

Spotting the Signs: Child Sexual Exploitation and Child Criminal Exploitation

Initial draft version tool **V15**

Confidentiality discussed and understood:		
Client ID:		
D.O.B:	Gender:	Ethnicity:
Additional considerations and known adversities:		
Face to face, telephone or online discussion/consultation:		
Has anyone attended with the young person today? If so what is the relationship with this person? Are there any concerns?		
Essential Safety Questions – Please use professional judgement - see guidance.		
Section 1		
How are you? How do you feel in yourself and how are you coping in your day to day life?	Is there anything that you are worried about or anything or anyone that is frightening you or makes you feel unsafe?	Do you go anywhere or have been in any situations where you don't feel safe?
Is there anything you are doing or involved in or that you are being made to do that you are worried about or could get you in to trouble?	Do you have any worries about your physical, emotional and mental wellbeing or safety?	What is going well in your life? Is there anything else that you would like to talk about that I may be able to help with?
Exploration and Assessment		
Section 2		
Education, Employment and Training		
Do you attend school/education/home education /pupil referral unit/college/training/employment? <ul style="list-style-type: none"> Do you attend regularly? (If not, how do you spend your day, who with and what do you 	Is there anything at school/education/ home education/ pupil referral unit/college/training/employment that you struggle with and/or find difficult? <ul style="list-style-type: none"> Has anything changed? (for example activities take part in/school grades)? 	

<ul style="list-style-type: none"> Do and do parents/carers know where you are)? Do you enjoy it? Do you feel safe there? How do you get along with the people there:- teachers/peers? Any changes to your friendship groups? 	<ul style="list-style-type: none"> Is there anyone there who you can talk too? Is anyone at school/education/home education/pupil referral unit/college/training/employment worried about you and or have any concerns about you? 	
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Family Relationships

<p>Where do you live?</p> <ul style="list-style-type: none"> Who do you live with? Are you care experienced, living in foster care, a young carer or living in shared living? How long have you lived/been there? Have you had to move around? Do you feel settled there? How are things where you live? How does everyone get on? Is there anybody or anything that frightens you or you feel threatened by? 	<p>Do you feel like you can talk to someone where you live about things that are important to you or you might need help with? Do they know where you are when you are out?</p> <ul style="list-style-type: none"> Have you ever been missing from home or school and has a professional ever completed a return home interview with you? Is anyone at home/where you live worried about you and/or have any concerns about you? Are you worried about anyone who cares for you? Is there anyone and/or any professionals who supports you and/or your family? Could you tell us why they are involved? Do you consent for us to contact them? Yes/No: Comments: 	
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Commented [SL1]: Should they be worried – add to guidance.

Commented [SL2]: Could add to guidance - Feels like this might be an important question to prompt discussions around possible parental/carer issues (young carer, parental mental health/DV/D&A etc) – In the context of CCE/CSE this could be a push/pull factor).

Friendships

<p>Who are your friends, who do you spend time with? How would you describe your friendships? Tell me more about your friends.</p> <ul style="list-style-type: none"> Do you have one close/special friendship with a particular person? Do you have friends who you can talk to? How do you keep in contact with friends? Online (e.g. web and text)? How do you spend time with your friends? (Clubs, social groups, gaming etc.)? Who would pay for any activities that you take part in? Are there any age differences with you and your friends/friendship groups? Do you have any new friends and/or friendship groups? 	<p>Do you feel safe in the area where you live & associate?</p> <ul style="list-style-type: none"> Are any of your friends worried about you or have any concerns about you? Is anyone worried or concerned regarding your friendships? Have you ever been made to feel uncomfortable, harassed or threatened when online/text/phone?
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- Do you feel safe with your friends; have they ever encouraged you to do something you have not felt comfortable with?
- Do you have friends who have encouraged you to try risky activities?
- Do you live in an area where gangs are active and are you affected by any gangs?
- Are you involved with a gang?

- Do you feel safe in the area where you live/associate?
- Do you feel safe in your accommodation and feel able to control who has access to the place where you live and are you able to ask them to leave at any time?
- Do you avoid particular areas because you feel unsafe?
- Have you ever felt that you have ever needed some form of protection?
- Do you think that anything you are involved with could get you in to trouble with the police?
- Have you ever had to carry, conceal, deliver or hold drugs, money or weapons or been around people that do? If so when and how often?
- Have you ever been taken or forced to go to places that are unfamiliar to you?
- Do you go or have been taken anywhere, where the people that care about you, don't know where you are and what you are doing?
- Do you have any concerns or are there any specific incidents that have made you unsafe?

Sexual Activity and Intimate Relationships

<p>Are you sexually active ?</p> <ul style="list-style-type: none"> • Have you had sexual contact or thinking about having sexual contact with anyone? (If at all) When was the last time you did have sex and where did this happen? • (If yes) Are you happy/comfortable with them? • How old are they? • How did you meet them? Where did you meet them? • How do you keep in contact with them? online (eg web and text)? • Where do you spend time together? (Clubs, social groups etc.)? • Do your friends and family like and know them? • Do you feel you are able to meet up with family and friends without them becoming upset and/or angry? • Do you feel you could say no to sex? • Do you have any concerns or have there been any specific incidents? (School, home, criminal offences?) • Have you ever been made to feel scared or uncomfortable by them 	<p>Are you looking after your sexual health?</p> <ul style="list-style-type: none"> • How many people have you had sexual contact with in the past three months? In the past 12 months? • Do you feel like you can talk to the person you have sex with about safer sex practices, condoms and/or other forms of contraception? • Are you using any contraception, if so which? • Have you had a choice in your method of contraception and are you able to access services freely and without worry. • Have you ever had an STI test? If yes, frequency, results and treatment? • Was it your choice to have a test and was there anything that worried you? • Have you ever been pregnant, took EHC or had an abortion? Has this happened more than once? Was it your choice to obtain EHC or have an abortion, was there anything that worried you? • Can you talk with your parents and carers about your romantic or sexual relationships? • Is anyone worried or concerned regarding your intimate relationships? 	<p>Have you ever been made to do something criminal or sexual or any other activity that you didn't want to do, or been intimidated?</p> <ul style="list-style-type: none"> • Is anyone else there with you or there when you have sex (or any other form of sexual contact)? If so, who is there and how did that come about? • Do you speak to/meet people online? • Have you ever shared or have been forced to share sexual content/images online for example OnlyFans. • Have you ever been involved in sending or receiving messages of a sexual nature? Does anyone have pictures of you of a sexual nature? • Are you uncomfortable and/or frightened by anything online? • Has anyone ever given you gifts, money, drugs, alcohol or protection for sex and/or other reason? • Do you have a way of making your own money? • Is anyone worried about the sexual activity you are involved in?
<p>Substance/Alcohol Use</p>		

<p>Have you ever used drugs or alcohol?</p> <ul style="list-style-type: none"> • If so what drugs, alcohol do you use • What amounts and how often do you use them? • Where do you get them? • Where are you using and who with? • Have you been around people who use drugs and or alcohol? If so when, how often. Is there anything that concerns you? • Is there anything about how you obtain alcohol and substances that worries you? • Are you drinking or using substances to help you cope with any difficulties or traumas in your life? 	<p>If when using drugs or alcohol, have you ever been in situations that have made you unsafe or feel unsafe? Have you ever felt unsafe when using alcohol or substances and what was it that made you feel unsafe?</p> <ul style="list-style-type: none"> • If you have used alcohol or substances, have you ever experienced memory loss, black outs, unconsciousness or challenges with decision-making and/or not felt able to consent to something. • Have you ever used drugs or alcohol to a point that your body cant cope with (overdose)? • Do you often drink or take drugs before having sex? • Have you ever had to do anything in return for drugs or alcohol and/or ever been made to do anything you did not want to do? • Have you ever had to carry, conceal, deliver or hold drugs or been around people that do? If so when and how often? • Have you ever felt unsafe when using drugs or alcohol in any other way? • Is anyone worried or concerned regarding your substance or alcohol use.
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Commented [SL3]: To review which sentence feels best from the 2 highlighted.

Mental and Emotional Health and Physical Changes

<p>How do you feel in yourself day to day?</p> <ul style="list-style-type: none"> • How do you feel you are coping in your life? • Do you have any physical or mental health conditions that you need treatment and support for • Do you ever feel anxious, feel down/depressed or anything that you are worried about with your mental health? <p>Has anybody else been worried about you? For example:-</p> <ul style="list-style-type: none"> • Any changes in weight/appearance • Sleeping patterns, • appetite • behaviour 	<p>Have you ever tried to hurt yourself or self-harm?</p> <ul style="list-style-type: none"> • Optional suicide question – thoughts or feelings. Have you ever made plans or attempted to end your life? • Is anyone worried or concerned regarding your mental and emotional health? • Have you ever had any help or support from professionals around your MH?
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Closing question to the young person: After everything that we have discussed, Is there anything else you would like to talk about that we could help with or that you need more help and support with. -
Is there anything that does not feel right to you or that is out of your control or depth that worries or frightens you?

Professional observations:

Young Person's View – How do they feel about what has been discussed:

Decision Making and Action Planning

Section 3

Protective Factors and Strengths:

Talents, skills, interests, positive adults. What is going well and increases safety?

What else do you know:

Have they disclosed grooming type contact or coercive control?

Assessment of risk and harm based on what is known:

Consult CSE and CCE Indicators to check if any have been identified during the conversations

Is follow up required?

If so what and why?

Basis for concern Tick as many as are relevant

- | | |
|--|--------------------------|
| No concerns identified | <input type="checkbox"/> |
| No concern of CSE/CCE but the young person requires additional support | <input type="checkbox"/> |
| Professional concern of risk of harm | <input type="checkbox"/> |
| Active disclosure by young person / concern of risk of harm | <input type="checkbox"/> |
| Concern relates to young person / to another young person | <input type="checkbox"/> |
| Concern is current / historic | <input type="checkbox"/> |

Professional Reflection

From the conversation, has any information been gathered that does not pose a direct risk/concern to the young person, but should be shared as intelligence to professional agencies for the prevention of CCE/CSE and community safety?

Decision and Action Plan (sections to be completed as applicable)

Who is the lead for the information gathered on this assessment?

Name:

Organisation:

Contact Details:

Who has contributed to the information gathered on this assessment?		
Name:	Organisation:	Contact Details:
Name:	Organisation:	Contact Details:
Name:	Organisation:	Contact Details:
Name:	Organisation:	Contact Details:
Name:	Organisation:	Contact Details:

Decision (a)	
<input type="checkbox"/> Universal and Support referral/signpost (complete sections b and d) <input type="checkbox"/> Safeguarding referral (complete sections c and d) <input type="checkbox"/> Further information required and/or share information (complete section d)	Rationale for decision (including decisions not to refer).
Decision clearly communicated to the young person	Y/N
Young person consents to action including information sharing	Y/N
Referral without consent in best interests of the young person	Y/N
Young person at risk of greater harm if safeguarding referral is made	Y/N

Universal and Support referral/signpost action plan (b) (complete if applicable)			
Referral to: Name Agency Contact details	Person making referral: Date referral to be made by:		
Information to be shared with agency:			
Response requested from agency	<table border="1"> <tr> <td>Person responsible for following up</td> </tr> <tr> <td>Follow up on (date)</td> </tr> </table>	Person responsible for following up	Follow up on (date)
Person responsible for following up			
Follow up on (date)			

Safeguarding referral action plan (c) (complete if applicable)	
Referral to: Name Agency Contact details	Person making referral: Date of referral:
Information to be shared with agency:	
Response requested from agency	Person responsible for following up

(Standard request: written response within 48 hours)	Follow up on (date)
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Support and follow up agreed with young person (d)		
Contact agreed	Person responsible for action	Date action to be delivered by

Signed:	Printed:
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