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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** |       |
|   |
| **Has a CSE risk assessment been completed?** | **Yes** | **No** |
| [ ]  | [ ]  |
|   |
| **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** |  [ ]  [ ] [ ]  [ ]  |
|   |
| **What’s working well? Have any risks reduced?** |
| ***What CSE/Missing risks were identified in the CSE screening tool?*** |
|       |
| ***Was a safety plan developed – What from this has worked well?*** |
|       |
| ***Have any of the identified risks reduced?*** |
|       |
| ***What has helped to reduce the risks (if additional from above)?*** |
|       |
| ***Who has helped to reduce the risks to the child (i.e. YOT, CSC, Police, Parents, School, safety plan etc.)?*** |
|       |
| **What are we worried about? Have any risks increased?** |
| ***Have any of the identified risks increased?*** |
|       |
| ***Why have the risks increased?*** |
|       |
| ***What other risk factors have now been identified?*** |
|       |
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| **Are there known locations the child goes to?** |
| ***List locations;*** |
|       |
| ***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?*** |
|       |
| ***Are they attending school? How many hours a day/week?*** |
|       |
| ***Do they have an EHCP or additional education needs?*** |
|       |
| ***Is there a plan around non-attendance and engagement in suitable activities?*** |
|       |
|   |
| **Is child linked to other children we are worried about? If so, enter name(s)** |
| ***Names of children and evidence why are we worried?*** |
|       |
| ***Are these other children/YP known to CSC or other agencies?*** |
|       |
|   |
| **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?*** |
|       |
| ***Names and are they known to police or other agencies? Are we clear about what is evidenced risk and what may be assumptions*** |
|       |
| **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.*** |
|       |
| ***Is there anything else that needs to happen – If so by whom and when?*** |
|       |
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| **Next Meeting** |
|   |
| **Date** |       | **Time** |       | **Venue** |       |
|   |
| **PLEASE SEND A COPY OF THIS MAP TO THE CSE HUB –** **CSEHUB@WESTSUSSEX.GCSX.GOV.UK** |
|   |
| **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: |       |  |