********

**Guidance on completing the tool**

The screening tool uses the term ‘child’ deliberately to remind us that a child at risk through exploitation is a child in need of protection and not a young adult making poor choices. It is designed to be used by anyone who has concerns for a child. A child is defined as person who is under 18 years of age.

The screening tool is designed to help identify possible risks of exploitation and for you to explain what you are worried about. Your observations of behaviours and any significant changes will be important as children will often deny or be unaware that they are being exploited. Significant changes in behaviours, a single high-risk episode or multiple risk factors may indicate that the child is a victim of abuse through exploitationrather than a teenager experimenting with risk taking

**This is an initial screening tool, and not a risk assessment**. Please complete as fully as possible. The list of questions and observations within this screening tool is not exhaustive.

|  |  |
| --- | --- |
| **Details**  |  |
| Childs Name | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. |
| Gender | Click or tap here to enter text. |
| Home or placement address | Click or tap here to enter text. |
| Parent or Carer Name | Click or tap here to enter text. |
| What is your relationship to the child? | Click or tap here to enter text. |
| School attended by child | Click or tap here to enter text. |

|  |
| --- |
| **Risk - Can highlight more than one risk if required** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sexual Exploitation | Criminal Exploitation/ County Lines  | Missing | Human Trafficking  | Modern Slavery |

|  |
| --- |
| **With the above highlighted risk(s) How do you think the child is being exploited? (give as much information as possible)**  |
|  |

|  |
| --- |
| **What are you worried about? ( give as much information as possible)**  |
|  |

**Which of the following are applicable to this young person? (Use Y for Yes/ N for No / U for Unknown)**

|  |  |
| --- | --- |
|  | **Yes/ No/ Unknown** |
| Repeat missing incidents  |  |
| Drug or alcohol misuse |  |
| In possession of money/ gifts/ items/ phones/ clothing that cannot be account for |  |
| Change in physical appearance or behaviour / isolated from peers/ more secretive |  |
| Pregnancy, termination or repeat testing for sexually transmitted infections  |  |
| Being coerced into taking/sharing indecent images of self or others |  |
| Arrested/Involved in criminality |  |
| Found / travelling out of Borough |  |
| Multiple mobile phones |  |
| Young person feels indebted to an individual or group |  |
| Items missing from home |  |
| Young person carrying / concealing weapons |  |
| Connections with other people in gangs, criminality or Organised Crime Groups (OCGs) |  |
| Absent from school / Non-school attendance  |  |
| Living in a chaotic / dysfunctional household |  |
| Child has experience of extra or intra familial violence |  |
| Low self-esteem / self confidence |  |
| Minimising or retracting statements of harm to professionals  |  |
| Self-harm indicators and/or mental health concerns and/or suicidal thoughts/attempts |  |
| Injuries – evidence of physical or sexual assault (i.e. domestic abuse) |  |
| Relationship breakdown with family and or peers |  |
| Expressions around invincibility or not caring what happens to them  |  |
| Forming relations with unknown adults and young people, including online |  |
| Increasing disruptive, hostile or physically aggressive, including use of sexual language and language in relating to criminality and/ or violence. |  |
| Young person’s sexuality increases their vulnerability as they feel unaccepted due to sexual orientation |  |

|  |
| --- |
| **What is working well (strengths) for the child where known?**  |
|  |

|  |
| --- |
| **Are the parents/ Carers aware of these concerns? If not why not?** |
|  |

|  |
| --- |
| **What is the child’s view of these concerns?**  |
|  |

|  |
| --- |
| **What support have you put in place to address these concerns? / What else do you think child/ family needs?** |
|  |

|  |  |
| --- | --- |
| **Name of Referrer** |  |
| **Role and Agency** |  |
| **Contact Details** |  |
| **Date completed**  |  |

**Please send this form to:**

**Cheshire East - ChECS Team –** **checs@cheshireeast.gov.uk**

**Cheshire West - iART -** **i-ART@cheshirewestandchester.gov.uk**

**Warrington - Assessment and Intervention–** **childreferral@warrington.gov.uk**

**Halton - CART -** **contactandreferralteam@halton.gov.uk**