

Child Exploitation Screening Tool for all agencies (Part A)

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| If you suspect anyone is in immediate danger, call the Police on 999. If a child/young person is currently at risk of significant harm, including from CSE or exploitation, refer immediately to your West Sussex MASH (Multi Agency Safeguarding Hub). |

**What is this tool?**

This is a screening tool that you can use to help you decide whether a child or young person may be at risk of child sexual exploitation (CSE) or other forms of exploitation in a quick and consistent manner. Other forms of exploitation may include criminal exploitation (such as the child being groomed/forced to steal items as requested) or drugs exploitation (groomed to supply drugs within and across counties). Not all forms of child exploitation involve adults, sometimes other children may exploit vulnerable children. It is a simple set of questions to use as a prompt when talking to a child or young person. Please use this in conjunction with the Child Exploitation Screening Tool and Risk Assessment Guidance. The behaviours chart in the guidance should be used to help you establish the level of risk and check if there are indicators of exploitation within a young person’s life from the evidence you have.

Please ensure that the West Sussex Multi Agency Child Sexual Exploitation Procedures and guidance for professionals working with children are followed and this document is uploaded to your recording system and a copy sent to [csehub@westsussex.gcsx.gov.uk](mailto:csehub@westsussex.gcsx.gov.uk)

**Part A** CE Screening Tool

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General details** | | | | | | | | | | | |
| Name and role of worker completing screening tool | |  | Agency and contact details | | |  | | | | | |
| Child/Young Person’s name/alias/known as | |  | Date form completed | | |  | | | | | |
| Age | |  | D.O.B | | |  | | | | | |
| Home address | |  | Current address (if different to home) | | |  | | | | | |
| Contact number | |  | Gender | | |  | | | | | |
| Ethnicity | |  | Religion | | |  | | | | | |
| **Vulnerability Factors**  If you tick a box please give rationale in the details section | | | | | | | | **Please tick** | | | |
| Current | | Historic | |
| Unsuitable/inappropriate accommodation/sofa surfing | | | | | | | |  | |  | |
| Isolated from peers/family/social networks | | | | | | | |  | |  | |
| Involvement in criminal activities and/or at risk of gang involvement | | | | | | | |  | |  | |
| Breakdown of family relationships | | | | | | | |  | |  | |
| **Historic Vulnerability Factors** | | | | | | | | Yes | | No | |
| History of Child Protection involvement in relation to neglect, physical or emotional abuse | | | | | | | |  | |  | |
| Family history of domestic abuse and/or substance misuse and/or mental health difficulties | | | | | | | |  | |  | |
| Sexual abuse (during childhood) | | | | | | | |  | |  | |
| History of Local Authority care | | | | | | | |  | |  | |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Significant Risk Indicators (please refer to behaviours chart)**  If you tick a box please give rationale in the details section | | | | **No**  **Risk** | **Low**  **Risk** | | **Med**  **Risk** | | **High**  **Risk** | | **Historic** |
| Periods of going missing day or night | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Relationship of concern with a controlling adult or young person, which  might involve physical and/or emotional abuse and/or gang activity | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Entering/leaving vehicles driven by unknown/concerning adults  (not car theft) | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Unexplained Gifts/possessions i.e. amounts of money, online currency,  clothes, drugs and/or alcohol or other items | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Frequenting areas known for risky activities | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Groomed/abused via the Internet and/or mobile technology | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Having unexplained contact with hotels, taxi companies or fast food  outlets | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Additional Risk Indicators** | | | | **No**  **Risk** | **Low**  **Risk** | | **Med**  **Risk** | | **High**  **Risk** | | **Historic** |
| Whereabouts unclear or unknown – day and/or night | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Unexplained absences or exclusion from school or not engaged in  Education, employment or training | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Multiple callers attending the Young Person’s accommodation or calling | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Physical injuries without plausible explanation | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Sexually transmitted infections | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Pregnancies / termination of pregnancies | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Drug Misuse | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Alcohol Misuse | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Self-harming and/or suicide attempts and/or eating disorders | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Use of a mobile phone which causes concern – including sexting/multiple phones/sims | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Unsafe use of internet | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Being sexually assaulted | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Disclosure of sexual/physical assault followed by withdrawal of allegation/refusal to cooperate with prosecution | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Risky or concerning sexual behaviour | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Lack of awareness around personal safety | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Peers involved in sexual exploitation and/or risky or criminal behaviours | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Failing to respond to attempts by workers to engage them and keep in touch | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| A&E attendance because of alcohol or drug misuse or mental health | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Being accompanied to appointments by unknown people | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Association with gang members or part of organised criminal activity | | | |  |  | |  | |  | |  |
| **Details** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Any Other Concerns** | | | | | | | | | | | |
|  | | | | | | | | | | | |

Please use your professional judgement to reflect upon the indicators you have ticked above and consider the health, welfare and safety of the child in question.

**Part B** CE Risk Assessment

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General details** | | | | | | | | | | | | | | |
| Number of risk  assessments completed | |  | | | | Date completed | | |  | | | | | |
| Mosaic Reference Number | |  | | | | Hollistix or other relevant Reference Number e.g. NHS | | |  | | | | | |
| Parent/Carer name | |  | | | | Legal status | | |  | | | | | |
| SEND  (If yes please give details) | | **Yes** |  | **No** |  | Sexuality | | |  | | | | | |
|  | | | |
| Young Carer  (If yes please give details) | | **Yes** |  | **No** |  | Legal status  (Please include  Parent Local authority) | | |  | | | | | |
|  | | | |
| Details of perpetrators,  People, locations or  Vehicles of concern | |  | | | | | | | | | | | | |
| Details of other people  at potential risk | |  | | | | | | | | | | | | |
| Details of  friends/associates  of young person | |  | | | | | | | | | | | | |
| **Risk assessment rating-Please note the overall level of risk of**  **exploitation and in the details explain the nature of the**  **exploitation and summarise the rationale.** | | | | | | | **No**  **Risk** | **Low**  **Risk** | | | **Med**  **Risk** | | **High**  **Risk** | |
| Agreed risk rating and type of exploitation with manager or safeguarding lead for child protection. Please confirm type of exploitation and level of risk for each type | | | | | | |  |  | | |  | |  | |
| **Details** |  | | | | | | | | | | | | | |
| How does the child view their behaviours? Do they express any worries or  fears? | | | | | | |  | | | | | | | |
| Is risk increasing or decreasing? | | | | | | |  | | | | | | | |
| If evidence of sexual abuse or significant harm ensure Child protection  procedures have been followed. E.g. Consideration of S47 investigation | | | | | | |  | | | | | | | |
| Is there evidence of peer on peer abuse or complex abuse?  Refer to Pan Sussex procedures for guidance (Sections 8.7 and 8.8) | | | | | | |  | | | | | | | |
| **Other services involved** | | | | | | | | | | | | | | |
| Name/agency | |  | | | | Contact details | | |  | | | | | |
| Name/agency | |  | | | | Contact details | | |  | | | | | |
| Name/agency | |  | | | | Contact details | | |  | | | | | |
| Name/agency | |  | | | | Contact details | | |  | | | | | |
| Name/agency | |  | | | | Contact details | | |  | | | | | |
| Name/agency | |  | | | | Contact details | | |  | | | | | |
| **Actions** | | | | | | | | | | | | | | |
| Multi Agency Action/safety  Plan Completed? | | **Yes** |  | **No** |  | Review meeting date | | |  | | | | | |
| Form uploaded to recording  System? | | **Yes** |  | **No** |  | Copy sent to CSE Hub  email? | | | **Yes Yes** |  | | **No** | |  |
| **Any additional details** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

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