety plan is not working, what is the recovery plan?** | | | | | | | | | | | | | | | | | | | |
| ***Give detail of who will do what by when if the above plan is not working in order to get plan back on track.*** | | | | | | | | | | | | | | | | | | | |
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| ***Is there anything else that needs to happen – If so by whom and when?*** | | | | | | | | | | | | | | | | | | | |
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| **Next Meeting** | | | | | | | | | | | | | | | | | | | |
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| **Date** |  | | **Time** | | |  | | | **Venue** | |  | | | | | | | | |
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| **PLEASE SEND A COPY OF THIS MAP TO THE CSE HUB –**    **CSEHUB@WESTSUSSEX.GCSX.GOV.UK** | | | | | | | | | | | | | | | | | | | |
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| **Present at this meeting** | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | **Contact Details** | | | | | | **Email Address** | | | **Work Phone Number** | | | | | |
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| **Apologies** | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | **Contact Details** | | | | | | **Email Address** | | | **Work Phone Number** | | | | | |
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| **EMERGENCY CONTACTS** | | | | | | | | | | | | | | | | | | | |
|  | | | | MASH: | | | | | | | | 01403 229 900 | | | | |  | | |
|  | | | | EDT (evenings & weekends): | | | | | | | | 0330 222 664 | | | | |  | | |
|  | | | | SW / Lead Professional: | | | | | | | |  | | | | |  | | |
|  | | | | Police Lead Officer: | | | | | | | |  | | | | |  | | |
|  | | | | Duty SW / LP: | | | | | | | |  | | | | |  | | |