**Child Exploitation (CE) and Serious Youth Violence (SYV) Indicator and Analysis Tool**

**This** **analysis tool is designed to help professionals recognise risk outside a child or young person’s home, and to determine the vulnerability to or whether they are potentially being exploited or groomed for exploitation or a perpetrator of Serious Youth Violence.**

**You should fill it in when you have concerns that there is a risk of exploitation, or you have**

**noticed some potential indicators of this.**

**Make sure you first read the CE&SYV** **Analysis tool guidance on how to fill in this form.**

**We suggest that you first talk to the child, their carer and other professionals and then fill in the form. It is set out**   **to explore areas about the young person, their family, peer group, where they live and frequent and their online presence .. There are suggested questions to help you have these conversations. You may not be able to answer all points but set out what you can. The form is suitable for children and young people under 18 years old, or up to 25 years old for those with special educational needs and disabilities.**

**The list of indicators and vulnerabilities is not exhaustive. Child exploitation and Serious Youth Violence is complex and cannot be categorised neatly into one definition.**

**For further information on definitions and types of child exploitation go to https://nwgnetwork.org/what-is-child-exploitation/definition-types-of-cse/**

**You should record your observations, evidence and professional judgement of the risk outside the home for the child or young person you are concerned about.**

A group of people with their arms up

Description automatically generated

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| **1. Child or young person’s details** | |
| **Child’s name:** |  |
| **Date of birth:** |  |
| **Child or young person’s preferred pronouns:** |  |
| **Child or young person’s gender identity:** |  |
| **Address:** |  |
| **Ethnicity:** |  |
| **Are they in education, employment or training?** |  |
| **Place of education, employment or training?** |  |
| **Does the child have any additional needs i.e. any neuro-divergence that impact on understanding, communication and interaction with others?** |  |
| **Is the child Early Help, CIN, CP CIC etc?** |  |
| **Is this a child cared for by the Local Authority? (Sec 20 / Full Care Order, Placement with parents etc)** |  |
| **Does the child live in residential care?** |  |
| **Is their accommodation outside their home Local Authority Area?** |  |

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| **2. Your Details** | |
| **Your name:** |  |
| **Job title:** |  |
| **Email and contact telephone number:** |  |
| **Which organisation are you from?** |  |
| **Date completed:** |  |

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| **3. Information Sharing and Disclosure** | | | | |
| **Have you been able to explore** **the ‘suggested questions’ with the child or young person and have they engaged?** | | Yes  No  | | |
| **Are their parents or carers aware that you are completing this form?** | | Yes  No  | | |
| **Which other professionals are contributing information to this tool?** | |  | | |
| **Please list all relevant agencies currently/previously working with this**  **child/young person** | |  | | |
| **Are there identified adults of concern/known exploitative adults?** | |  | | |
| **Are there any other linked children where exploitation/SYV is a concern?** | |  | | |
| **About the Child or young person** | | | | |
| **Suggested questions to help you find out more about them: (use professional judgement when considering how to engage the child/young person – not all questions will be relevant)**  How are you feeling today?  Let’s talk about your physical or mental health – do you have any concerns about your health – if so, how are you managing them?  Tell me about your moods – do you find they change quickly – if so, how?  Tell me about your sexual health – have you got any concerns or worries? | | | | |
| **Checklist for you to fill in having talked to the child or young person and those who know them** | **Yes / No** | | **Current / Previous** | **Timescale** |
| **1. Are there concerns about emotional and mental wellbeing? (including on waiting list for diagnosis…)** |  | |  |  |
| **2. Are they showing changes in mood which is unusual for them/their developmental stage?** |  | |  |  |
| **3. Have there been any changes in their relationships with family members or carers?** |  | |  |  |
| **4. Have they shown guarded or secretive behaviour?** |  | |  |  |
| **5. Does their behaviour change if any suspicions or concerns are raised with them?** |  | |  |  |
| **6. Have they had any injuries suggestive of physical assault that causes concern?** |  | |  |  |
| **7. Has there been a change in self/cultural identity?** |  | |  |  |
| **8. Do they have poor self-image or low self-esteem?** |  | |  |  |
| **9. Have they self-harmed or talked about thoughts of, or attempted, suicide?** |  | |  |  |
| **10. Is there evidence of drugs or alcohol use?** |  | |  |  |
| **11. Child has been coerced, exploited or sexually abused?** |  | |  |  |
| **12. Have they previously been pregnant or sought a termination?** |  | |  |  |
| **13. Have they accessed emergency contraception or contraception outside of ‘normal’ amounts? Or had any sexually transmitted infections?** |  | |  |  |
| **14. Do they have unexplained money or new and expensive clothes, shoes or items?** |  | |  |  |
| **15. Have they shown aggression or physical harm towards people or animals?** |  | |  |  |
| **16. Have there been any changes in physical appearance of concern?** |  | |  |  |
| **Your Comments / evidence for concerns above** | | | | |
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| **About their living arrangements** | | | |
| **Suggested questions to help you find out more about them:**  Tell me where you’re living, are you there all the time?  Who are you living with, how is that for you?  How is your home life? How do you feel about home?  Do you look after anyone else at home - tell me about that? | | | |
| **‘Home life’ checklist to fill in having talked to the child young person and those who know them** | **Yes / No** | **Current / Previous** | **Timescale** |
| **1. Are their living arrangements unstable or unsuitable?** |  |  |  |
| **2. Does the household income/finances impact the child?** |  |  |  |
| **3. Are there any parental difficulties such as a physical or learning difficulty or drug and alcohol misuse, mental health problems, etc?** |  |  |  |
| **4. Have they suffered a recent bereavement, loss, family separation or family breakdown?** |  |  |  |
| **5. Are there concerns of domestic abuse or unresolved parental conflict?** |  |  |  |
| **6. Is there a family member or known associate working in the adult sex trade or involved in crime or drug activity?** |  |  |  |
| **7. Are there concerns of physical, sexual and or emotional abuse where they live?** |  |  |  |
| **8. Are there concerns of neglect?** |  |  |  |
| **9. Is there any conflict at home with respect to boundaries?** |  |  |  |
| **10. Are they regularly missing from home or frequently returning late?** |  |  |  |
| **Your Comments / evidence for concerns above** | | | |
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| **About their friendship groups** | | | |
| **Suggested questions to help you find out more about them:**  Who do you spend your time with?  What do you spend your time doing?  How long have you known your current group of friends? | | | |
| **‘Peer group’ checklist to fill in having talked to the child young person and those who know them** | **Yes / No** | **Current / Previous** | **Timescale** |
| **1. Do they report feeling lonely or isolated?** |  |  |  |
| **2. Have they stopped doing positive/constructive activities?** |  |  |  |
| **3. Are there changes in relationships with their peers or new unexplained friendships including friends of an older age group?** |  |  |  |
| **4. Do peers or adults who may pose known or unknown risks try to associate with them?** |  |  |  |
| **5. Is there any interpersonal violence and coercion within their relationships?** |  |  |  |
| **6. Do they have concerning relationships, e.g. age, imbalance of power, exploitation, sexual?** |  |  |  |
| **7. Is there evidence of carrying a bladed article or weapon?** |  |  |  |
| **8. Is there evidence of dealing / supply of drugs and any associated debts?** |  |  |  |
| **9. Are they part of a peer group that is a cause of concern? (please include gang/group name)** |  |  |  |
| **Your Comments / evidence for concerns above** | | | |
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| **About their education** | | | |
| **Suggested questions to help you find out more about them:**  Do you go to school or college?  How do you find it?  What do you like about school or college? | | | |
| **EDUCATION (if they are not in education skip to the next section)** | **Yes / No** | **Current / Previous** | **Timescale** |
| **1. Are there concerns about their attendance at school / college / training?** |  |  |  |
| **2. Are they on a reduced timetable?** |  |  |  |
| **3. Are they at risk of permanent exclusion or have they had repeated suspensions?** |  |  |  |
| **4. Do they attend alternative education provision?** |  |  |  |
| **5. Are they electively home educated?** |  |  |  |
| **6. If in employment, are there concerns around the nature of this employment?** |  |  |  |
| **7. Does the child have an Education, health and care plan (EHCP) or SEN Need? Or in the process?** |  |  |  |
| **8. If they out of Education/Training or Employment are there concerns about how they spend their time?** |  |  |  |
| **Your Comments / evidence for concerns above** | | | |
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| **About the area where they live** | | | |
| **Suggested questions to help you find out more about them:**  What do you do when you’re not in school?  Where do you go?  Have you ever been reported missing – can you tell me about that?  Have you ever been offered/given gifts or rewards by other people – what kind of things have you been given? | | | |
| **NEIGHBROURHOOD/AREA/LOCALITY** | **Yes / No** | **Current / Previous** | **Timescale** |
| **1. Do they live or spend time in a area where there are currently high levels of anti-social behaviour or drug supply?** |  |  |  |
| **2. Have they often been in places or locations that increase the child or young person’s vulnerability?** |  |  |  |
| **3. Do they feel unsafe in the places/spaces where they spend time?** |  |  |  |
| **4. Have they been linked to anti-social behaviour or crime** |  |  |  |
| **5. Have they been travelling or taken to locations for suspected exploitation or no good reason? (identify the mode of travel)** |  |  |  |
| **6. Have there been reports that the child or young person has been abducted or falsely imprisoned?** |  |  |  |
| **Your Comments / evidence** | | | |
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| **About their use of social media** | | | |
| **Suggested questions to help you find out more about them:**  Tell me about your online world - social media, gaming etc  How do you access the internet?  Do you have more than one phone – what do you use them for?  What type of stuff do you look at online? | | | |
| **ONLINE / DIGITAL RISK** | **Yes / No** | **Current / Previous** | **Timescale** |
| **1. Is there unusual use of mobile phones such as multiple phones, receiving calls or texts at unusual times, secretive use, leaving as soon as receiving a text or call?** |  |  |  |
| **2. Has there been a change in their online activity such as being online during the night; increased use of social media; increased bills, shared gaming sites or sites of concern or receiving rewards/ credits?** |  |  |  |
| **3. Are they secretive whilst online in a concerning manner?** |  |  |  |
| **4. Do they have an online ‘relationship’ of concern?** |  |  |  |
| **6. Do you know if they have been coerced to provide explicit images or engage in inappropriate online activity, including sexual activity?** |  |  |  |
| **7. Is the material they are looking at harmful or not age appropriate?** |  |  |  |
| **8. Have they made or received online threats?** |  |  |  |
| **9. Are they at risk of financial exploitation?** |  |  |  |
| **Child's mobile phone number(s):** |  | | |
| **Child's social media sites and usernames:** |  | | |
| **Your Comments / evidence** | | | |
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**Contextual safeguarding**

It is important to see the child in the context of their surroundings and to explore how an area of a child’s life can have an effect positively or negatively for them. In respect of missing, exploitation and serious youth violence are there specific contexts that pose a greater risk to the child and if so, why do you think this?

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| **Neighbourhood/community:**  1. | **School:**  1. |
| Neighbourhood  School  Peer group  Home  Child | |
| **Peer group:**  1. | **Home:**  1. |

**Child’s Voice / View**

**What are the child’s views about exploitation concerns? Who do they feel safest with?**

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**Parent/ Carer’s Voice / View**

**What are the parent/carer’s views about exploitation/SYV concerns? Who do the parents believe the child is safest with and most at risk with?**

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**Positive/Protective/Safety factors**

**(please think about the child/young person, education, peer group, neighbourhood, home, digital)**

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**Additional Information / views**

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**Analysis and professional view of the risk of exploitation/SVY**

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| **Conclusion** |
| **What types of exploitation have been identified through completion of the assessment tool;**  ☐ Child Exploitation currently not a factor at this time  ☐ Child Criminal Exploitation  ☐ Child Sexual Exploitation  ☐ Serious violence/weapon carrying  *Please note that the threshold for referral to National Referral Mechanism (*[*NRM*](https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales)*) is that there are reasonable grounds to believe the individual is a potential victim of human trafficking and modern slavery and if this tool has identified reasonable grounds then a referral should be made to the NRM.* |
| **What is the plan to address the concerns and keep the child safe?** |
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| **Management Oversight / Comment** |
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| **OFFICE USE ONLY**  **MEETS THE CRITERIA FOR EMRAC/MACE/ROTH: YES/NO**  **REASON:**  **TO BE CONFIRMED BY CHAIR:**  **DATE:** |