

**CHILD SEXUAL EXPLOITATION (CSE) Screening Tool**

**All information is treated with respect and in accordance with the Data Protection Act 1998. There is guidance about Information Sharing at the end of this form.**

**PLEASE COMPLETE SECTIONS 1-10 OF THIS FORM**

***Please note, text boxes will expand to accommodate information as it is inputted***

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| **1. DETAILS OF PERSON COMPLETING THE FORM** | | |
| Name |  | |
| Agency and/or relationship to subject |  | |
| Telephone number |  | |
| Email address |  | |
| Address |  | |
| Date of referral |  | |
| **Is the young person aware of the referral? (Please delete as appropriate)** | | **Yes/No** |
| **Has the young person given their consent? (Please delete as appropriate)** | | **Yes/No** |

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| **2. DETAILS OF REFERRER IF DIFFERENT FROM PERSON COMPLETING FORM** | |
| Name |  |
| Agency or relationship to subject |  |
| Telephone number |  |
| Email address |  |
| Address |  |

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| **3. YOUNG PERSON’S DETAILS: Please provide as much information as possible** | |
| **Personal Details** | |
| Family name (surname) |  |
| Given (first) name(s) |  |
| Alternative names / alias / known as |  |
| Date of birth |  |
| Address |  |
| Gender |  |
| Ethnicity |  |
| Religion |  |
| Languages spoken (indicate first language) |  |
| Interpreter required? Please state language |  |
| Physical/learning disability/additional needs? | Please state |
| Sexual orientation if known |  |
| **Family Information** | |
| Parent / Carer Name(s) and relationship |  |
| Parent / Carer Address |  |
| Parent(s)/Carer(s) aware? Consent to share? |  |
| Are parents/guardians protective and engaged in wanting to keep the young person safe? |  |
| Details of any siblings and specific concerns. NB consider whether a separate screening tool or MARF is needed |  |
| **Education, Health and Social Care** | |
| Local Authority with responsibility |  |
| School / Education Establishments attended |  |
| Health Worker name and location |  |
| Is subject known to children’s social care? |  |
| Have child protection procedures been initiated? If yes, provide date |  |
| Are any other agencies providing services or support? Please list |  |
| Has CSE been identified previously with this young person? |  |
| Any cross-border or out of county concerns known? |  |

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| **4. LOOKED AFTER STATUS – please indicate with an ‘X’ and provide as much detail as possible** | | |
| Lives with family, no experience of care |  |  |
| Lives with family, Child in Need |  |  |
| Lives with family, Child subject of a Child Protection Plan |  |  |
| Lives with family, previous experience of care |  |  |
| Child in Care: Foster family |  |  |
| Child in Care: residential unit |  |  |
| Care Leaver |  |  |
| Young person is in Secure Accommodation |  |  |
| Section 20 - voluntary |  |  |
| Section 31 - Care Order |  |  |
| Section 38 – Interim Care Order |  |  |
| Unknown |  |  |

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| **5. EXPERIENCE OF THE FOLLOWING: Indicate all that apply with an ‘X’ and provide details where possible** | | |
| Family history of domestic abuse |  | Who? Please state/give details |
| Sexual abuse |  | Who? Please state/give details |
| Physical abuse by parent / carer / family member |  | Who? Please state/give details |
| Emotional neglect or abuse by parent / carer/ family member |  | Who? Please state/give details |
| Loss of loved one through bereavement or family breakdown |  | Who? Give details |
| Unsuitable or inappropriate accommodation |  |  |
| Lack of positive relationship with protective or nurturing adult |  |  |
| Family history of substance abuse |  |  |
| Family history of mental health difficulties |  |  |
| Learning disability or difficulty |  |  |
| Young carer |  | Who? Please state/give details |
| Breakdown of family relationships |  |  |
| Low self-esteem |  |  |
| Isolation from peers |  |  |
| Young person is violent towards others |  | Add names if known |
| Physical violence from boy/girlfriend |  | Add names if known |
| Peers are violent |  |  |

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| **6. BASIS OF CONCERNS REGARDING CSE – REASON FOR REFERRAL** | | | |
| **Indicate all that apply** | | **X** | **Please provide as much detail as possible** |
| Disclosure of exploitation? | Y/N |  |  |
| Can you provide details of any suspects, offenders or perpetrators? | |  | e.g. names, addresses, contact details or locations, dates of incidents, descriptions, cars, other young people encountered if known |
| Incident or suspected incident of CSE | |  |  |
| Evidence of sexting, or unusual or increased use of a mobile phone that causes concern | |  |  |
| Unusual or increased use of the internet that causes concern | |  |  |
| Unexplained absences from school or education setting | |  |  |
| Unexplained absences from home or care overnight or for longer periods | |  |  |
| Breakdown in communication with carers | |  |  |
| Living independently and failing to respond to attempts by worker to keep in touch | |  |  |
| Significant change of behaviour e.g.   * change of friendship group * change in behaviour at school or education setting * change in appearance * change in routine e.g. keeping different hours, staying out | |  |  |
| Unexplained money or items including food, alcohol, jewellery, clothing or mobile phone | |  |  |
| Self-harming indicators including eating disorders, self-injury, aggression, challenging behaviour | |  |  |
| Unexplained physical injuries | |  |  |
| Evidence of STIs, unprotected sex or accessing emergency contraception, or starting contraception though no known relationship | |  |  |
| Multiple or repeat STIs / pregnancy / miscarriage / termination | |  |  |
| Multiple callers (unknown adults or older young people) | |  | Add details of alleged suspects if known; record details e.g. descriptions, names etc. |
| Concerns about relationship with older male(s)/female(s) particularly a controlling individual(s), or group | |  | Add details of alleged suspects if known |
| Disclosure of sexual or physical assault, bullying or emotional abuse from that controlling person or group | |  | Add details of alleged suspects if known |
| Sexual activity with that controlling person | |  | Add details of alleged suspects if known |
| Frequenting potentially dangerous places (known gang areas, area known for solicitation) | |  |  |
| Entering/leaving vehicles driven by unknown persons | |  | Add any details if known |
| Associates of young person are known/ suspected to be involved in prostitution or CSE | |  |  |
| Unsure of sexual orientation, or family unaware of same-sex relationship | |  |  |
| Evidence of gang-related involvement | |  |  |
| Accepting something (money, food, make-up, clothes )for performing sexual act, but running away before performing sexual act (‘clipping’) | |  |  |
| Involvement in offending | |  |  |
| Alcohol/drug misuse | |  |  |
| Preventative work as subject already identified as ‘at risk’ | |  | Please give details |

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| **7. ANY ADDITIONAL INFORMATION OR CONCERNS?** |
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| **8. WHAT SAFEGUARDING PRACTISES HAVE ALREADY BEEN IMPLEMENTED?** |
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| **9. ARE YOU AWARE OF ANY OTHER SCREENING TOOLS COMPLETED (substance misuse, domestic abuse)** |
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**Upon completion this form may contain data categorised as ‘official sensitive’. You therefore need to be very careful how this data is submitted.**

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| **Allocated GCC social**  **worker** | Once form is recorded on Liquid Logic please send a copy from  your normal GCC e-mail using ‘Egress’ to Francesca Price, CSE co-ordinator  **at** [csescreeningtool@gloucestershire.gov.uk](mailto:csescreeningtool@gloucestershire.gov.uk) |
| **Internal GCC**(but not the allocated social worker) | If you are an internal GCC staff member) use the ‘Egress’ system to send the email securely to [childrenshelpdesk@gloucestershire.gov.uk](mailto:childrenshelpdesk@gloucestershire.gov.uk) |
| **Non GCC** | * If your organisation has access to government secure e-mail   (GCSX / PSN / .net / CJSM) please use  [Childrenshelpdesk-gcsx@gloucestershire.gcsx.gov.uk](mailto:Childrenshelpdesk-gcsx@gloucestershire.gcsx.gov.uk)   * You can also use the ‘Egress’ system to send the email securely to [childrenshelpdesk@gloucestershire.gov.uk](mailto:childrenshelpdesk@gloucestershire.gov.uk) |
| **By post** | If you do not have access to any of these email addresses or systems please send the document in the post recorded delivery or deliver it by hand, marked ‘official sensitive and confidential’ and ‘For the attention of the Children and Families Helpdesk’ to Shire Hall main reception, Westgate Street, Gloucester. |

If you need help completing the form then you can call the Public Protection Bureau on **01452 753037.**

**Sections 10 is for the CSE co-ordinator or allocated social worker/supervisor to complete**

**If you are the allocated social worker this section must be completed *prior* to sending it to the CSE Team. If the risk level is not complete it will not be accepted by the CSE Team.**

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| **10. RISK MANAGEMENT CATEGORIES** | | |
| Vulnerable child or young person | **Category 1**  Low risk of CSE | **Action**: |
| Vulnerable child or young person with one or two risk indicators present e.g. unexplained absences overnight, sexting. | **Category 2**  Mild risk of CSE | **Action**: |
| Vulnerable child or young person with a number of risk indicators present e.g. periods of going missing, lack of protective networks, changes in behaviour, appearance or routine, spending time with inappropriate adults | **Category 3**  Moderate risk of CSE | **Action**: |
| Vulnerable child or young person with multiple risk indicators present e.g. periods of going missing, disengaged, isolated, unexplained amounts of money or goods, relationship with an older or ‘controlling’ person, entering vehicles driven by unknown adults | **Category 4**  Significant risk of CSE | **Action**: |

# How we use this information

The information you give us will be used to help us assess whether a child or young person may be the subject of, or at risk of, sexual exploitation. To do this we may need to share some or all of the details you provide with other organisations; this includes, but is not limited to, Gloucestershire County Council, Gloucestershire Constabulary and Gloucestershire Youth Support (Prospects). Ideally you should complete the form with the child or young person present, but this is not essential. If this is not possible they should still be informed, and their consent sought.

In situations where consent is not given or to seek it may put the child or young person at increased risk of significant harm there may still be a legal duty to share the information. For further advice please refer to the latest Government guidance “Information sharing advice for safeguarding practitioners” which can be found at: [safeguarding practitioners-information sharing advice](https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice)

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