## Appendix 4 Risk Assessment (CSE1)

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| Childs Name: |  | Address: |  |
| Alternative Names: |  |
| Parents/Carers details: |  | School/College: |  |
| Date of Birth: |  |
| Children’s Services database no: |  | NHS no: |  |
| Gender: |  | Sexuality: |  |
| Ethnicity: |  | Language: |  |
| Religion: |  | Disability: |  |
| Local Authority: |  | Legal Status: |  |
| Other Relevant Information e.g. details of other agency involvement |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer’s Details** | | | |
| Name: |  | Agency: |  |
| Contact number/email: |  | Date of Risk Assessment: |  |

| **Vulnerability Factors** | **Indicate as appropriate** |
| --- | --- |
| History of child protection involvement - neglect, physical or emotional abuse |  |
| History of sexual abuse |  |
| Family history of domestic abuse and/or substance misuse and/or mental health difficulties |  |
| Breakdown of family relationships |  |
| Lack of positive relationships with a protective nurturing adult |  |
| Isolated from peers/family/social networks |  |
| Unsuitable or inappropriate accommodation/sofa surfing |  |
| History of local authority care |  |
| Goes missing from home or care |  |
| Excluded from mainstream education |  |
| Social or learning difficulties |  |
| Low self-esteem/self-harm/eating disorders/emotional health issues |  |
| Bereavement or loss |  |
| History of being bullied or being a bully |  |
| Drug and alcohol misuse |  |
| Migrant/refugee/unaccompanied asylum seeker |  |
| Involvement in criminal activities |  |
| Gang association or risk of gang involvement |  |

| **At Risk Indicators** | **Indicate as appropriate** | |
| --- | --- | --- |
| **Current** | **Historic** |
| Those living in placements where they may be exposed to CSE |  |  |
| Reduced contact with family and friends and other support networks |  |  |
| School absences/exclusion or not engaged in school/college/training/work |  |  |
| Going missing for periods of time or regularly returning home late |  |  |
| Unaccounted for monies or goods |  |  |
| Involvement in exploitative situations or association with risky adults |  |  |
| Increased/unusual/unsafe/unrestricted use of the internet/mobile technology |  |  |
| Evidence of risky and/or inappropriate sexual behaviour |  |  |
| Inconsistent use of contraception therefore at risk of STIs |  |  |
| Regular and/or concerning access of sexual health services |  |  |
| Evidence of drug/alcohol/substance use |  |  |
| Presentation at A&E due to drug/alcohol/substance use |  |  |
| Self-harming/challenging behaviour/suicide attempts/eating disorders |  |  |
| Change in behaviour/presentation/demeanour |  |  |
| Changes in appearance |  |  |
| Getting involved in petty crime such as shoplifting or stealing |  |  |
| Frequenting areas known for sex work |  |  |
| Having unexplained contact with hotels/taxis/fast food outlets |  |  |

| **Medium Risk Indicators** | **Indicate as appropriate** | |
| --- | --- | --- |
| **Current** | **Historic** |
| Seen entering or leaving vehicles driven by unknown adults |  |  |
| Whereabouts unclear/unknown whether day or night |  |  |
| Groomed or abused via internet or mobile technology |  |  |
| Physical injuries without plausible explanation then refusing to make or the withdrawal of a complaint |  |  |
| Older ‘boyfriend/girlfriend’/controlling adult |  |  |
| Displaying inappropriate sexualised behaviours |  |  |
| Peers involved in CSE/risky and or anti-social behaviours |  |  |
| Living independently and failing to keep in touch with workers |  |  |
| Being accompanied to appointments by an unknown person that causes concern |  |  |
| Non school attendance or excluded due to behaviour |  |  |
| Staying out overnight with no explanation |  |  |
| Breakdown of living arrangements or placement due to behaviour |  |  |
| Unaccounted for money or goods including mobile phones, drugs and alcohol |  |  |
| Multiple STI’s/pregnancies/terminations |  |  |
| Self-harming that requires medical treatment/suicidal thoughts |  |  |
| Problematic substance misuse |  |  |
| Repeat offending |  |  |
| Gang member or association |  |  |
| Aggressive behaviour towards others |  |  |

| **High Risk Indicators** | **Indicate as appropriate** | |
| --- | --- | --- |
| **Current** | **Historic** |
| Street homelessness/exchanging sexual activity for accommodation |  |  |
| Child u16 meeting different adults and participating or selling sexual activity |  |  |
| Removed from known risky locations due to suspected CSE |  |  |
| Being taken to clubs and hotels by adults and engaging in sexual activity |  |  |
| Disclosure of serious sexual assault and then withdrawal of statement |  |  |
| Abduction and forced imprisonment |  |  |
| Being moved around for sexual activity |  |  |
| Disappearing from the ‘system’ with no contact or support |  |  |
| Being bought/sold/trafficked |  |  |
| Multiple pregnancies, miscarriages or terminations |  |  |
| Indicators of CSE in conjunction with chronic alcohol and drug use |  |  |
| Indicators of CSE alongside serious self-harming |  |  |
| Receiving money or goods for recruiting peers into CSE |  |  |
| Association with gang members that suggests CSE is a possibility |  |  |
| Adults loitering outside the child’s usual place of residence or school/college |  |  |
| Facilitating others into CSE |  |  |

## Appendix 5: CSE Assessment (CSE2)

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| **Professional Assessment** |
| *Please provide any information that you feel is relevant e.g. association with other children where there is a concern in relation to CSE, or a relationship of concern (male or female) and previous concerns etc. A ‘child’ is any person under the age of 18, male and female, older children can be equally as vulnerable.* |
| **What do you think is working well?**  **What are you worried about?**  **Professional judgment**  *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.*  **What do you think needs to happen next?** |

**Please send completed Risk Assessment Tool with a Referral to the children’s social care duty team**

**Intervention Pathway**

The framework below includes the three categories of risk and is intended to inform appropriate responses in relation to children’s safeguarding needs. The presence of one High Risk indicator will necessitate immediate action as described in the High Risk section.

|  | **Description** | **Associated Actions** |
| --- | --- | --- |
|  | **At Risk**   * A child who may be identified as vulnerable but who is not currently known to be groomed for sexual exploitation * A child who by association/friendships could be vulnerable to CSE | * Educate the child to make decisions that will help keep them safe and reduce their vulnerability to CSE * Contact the children’s social care duty team for recording of initial concerns and consultation. Contact the early help team * Work with the whole family to raise awareness of the indicators of CSE and develop strategies to prevent exposure to a situation in which they may be exposed to CSE (4 sessions of tackling risky behaviour) * Keep a record of any incidents or indicators of CSE. Monitor any significant changes in vulnerability that may result in increased risk of CSE. Consider consultation/referral to other agencies for support * Make contact with the Multi-agency CSE team should the risks increase |
|  | **Medium Risk**   * A child who may be at heightened risk of being groomed for sexual exploitation * A child with a number of risk indicators evident; e.g. episodes of unexplained missing, exclusion from education, lack of protective networks, evidence of time spent with risky adults | * Multi-agency CSE team to complete a CSE Assessment Form CSE 2 and discuss the need for targeted services * If children’s services are not completing an assessment, then a partner agency needs to be identified to develop a safety plan with the child and parents/carers around CSE and risky behaviour * If the Medium Risk is of a higher need then a CSE worker to complete a planned programme of work to raise awareness of CSE and to provide tools for children to self-protect if required * Initial strategy discussion will be held as part of the weekly Multi-agency CSE team operational meeting. This forum is to collate all partnership intelligence, initiate CSE referrals and overall to devise an initial plan of action to reduce risk. * The police to report on all missing episodes and any ongoing enquiries. Return interview home visit to be undertaken to develop or update a safety plan with the child and their parents/carers * A multi-agency CSE Strategy Meeting may be convened to develop a coordinated multi agency safeguarding plan. * Disruption tactics to be considered; police information and multi-agency evidence and intelligence to be amalgamated. Consideration via criminal and civil proceedings to disrupt perpetrators * Review risk following significant incident or significant change in circumstances or, via the CSE Strategy Meeting |
|  | **High Risk**   * A child who is at significant risk or is already being sexually exploited. This is likely to be habitual, often self-denied. Coercion and control is implicit in the relationship with perpetrators * A child with multiple risk indicators present, e.g. periods of going missing, disengagement from services, and socially isolated. Older boyfriend/controlling adult. Intelligence around regularly entering unknown vehicles and in receipt of unexplained money/gifts | * Multi-agency CSE team to establish risk by completing a CSE Assessment Form CSE 2. This will inform the multi-agency plan of action * Joint S47 strategy discussion and assessment may be considered, if triggered by a significant incident of harm; or a number of complicated risk factors are evident * Convene a multi-agency CSE Strategy Meeting, to formulate the development of a multi-agency safeguarding plan * Evidence of risk reduction to individuals or targeted groups of children will be monitored as part of the multi-agency CSE Strategy Meeting, quality assurance and tracking processes * Joint investigation completed by the Multi-agency CSE team * Use key disruption tactics: gather intelligence to inform evidence; also consider anti-social behaviour and drugs related offending. The use of police information sharing forms, abduction orders, harbouring notices * Consideration for health, police, children’s services to create risk alerts. Consider cross border risk assessment in partnership with other local/national authorities * Consultation with UKHTC/UKBA if deemed appropriate * Consideration for completion of referral to National Referral Mechanism if trafficking suspected |

**CSE Risk Assessment Tool (CSE 1)**

The CSE Risk Assessment Tool must be completed prior to a referral being made in relation to a concern about CSE.

This is to ensure a consistent approach is taken to recording, responding to analysing the risks to that child and identifying perpetrators and to assist the gathering of information to the prevalence of CSE across the LLR.

Where a professional has concerns about a child the possibility that the child is being groomed for or is subject to CSE completing the CSE Risk Assessment Tool should always be a consideration.

Exercising professional judgment is key when completing the tool. The classification of indicators as High Risk, Medium Risk or At Risk is an arbitrary process. Professionals need to use their judgement as factors such as the child’s age, any additional vulnerabilities, their history etc. may mean that what for another child it would be a lower level for that child is a higher level. For the purposes of the tool historic or non-recent

The CSE Risk Assessment Tool will help indicate when intervention, support and action are required for a child at any given time. The assessment should be made on the basis of known risk indicators or immediate vulnerability factors, as well as recognition of a history of disadvantage or background vulnerability factors.

The CSE Risk Assessment Tool can be used to enable all professionals to be aware of the types of indicators of harm likely to be present when a child is being or is likely to be sexually exploited. Identifying the presence of these risk factors can help professionals decide what level and types of interventions may be appropriate.

The tool can be used in supervision, in discussions with parents and carers, with other professionals and with the child.

The needs of children who are being or are likely to be sexually exploited will change over time. Service responses need to be flexible to respond to these changes. Early intervention is essential to prevent escalation of harm. While most interventions with those children who are identified as At Risk of CSE will be preventative work in schools, through youth services and children’s service providers, emergency crisis intervention might be required.

Interventions with children who have been identified as Medium or High Risk of CSE should be coordinated by the lead professional. Assertive and therapeutic engagement is likely to be required when a child has been identified as being at Medium or High Risk.

Where CSE is suspected the worker should discuss their concerns with their manager and should also inform their agencies CSE Champion who will be monitoring the bigger picture for any emerging patterns. The Multi-agency CSE team where applicable will also be able to provide advice.

Once completed, if it confirms concerns the professional MUST make a referral to children’s social care (using the standard referral form) and should include a copy of the completed tool. Children’s social care will take responsibility for recording the referral and where they confirm the concerns relate to CSE where applicable the children’s social care will forward the referral to the Multi-agency CSE Team or equivalent who will lead on a more in depth risk assessment using the CSE Risk Assessment Form (CSE 2).

**Guidance**

**Professional Assessment Section**

The Vulnerability Factors and Risk Indicator section should help inform your professional judgment of what the plan for the child should be.

**What do you think is working well?**

Include protective factors:

* People, situations and actions that contribute to the wellbeing of the child and to plans about how they could be made safe
* Actions already being taken to make sure the child is safe

**What are you worried about?**

Include risk factors, whether they are suffering or likely to suffer significant harm.

* Harm – actual hurt, injury or abuse (likely) caused by adults in the past or present
* Risk taking behaviour by the child

**Professional Judgment**

This should include the inter-relationship between the various Vulnerability Factors and Risk Indicators identified. You should use evidence for your findings and explain how your judgment has been reached.

**What do you think needs to happen next?**

This is the initial plan and should include what outcomes you are hoping are achieved and by when.

**Section 1: Child and Family Details**

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| --- | --- | --- | --- |
| **Child’s Details** | | | |
| Childs Name: |  | Address: |  |
| Alternative Names: |  |
| Parents/Carers details: |  | School/College: |  |
| Date of Birth: |  |
| Children’s Services database no: |  | NHS no: |  |
| Gender: |  | Sexuality: |  |
| Ethnicity: |  | Language: |  |
| Religion: |  | Disability: |  |
| Local Authority: |  | Legal Status: |  |
| Other Relevant Information e.g. details of other agency involvement |  | | |

**Section 2: Referral and Assessment Dates**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer’s Details** | | | |
| Name: |  | Agency: |  |
| Contact number/email: |  | Date of Risk Assessment Tool: |  |
| Initial source of concern: |  | | |

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| --- | --- | --- | --- |
| **CSE Officer’s Details** | | | |
| Name: |  | Assessment start date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CSE Team Manager’s Details** | | | |
| Name: |  | Assessment completion date: |  |
| **Outcome of Assessment: (manager’s decision and comments)** | | | |

**Section 3: Assessment on Risk Indicators**

***CSE Risk Indicators:*** *Children are groomed and exploited in different ways. It may be difficult for parents, carers and practitioners to differentiate between ordinary teenage behaviour and the risk of or involvement in sexual exploitation, but below are some signs that may signify if the child is at risk of or who is being sexually exploited*

|  |  |
| --- | --- |
| **Within Family/Home/Relationships** | **CSE Officer Assessment** |
| Change in behaviour - being more secretive/withdrawn/isolated from peers or not mixing with usual friends |  |
| Increasingly disruptive, hostile or physically aggressive at home or school including use of sexualised language and behaviour |  |
| Associating/relationship with significantly older men or women who encourage emotional dependence, loyalty and isolation from safe relationships (record details of adults i.e. occupation/description/position of trust/children of their own) |  |
| Physical or emotional abuse by a boyfriend/girlfriend or controlling adult including use of manipulation, violence and or threats |  |
| Associating with other sexually exploited children |  |
| Multiple callers including unknown adults/older young people (record description/names etc.) |  |
| Sexually transmitted infections (STI’s) and or repeat tests |  |
| Street homelessness/sofa surfing |  |

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| --- | --- |
| **Behaviour and Experiences** | **CSE Officer Assessment** |
| Concealed/concerning use of the internet including webcam, online gaming (via Xbox, PlayStation), chat rooms etc. |  |
| Exclusion from school or unexplained absences from, or not engaged in school/college/training/work |  |
| Failing to respond to attempts to keep in touch by workers/carer or recent disengagement |  |
| Sexualised risk taking including on internet or mobile phone, such as sexting (sending explicit messages or photos to adults or peers) |  |
| Young gay/bi-sexual/transgender exploring sexuality in unsupported way |  |
| Increasing use of drugs or alcohol or misuse of drugs or alcohol |  |
| Fear of victimisation from other gangs due to gang affiliation or rivalry |  |
| Constrained by rules of a gang |  |
| Regularly coming home late or going missing from home, care or education for any period of time (whether reported or not) |  |
| Returning home after long intervals appearing well cared for or returning home and going straight to get showered and changed |  |
| Reports of being taken to hotels, nightclubs, takeaways or out of areas by unknown adults |  |

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| --- | --- |
| **Health and Mental Health** | **CSE Officer Assessment** |
| Change in physical appearance (new clothes, more/less make- up, weight gain/loss) |  |
| Increased health/sexual health related problems |  |
| Marks or scars or physical injuries on the body or face which they try to conceal |  |
| Expression of despair including depression, mental ill health, self-harm, suicidal thoughts/attempts, overdose, eating disorder |  |
| Repeat or unplanned pregnancy or pregnancies including ending in termination/miscarriage(s) |  |
| Branding of gang logos |  |
| Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sights |  |
| Involvement in criminal offending activity i.e. ASB anti-social behaviour, criminal damage, theft |  |

|  |  |
| --- | --- |
| **Appearance and Possessions** | **CSE Officer Assessment** |
| Unexplained amounts of money, multiple mobile phones and or sim cards, credit, expensive clothing, jewellery or other items/gifts |  |
| Overt sexualised dress |  |
| Multiple callers or more texts/pings than usual |  |
| Possession of hotel keys/cards or keys to unknown premises |  |

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| **Additional Risk Indicators** | **CSE Officer Assessment** |
| Entering/leaving vehicles/cars with unknown adults |  |
| Child meeting different adults and or ‘selling’ sexual activity |  |
| Frequenting areas known for on/off street sex work |  |
| Receiving rewards of money or goods for introducing peers to CSE adults |  |
| Disclosure of sexual/physical assault followed by withdrawal of allegation |  |
| Knowledge of towns or cities they have no previous connection with |  |
| Being taken to clubs or hotels and engaging in sexual activity |  |
| Abduction or false imprisonment |  |
| Associating with taxi firms or takeaway owners (night time economy) |  |
| Seen in CSE hotspots (accommodation, cars, brothels/massage parlours) |  |

**Section 4: Action and Other Relevant Details**

|  |  |
| --- | --- |
| **Action already taken or to be taken (with timescale)** | **Done (date)/To be done (timescales) and any appropriate details** |
| Referral to Children’s Social Care |  |
| Discussion with Police regarding investigation |  |
| Request CSE Strategy Meeting/CIN/CP Conference |  |
| Contact/referral to specialist service |  |
| Any other actions, treatment or monitoring arrangements |  |
| National Referral Mechanism (NRM) |  |
| Details of known suspects |  |
| Risk present to others i.e. other child/vulnerable adult |  |
| Immediate risk factors |  |

**Section 5: CSE Officer Assessment**

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| **What is working well?**  **What are we worried about?**  **Analysis and professional judgement**  **What needs to happen?** |