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**Child Exploitation Screening Tool**

**IMPORTANT Please Read**

Please complete the Exploitation Screening Tool if you have concerns that a child/young person is at risk from exploitation.

Please gather and include as much multi agency information as possible when completing the toolkit.

Where possible, the toolkit can be completed, reviewed and updated using multi agency meetings such as TAF, Child In Need, Child Protection Core Groups.

***BEST PRACTICE* is to inform/consult with parents/carers when completing this screening tool and seek their consent for multi agency information sharing via Torbay MASH.**

**However, in some cases this may not be appropriate (i.e. if this would place the child at greater risk of harm).**

**If this is the case, please detail your reasons within the relevant section.**

**Best practice is to discuss concerns with the child/young person and seek their views, wishes and responses to your concerns.**

**However, in some cases this may not be appropriate (i.e. if this would place the child at greater risk of harm).**

**If this is the case, please detail your reasons within the relevant section.**

This screening tool provides some examples of indicators you may see if someone is being exploited, you may not see all of them or any of them, so those included are a guide.

You do not have to tick all, but please do highlight those you are concerned about. It is important that you are able to share your professional judgement for each section that you have marked with a brief narrative. **DO NOT LEAVE THIS BLANK.**

If following completion of the screening tool the child is assessed as at risk of exploitation (amber) or is being exploited (red) the screening tool should be **reviewed every three months or in immediately following any significant event.**

If consideration is being given to the child being stepped down or closed a **screening tool must be completed** evidencing that the child’s needs are now being met and risks to them have been mitigated.

Once completed or reviewed:

* For new exploitation toolkits, please send to Torbay MASH as a new referral
* For children open to Social Care teams – please send to [missingteam@torbay.gov.uk](mailto:missingteam@torbay.gov.uk)
* For children open to Early/Targeted Help or who are not open to any Children’s Services support, send to Torbay Early Help and Exploitation Team

**DATE OF SCREENING TOOL**:

**IS THIS A NEW OR UPDATED SCREENING TOOL**:

1: Details of Child/Young Person

|  |  |
| --- | --- |
| Forename |  |
| Surname |  |
| Date of Birth |  |
| Ethnicity |  |
| Language |  |
| Translator or language support needed If Yes, please provide details |  |
| Gender Identity |  |
| Disability Y/N – If yes, give details on support/ communication needs |  |

|  |  |
| --- | --- |
| Primary home address |  |
| Name of primary caregiver |  |
| Any other addresses or caregivers with whom the child may stay (please provide details) |  |

Family and Relationships – parents, siblings and any other relevant family relationship:

|  |  |
| --- | --- |
| Add family member name and relationship | Provide brief details |
|  |  |
|  |  |
|  |  |
|  |  |

Current Level of support/Legal Status (please highlight)

|  |  |
| --- | --- |
| No Services/New referral |  |
| Early Help/Targeted Support | Date plan started:  Lead Professional: |
| Child In Need Plan | Date plan started:  Allocated Social Worker: |
| Child Protection Plan | Date plan started:  Allocated Social Worker: |
| Youth Justice/YOT Order | Type and Date Order started:  Allocated YOT Officer |

Cared For Children (please highlight):

|  |  |
| --- | --- |
| Section 20 accommodated | Date started:  Who has agreed to Section 20: |
| Interim Care Order | Date started:  Details of Local Authority final Care Plan: |
| Care Order | Date started: |
| Interim Supervision Order | Date started:  Details of Local Authority final Care Plan: |
| Supervision Order | Date started: |
| Care Experienced Young Person | Provide a brief overview: |

2. Who is completing this exploitation screening tool ? (add additional boxes as needed)

|  |  |
| --- | --- |
| Name |  |
| Role |  |
| Contact details |  |

|  |  |
| --- | --- |
| Name |  |
| Role |  |
| Contact details |  |

Have you discussed the completed toolkit with your line manager of safeguarding lead before submission?

Yes/No

Comments/outcome of discussion with your safeguarding lead/supervisor:

Professionals involved with the child/family:

|  |  |
| --- | --- |
| Name |  |
| Role |  |

|  |  |
| --- | --- |
| Name |  |
| Role |  |

|  |  |
| --- | --- |
| Name |  |
| Role |  |

|  |  |
| --- | --- |
| Name |  |
| Role |  |

|  |  |  |
| --- | --- | --- |
| **Views of the child and parents/carers** | Yes | No |
| Are parents/carers aware of your concerns?  Please provide date and overview of discussion (ie consent given to share information via this toolkit into MASH?) |  |  |
| Is the child/young person aware of your concerns?  What are the views, wishes and feelings of the child/young person? |  |  |
| Where you have not discussed concerns, or have not sought consent, please give the reasons why? | | |
| **Who does the child have key relationships with that may be considered positive/protective?** (these can be listed/genogram/mapping)  Family members:  Community:  Peers/social networks:  Professionals: | | |

**GROOMING/RECRUITMENT ACTIVITY**

PLEASE HIGHLIGHT or TICK relevant indicators and timescales

|  |  |  |
| --- | --- | --- |
| **Timescales of Concerns:**  **Please highlight any concerns from the examples below and describe your concern with any relevant dates.**  **(The examples below are not exhaustive, please feel free to add any other concerns relating to this section.)** | Current or during the past 6 months | Historical – longer than 6 months ago |
| **Concerns - e.g:**   * Evidence of multiple sexual contacts/abuse * Groomed to commit ASB/or crime * Groomed to use/carry and/or conceal weapons |  |  |
| **Unexplained amounts of money, expensive clothes or other items – e.g:**   * More than one mobile phone, sim cards or use of a phone that causes concerns – multiple callers or more texts/pings than usual * Unaccounted for money/goods/jewellery/paraphernalia * Bank card repeatedly lost/having bank cards with other people’s names on * No form/multiple forms of identity * Required to earn a minimum amount of money every day/fearful of money being removed from them by professionals/deprived of earnings by another person * In debt bondage or “owes” money to other persons |  |  |
| **Groomed/abused via the Internet and mobile technology – e.g:**   * Groomed to take/share images of self or others. * Using internet and targeted online by those who pose a risk. * Evidence of displaying or receiving sexualised bullying via the internet/social media * Multiple social media accounts on the same platform * Excessive texts and calls/changes in behaviour or presentation or being enticed to leave in response to phone/internet activity (aggressive/anxious) * Poor privacy setting on social media and how to stay safe online * Secretive of mobile phones |  |  |
| **Evidence of sexual/physical assault including where followed by withdrawal of allegation – e.g:**   * Victim of knife crime * Victim of rape, sexual assault, online exploitation * Evidence of injuries * Victim of offence |  |  |
| **Physical injuries without plausible explanation/physical symptoms of exploitation – e.g:**   * Evidence of injuries consistent with punishment * Overly tired in school/work * Indication of manual labour – condition of hands/skin/backaches etc * Injuries which appear old but have had no medical attention |  |  |
| **Sexually transmitted infections/pregnancies/termination of pregnancies/miscarriages or stillbirths – e.g:**   * Multiple terminations as unable to access contraception due to being controlled by another. * Injuries consistent with rape and sexual assault * Presenting to GP/Maternity Services late in pregnancy |  |  |
| **Drug and/or alcohol (mis)use – e.g:**   * Suspicion of/or arrested for possession of or supply drugs due to coercion * Drug dealers demanding money for drug alleged debt/bondage * Evidence of drugs on child/young person or adult * Increasing use of drugs and alcohol |  |  |
| **Self-harming/suicide attempts/ eating disorders/aggression/depression/anxiety – e.g:**   * Identify specific concern |  |  |
| **Significant changes in normal presentation please specify – e.g:**   * Changes in presentation e.g. dress/behaviour/language * Story very similar to that given by others e.g. coached |  |  |
| **A & E attendance of concern or with no plausible explanation – e.g:**   * No appropriate adult in attendance and they appear unwilling to share details * Attendance with adult/peer who appears controlling * Implausible explanation of presenting symptoms * Multiple attendance at A and E, GP |  |  |
| **Professionals are unable to engage, with support services/key worker – e.g:**   * Not registered with or attended a GP practice or other health professionals |  |  |

Summary of evidence/information to support the above indicators:

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| --- |
|  |

**HOME AND FAMILY/CARER RELATIONSHIPS**

PLEASE HIGHLIGHT or TICK relevant indicators and timescales

|  |  |  |
| --- | --- | --- |
| **Timescales of Concerns:**  **Please highlight any concerns from the examples below and describe your concern with any relevant dates.**  **(The examples below are not exhaustive, please feel free to add any other concerns relating to this section.)** | Current or during the past 6 months: | Historical – longer than 6 months ago |
| **It is unclear whether the individual is under duress to go missing – e.g:**   * Child/young person/adult regularly goes missing * Work has been done to inform the carer of the importance of reporting the individual missing but known episodes of being away from home for significant periods of time have not been reported. * Returning home with injuries, and/or dishevelled. |  |  |
| **Lack of information about family dynamics/parenting/caring role of those adults accompanying them – e.g:**   * Being accompanied to appointments by an unknown person that causes concern * Unable to confirm name or address of person meeting them on arrival/address or name given gives rise to concern * Cared for by adults who are not their parents/carers or where the relationship appears controlling/exploitative |  |  |
| **Homelessness - e.g:**   * Unsuitable/inappropriate accommodation/sofa surfing/financially unsupported * Unregistered private fostering arrangement |  |  |
| **Family conflict/ breakdown/of emotional support/secure relationships/security/bereavement through death, loss, illness of a significant person in their life including divorce and family separation.** |  |  |
| **Family involved in crime or exploitation** |  |  |
| **Family relationships are breaking down due to influence outside the home.** |  |  |
| **Registered at multiple addresses** |  |  |

Summary of evidence/information to support the above indicators:

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**PEERS AND SOCIAL NETWORKS**

PLEASE HIGHLIGHT or TICK relevant indicators and timescales

|  |  |  |
| --- | --- | --- |
| **Timescales of Concerns:**  **Please highlight any concerns from the examples below and describe your concern with any relevant dates.**  **(The examples below are not exhaustive, please feel free to add any other concerns relating to this section.)** | Current or during the past 6 months: | Historical – longer than 6 months ago |
| **Contact of concern with adult (male or female) or young person, which might involve physical and/or emotional abuse/sexual abuse and/or gang activity – e.g:**   * Relationship abuse which may be same sex relationship * Believing they are in a relationship with an older adult/peer relationship * Other relationship where control appears to be present that indicates concern * Associations with others known or suspected to be groomed/coerced |  |  |
| **Regular/Multiple contacts from unknown adults/young people of concern – e.g:**   * On the telephone/text/messaging apps * Online via social media/gaming/email * Excited about new friendships that are unknown   Being offered work/ways to earn money. |  |  |
| **Harmful behaviour and/or attitudes that exist within the individual’s peer network.** |  |  |
| **Siblings involved in exploitation** |  |  |
| **Isolated from or reduced contact with normal peers /social networks** |  |  |
| **The individual have been bullied or is a member of a peer network that has been victimised or bullied.** |  |  |
| **The individual is part of a peer group where concerns about sexualised behaviour have been raised.** |  |  |
| **Harmful or oppressive attitudes towards young women in the peer group.** |  |  |

Summary of evidence/information to support the above indicators:

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|  |

**EDUCATION/TRAINING/EMPLOYMENT**

PLEASE HIGHLIGHT or TICK relevant indicators and timescales

|  |
| --- |
| **Education/training - registered with:** |
| **Current attendance (%):** |
| **Education Health Care Plan – provide a brief overview of support needs and how these are met** |
| **Timescales of Concerns:**  **Please highlight any concerns from the examples below and describe your concern with any relevant dates.**  **(The examples below are not exhaustive, please feel free to add any other concerns relating to this section.)** | Current or during the past 6 months: | Historical – longer than 6 months ago |
| **Whereabouts unclear or unknown – day and/or night – e.g:**   * Unusual hours/regular patterns of leaving or returning which indicates probable grooming/coerced |  |  |
| **Absences/exclusion from/or not engaged in school/college/training/work – NEET – e.g:**   * Unscheduled or irregular attendance or leaving early from education/work * Being on a part time timetable/reduced hours * Suspended or excluded from EET provision and not in alternative structure (not registered EET) * Elective home educated/work but concern around this and whereabouts during day * Missing from education (CME/MFE ), work/NEET |  |  |
| **Poor school/work (EET)** (current in last 6 months) **– e.g:**   * Deterioration in school work results, performance, behaviour |  |  |
| **Regular/Multiple contacts from unknown adults/young people of concern at educational provision/work/home or placement** |  |  |

Summary of evidence/information to support the above indicators:

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|  |

**PLACES/LOCATIONS:**

PLEASE HIGHLIGHT or TICK relevant indicators and timescales

|  |  |  |
| --- | --- | --- |
| **Timescales of Concerns:**  **Please highlight any concerns from the examples below and describe your concern with any relevant dates.**  **(The examples below are not exhaustive, please feel free to add any other concerns relating to this section.)** | Current or during the past 6 months: | Historical – longer than 6 months ago |
| **Having unexplained contact with hotels, residential properties, taxi companies, fast food outlets or other businesses/organisations which cause concerns – e.g:**   * Unknown hotels/B&Bs * Being picked up/trafficked by different or the same taxi, and/or drivers on a regular basis with no plausible explanation or money to pay for them * Travelling across areas/out of borough * Uniform or business branded items |  |  |
| **One among a number of unrelated children/young people/adults found at one address** |  |  |
| **Pattern of homelessness** |  |  |
| **Located/recovered from a place of exploitation e.g. area with exploitation concerns, cuckooed premises, criminality** |  |  |
| **Hotel keys/keys to houses, flats or other premises/keys to cars** |  |  |

Summary of evidence/information to support the above indicators:

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|  |  |
| --- | --- |
| **LOCATIONS/PREMISES/ENVIRONMENTS** | |
| Are there any locations or premises that this child/young person/adult or others frequent(s), or has been seen in, that are a cause for concern? (*For example areas where young people congregate with little or no adult supervision, or where adult to child contact is facilitated, including online spaces.)*  **Please submit Force Intelligence Bureau form Devon and Cornwall:** <https://www.devon-cornwall.police.uk/contact/contact-forms/partner-agency-information-sharing-form/>  Please provide further details: | |
|  |

**PERPETRATORS**

**Please submit Force Intelligence Bureau form to Devon and Cornwall Police:** <https://www.devon-cornwall.police.uk/contact/contact-forms/partner-agency-information-sharing-form/>

|  |
| --- |
| **Suspected Perpetrator(s)** |
| Please provide details of any known or suspected perpetrators (including peers) associated with this child/young person/adult or others, including:   * names and/or nicknames; * any distinguishing marks e.g. tattoos, piercings; * details of any vehicles driven by the suspect(s); * Locations/premises where the suspect has been seen/or is known to frequent.  |  | | --- | |  | |

**Support on offer to the child:**

**Child Sexual Exploitation**

|  |  |
| --- | --- |
| **Has a Banardo’s Referral been made for CSE Work?** |  |
| **If yes, date referral made:** |  |
| **Date of initial planning meeting:** |  |
| **Dates of review meetings:** |  |

**Modern Slavery and Trafficking**

|  |  |
| --- | --- |
| **Have you submitted a National Referral Mechanism to the Home Office** |  |
| **If yes, date referral made:** |  |
| **Response of Home Office:** |  |
| **Outcome (and date of outcome):** |  |
| **Date outcome recorded on Liquid Logic:** |  |

**Police/CPS Involvement**

|  |  |
| --- | --- |
| **Are any currently identified concerns being investigated by Police** |  |
| **Name and contact details of investigating officer:** |  |
| **Brief overview of current investigations** |  |

**Health**

|  |  |
| --- | --- |
| For children with medical conditions, are the appropriate health services involved? |  |
| **Has a referral been made to CAMHS?** |  |
| **Has a referral been made to Drug and Alcohol Service at Checkpoint?** |  |
| **Has a referral been made to Sexual Assault Referral Centre (for all sexual assaults and rapes)?** |  |

**Overview of support:**

What support is currently being offered to the child/young person in relation to exploitation?

What support is currently being undertaken with parents and carers in relation to exploitation?

**PROFESSIONAL JUDGEMENT BASED ON EXPLOITATION TOOLKIT**

**Based on the information available and in your professional judgment, do you consider this child/young person/adult at;**

**(Please indicate level with a X in the relevant box)**

|  |  |
| --- | --- |
| No current multi agency information of exploitation  “We are working with this child/family as though the protective factors outweigh their vulnerability, and it is unlikely that they will be groomed or exploited at this time” |  |
| Multi agency information indicates that there is risk of exploitation  “We are working with this child/family as though their circumstances makes it likely that they will be groomed or exploited” |  |
| Multi agency information indicates that they are being exploited  “We are working with this child/family because they are being exploited, even if the child has not confirmed this themselves.” |  |

|  |  |
| --- | --- |
| Please summarise judgement: | **\*\*In your summary consider**   * **what is working well,** * **what are we worried about,** * **what needs to happen next?** |