

# CHESHIRE CONTEXTUAL SAFEGUARDING ASSESSMENT TOOL



This Contextual Safeguarding Assessment Tool should be used by all professionals working with children. Exploitation does not always involve physical contact as it can also occur through the use of technology and can include CSE, modern slavery, human trafficking, violence, radicalisation and extremism and exploitation through County Lines activity.

Many of the indicators are also part of normal teenage behaviours and it is the presence of higher risk factors or multiple other factors which may be indications of exploitation. **However for younger children the presence of any one high risk factor may be seen as a potential indicator of exploitation.**

Professionals need to exercise their own professional judgement when completing the assessment tool. This includes capturing concerns about which they have some evidence **AND** concerns based on their “gut feelings”. Staff should differentiate between the two and explain this in the notes section.

Professionals should feel free to use the tool creatively, including as part of awareness raising work with children or in engaging parents and carers in understanding the issues.

Where Exploitation, or the risk of it, is suspected, frontline practitioners should **always** complete the Cheshire Contextual Screening Tool and discuss the case with a manager or the designated member of staff for child protection within their own organisation. If, after discussion there remain concerns, a referral **MUST** be made to Children’s Services using the assessment tool via the appropriate routes within the local authorities’ levels of need. **(Contacts at the back page)**

When practitioners have concerns that a child is linked to a perpetrator(s) or other young people at risk of exploitation or has concerns about a location or adult a separate referral to the local Contextual Safeguarding Operational Group/**(via your local information form)** must also be completed.

Version 2	October 2019	Review September 2020	Owned by Cheshire Strategic Group
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<b>Child's Surname:</b>	<b>Child's forenames:</b>
<b>Gender identity:</b>	
<b>Address(es) of child:</b>	<b>DOB:</b>
<b>Date assessment completed:</b>	<b>School/College:</b>
<b>Who has parental responsibility for the child?</b> <input type="checkbox"/> Parent <input type="checkbox"/> Special Guardian <input type="checkbox"/> Children's Social Care <input type="checkbox"/> Joint Parent & Social Care  <b>Name and Contact Details:</b>	<b>Are there any siblings or other children at the address?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Details:</b>
<b>Main Language(s) Spoken by the child:</b> <input type="checkbox"/> English <input type="checkbox"/> Other (Please Specify):  <b>Does the child require an interpreter:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Does the child have a disability or communication impairment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Details:</b>  <b>Preferred method of communication (e.g. signing, hearing loop, Makaton etc.):</b>
<b>What level is the child currently open to:</b> <input type="checkbox"/> No Plan <input type="checkbox"/> CAF/TAF/Early Help Plan <input type="checkbox"/> Undergoing Social Care Assessment <input type="checkbox"/> Child in Need Plan <input type="checkbox"/> Child Protection Plan <input type="checkbox"/> Cared For <input type="checkbox"/> S.20 <input type="checkbox"/> Full Care Order <input type="checkbox"/> Interim Care Order <input type="checkbox"/> Child in Care of another Local Authority <input type="checkbox"/> S.20 <input type="checkbox"/> Full Care Order <input type="checkbox"/> Interim Care Order	

**Details of potential risks to other children or vulnerable adults; links with other children, associates, perpetrators and locations the child frequents- please provide as much detail as is known (). Please provide names (including nick names), descriptions of possible adult / peer perpetrators and any friendship groups**

**Was the child involved in completing the Assessment Tool?**  
 Yes  No  
**If No, Why Not:**  
  
**What are the child's views now?**

**Was the child's parent/carer involved in completing the Assessment Tool?**

Yes  No

**If No, Why Not:**

**What are their views now?**

**ASSESSMENT CHECKLIST/ HIGHLIGHT AND COMMENT (Please note this list isn't exhaustive):**

**Abuse / Neglect ▼**

History of abuse or neglect  Yes  No  Possible

Current experience of abuse or neglect  Yes  No  Possible

**Analysis of Risk and Action already taken:**

**Abduction ▼**

Thought to have been abducted  Yes  No  Possible

Child states they have been abducted  Yes  No  Possible

**Analysis of Risk and Action already taken:**

**Alcohol/ Drug ▼**

Experimenting with alcohol, drugs or other substances including novel psychoactive substances  Yes  No  Possible

Regular use of alcohol or drugs – cannabis; novel psychoactive substances  Yes  No  Possible

Concern that the child is selling and/or providing drugs to others  Yes  No  Possible

Long term / prolific alcohol or drug use / dependence on alcohol or drugs  Yes  No  Possible

**Analysis of Risk and Action already taken:**

**Associations ▼**

Associating with unknown peers/ associating with older peers  Yes  No  Possible

Associating with unknown adults  Yes  No  Possible

Associating with an adult or peer thought to pose risk to children  Yes  No  Possible

Associating with other children thought at risk of being exploited  Yes  No  Possible

New contacts with people not local to the area  Yes  No  Possible

Reports that child has been seen in or thought to have visited "hot spot" locations  Yes  No  Possible

Travelling unaccompanied to meet an adult known to pose risk or an unknown adult  Yes  No  Possible

Entering vehicles or travelling with an adult known to pose risk/ an unknown adult  Yes  No  Possible

Associating with peers/adults known for drug intelligence and/or criminality  Yes  No  Possible

Possessing keys to unknown properties  Yes  No  Possible

**Analysis of Risk and Action already taken:**

**Behaviour/Presentation ▼**

Displaying a change in behaviour/ presentation/ mood/ attitude/ appearance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Volatile/ abusive behaviour / aggression to family member, carer or animal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Volatile/abusive behaviour/ aggression to member of community/ peer group	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible

**Analysis of Risk and Action already taken:**

**Bereavement ▼**

Has the child/young person experienced a bereavement or loss impacting upon their behaviour or mental health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
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**Analysis of Risk and Action already taken:**

**Bullying ▼**

Being bullied	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Bullying others	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible

**Analysis of Risk and Action already taken:**

**Coercion/Control ▼**

Reduced contact with family or friends	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Detachment/ isolation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Threats made to child, family or home / child experiencing or threatened with violence or intimidating behaviour	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Child has engaged in sexual activity as a result of feeling threatened, coerced or intimidated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Child has engaged in criminal activity or anti-social behaviour as a result of feeling threatened, coerced or intimidated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Child experiencing sexual violence or bullying	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Receiving payment or reward for recruiting others into exploitative or abusive situations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Apparent use of mobile device or social media by another to control/ monitor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible

**Analysis of Risk and Action already taken:**

**Disability ▼**

Has a disability/ learning disability or difficulty which impacts upon capacity to consent, decision making or perception of risk taking behaviour	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
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**Analysis of Risk and Action already taken:**

**Education/Training ▼**

Multiple change of education provider	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Educated at home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Temporary exclusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Infrequent or poor attendance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Reduced timetable/ disengagement from school/lessons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Permanent exclusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible

**Analysis of Risk and Action already taken:**

**Engagement in adult activity ▼**

Accessing pornography	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Introduction to adult activities (Isolated incident of attending an inappropriate or unsupervised party or other 18+ venue such as a nightclub)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Exposure to pornography by another person	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
<b>Multiple incidents of attending an inappropriate or unsupervised party or other 18+ venue such as a nightclub</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible

**Analysis of Risk and Action already taken:**

**Exchanging sexual or criminal activity for goods, money ▼**

“Clipping” – promising sexual activity for money, goods etc. and then running off	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Receiving gifts/new clothing or shoes which raises concern or suspicion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Unaccounted for money/ mobile phone top ups/ bank deposits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible

**Analysis of Risk and Action already taken:**

**Family ▼**

Relationship breakdown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Parent, carer or sibling health problem / disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Poor communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Reduced contact with family or friends	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Low warmth, high criticism household	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Parent(s) or carers not coping with behaviour/ parental limitations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Neglect – including associated domestic abuse / alcohol or drug use / mental health problems <i>(If neglect is being identified, please ensure you are following Local Authority Procedures for Neglect)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Lack of boundaries related to CE issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Parent/ carer colluding with inappropriate behaviours/ relationships	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Family/ carer unable to keep child safe despite efforts- “beyond parental control”	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible

**Analysis of Risk and Action already taken:**

**Gang Association or Involvement / Criminal Behaviour ▼**

Gang association	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Evidence of gang involvement associated with CE activity/ initiation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Tattoos/Scars/Marks believed to be linked to Gang Association	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible

Involvement in criminal offences/activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Current involvement with criminal justice system/ youth justice services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Repeat offending / Escalating anti-social or criminal behaviour	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Possession or access to weapons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Taking part in sexual activity/ offending behaviour as part of the gang association/ coercion.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Evidence of gang involvement associated with CSE activity/ initiation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible

**Analysis of Risk and Action already taken:**

#### Home Life ▼

History of being in care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Currently in Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Unknown adult visitors to home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Alone at home for significant periods of time without parental supervision	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Presenting as homeless	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Numerous house moves (Transient)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
No stable home/ multiple placement breakdowns/ living with friends/ private fostering arrangement/ wants to move into care/ "sofa surfing"	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Adult/peers visiting home address who pose a potential risk to child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible

**Analysis of Risk and Action already taken:**

#### Mental health and Wellbeing ▼

Low self-esteem, poor self-image, anxiety or social isolation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Diagnosed depression or other mental health condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Significantly high confidence/self-esteem	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Historic / current self-harm (no medical or psychiatric intervention)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Significant self-harm (medical/psychiatric intervention)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Eating disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Suicidal thoughts, ideation or attempts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible

**Analysis of Risk and Action already taken:**

#### Missing From Home/Care/Education ▼

History of going missing (reported)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Recent missing episode/s (within last 90 days- reported)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Late to school / missing from education during the day / leaving early from school	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Concerns that child is going missing and it is not being reported	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Getting into cars with unknown adults or peers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Missing episodes escalating in terms of length of time and / or frequency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Persistently missing, staying out overnight or returning late with no plausible explanations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible

**Analysis of Risk and Action already taken:**

#### Physical/Sexual Assault ▼

Within family	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Previous allegation of physical/ sexual assault / injury withdrawn	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Within "relationship"	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible

Outside of “relationship” or unknown perpetrator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Marks / tattoos / tags related to sexual assault	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible

**Analysis of Risk and Action already taken:**

**Pregnancy ▼**

Pregnant/Young Parent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Concealed pregnancy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Previous pregnancy/termination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Unwilling to share information about father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Multiple pregnancies/ terminations/ miscarriages	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible

**Analysis of Risk and Action already taken:**

**Relationships ▼**

Unable to discuss or disclose sexuality or gender identity to family/friends	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Concerns regarding Domestic Abuse within “relationship” <i>If over 16 consideration should be made for a RIC/DASH Assessment</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Older “boyfriend” or “girlfriend”	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible

**Analysis of Risk and Action already taken:**

**Sexual Activity and Behaviours ▼**

*\*remember that sexual activity may be described as “consensual” but could be driven by exploitation/grooming*

Sexual activity between under 16’s	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Inappropriate or harmful sexual behaviour – comments, exposure, inappropriate touching	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
High number of disclosed/ suspected sexual partners or high rates of sexual activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Child under 13 engaging in sexual activity <i>Safeguarding referral MUST be completed where this indicator is selected as per legal guidance</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Adult has engaged in sexual activity with the child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible

**Analysis of Risk and Action already taken:**

**Sexual Health ▼**

Unprotected sexual activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Sexually Transmitted Infection (STI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Frequent attendance at Sexual Health Clinics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Repeat access to Emergency Contraception	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
Untreated/ Frequent/ Recurrent STIs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible

**Analysis of Risk and Action already taken:**

**Social Media/ Technology /Phone ▼**

Multiple phones/ Changing phones regularly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Possible
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Increased time spent accessing the internet, social media or live streaming or gaming platforms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible
Seeming to be more involved with social media world than with family and friends	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible
Secrecy/ anxiety in relation to phone/device use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible
Unsafe use of internet – low/ no security, posting personal details, etc. including befriending unknown individuals online	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible
Photographing/ filming self and sharing (Indecent images)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible
Being photographed/filmed by someone else (indecent images)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible
High number of contacts on social media including unknown adults / peers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible
Accessing inappropriate networking forums – dating websites, specialist forums for anorexia, self-harm, sexual fetish etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible
Child under 16 receiving sexual communication from an adult <i>(Online and offline communication, including social media, e-mail, texts, letters)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible
Using uncommon communication apps or platforms suggested to them by an unknown adult/peer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible
Meeting contacts from dating websites or forums in person	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible
<b>Analysis of Risk and Action already taken:</b>	

**Trafficking ▼**

Thought to have been moved for the purpose of exploitation (Incl. multiple perpetrators, consenting or not, domestic/ national/ international) ***If this is a factor a referral needs to be made for into the National Referral Mechanism as per national guidance***  
<https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms>

Yes  No  Possible

**Analysis of Risk and Action already taken:**

Risk Management Categories	
Presenting some vulnerability factors in the checklist but appear to relate to 'normal teenage' behaviour. No statutory intervention required but may benefit from low level monitoring, awareness raising. There are no indicators of exploitation.	Low Risk
Presenting numerous vulnerability factors but not at immediate risk. Some protective factors present. Would benefit from professional intervention, assessment, awareness and prevention work.	Medium Risk
Child is presenting high number of vulnerability factors, is known to have been exploited and/or groomed. Regularly goes missing and concerns in relation to drugs/alcohol and inappropriate adult associates. Child has disclosed exploitation. Requires statutory intervention to protect. A strategy meeting should take place	High Risk
When completing the Assessment Tool you must use your own judgement on factors such as the child's age, any additional vulnerabilities, their history, etc. It may mean that what for another child would be low level, for that child is high level. Workers should feel free to amend the suggested level using that judgement.	
<b>What is the level of risk for this child?</b> <input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk	



**In summary:**

**What is Working Well (Strengths) and Protective Factors:**

**What are we worried about** (also include **vulnerabilities**- aspects of a child's historical or current circumstances which may make them more susceptible to being targeted and groomed for sexual exploitation):

**Where risks are identified, what actions have been undertaken to safeguard the child from those risks?**

**What interventions are you looking for?**

**Name and job title of person completing:**

**Organisation:**

**E-mail:**

**Telephone:**

**On completion this form must be sent to the agency lead professional (e.g. social worker), if there is one.**

*Please note if there is a concern that the lead professional has not responded to you in respect of any concerns identified for this young person the escalation process for the Local Authority must be followed.*

**Lead Professional Name and Organisation:**

**Lead Professional Contact Number and Email:**

**A copy of this form should also be sent to the relevant Children's social care contact point**

Cheshire East - ChECS Team – [checs@cheshireeast.gov.uk.cism.net](mailto:checs@cheshireeast.gov.uk.cism.net)

Cheshire West - iART - [i-ART@cheshirewestandchester.gov.uk](mailto:i-ART@cheshirewestandchester.gov.uk)

Warrington - Assessment and Intervention– [childreferral@warrington.gov.uk](mailto:childreferral@warrington.gov.uk)

Halton - CART - [contactandreferralteam@halton.gov.uk](mailto:contactandreferralteam@halton.gov.uk)

For perpetrators or locations please submit to relevant Public Protection Unit and Contextual Safeguarding Operational group:

For Halton and Warrington [northern.ppu@cheshire.pnn.police.uk](mailto:northern.ppu@cheshire.pnn.police.uk)

For Cheshire West and Cheshire [western.ppu@cheshire.pnn.police.uk](mailto:western.ppu@cheshire.pnn.police.uk)

For Cheshire East [eastern.ppu@cheshire.pnn.police.uk](mailto:eastern.ppu@cheshire.pnn.police.uk)