GSCP CHILD CRIMINAL AND SEXUAL EXPLOITATIONScreening Tool

2023

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Description automatically generatedCHILD CRIMINAL AND SEXUAL EXPLOITATION Screening Tool (CCE/CSE)

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Document Revision Table

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| --- | --- | --- |
| Version | Date | Comment |
| 1.0 | September 2023. | Draft Child Criminal and Sexual Exploitation Screening Tool |
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|  |  |  |

CHILD CRIMINAL AND SEXUAL EXPLOITATION Screening Tool (CCE/CSE)

All information is treated with respect and in accordance with the Data Protection Act 1998. There is guidance about Information Sharing at the end of this form.

PLEASE COMPLETE SECTIONS 1-11 OF THIS FORM

Please note, text boxes will expand to accommodate information as it is inputted. Please keep this as a word document – do not send it as a PDF or scanned written copies.

# Details of person completing the form.

|  |  |  |
| --- | --- | --- |
| Name | |  |
| Agency and/or relationship to subject | |  |
| Telephone Number | |  |
| Email Address | |  |
| Address | |  |
| Date form being completed | |  |
| Is the young person aware that a screening tool is being completed? (Please delete as appropriate) | Yes/No | |
| Has the young person given their consent? (Please delete as appropriate) | Yes/No | |
| Have the parent/carer provided information for the completion of this tool | Yes/No | |
| Has the child made a disclosure of exploitation (abuse)?  Current: If ‘Yes’ you must refer to Children’s Social Care immediately | Current: Yes/No  Non/Recent: Yes/No | |
| Are the people who may be grooming or exploiting known to the young person? | Known to the child: Yes/No  Family member: Yes/No | |

# Details of individual if different from person completing the form.

|  |  |
| --- | --- |
| Name |  |
| Agency and/or relationship to subject |  |
| Telephone Number |  |
| Email Address |  |
| Address |  |
| Date form being completed |  |

# Young person's details: (please provide as much information as possible)

|  |  |
| --- | --- |
| Family Name (Surname) |  |
| Given (First) Name(s) |  |
| Alternative Names/Alias/Known as |  |
| Date of Birth |  |
| Address |  |
| Gender |  |
| Ethnicity |  |
| Religion |  |
| Languages spoken (indicate first language) |  |
| Interpreter required? (Please state language) |  |
| Physical/learning disability/additional needs? (Please state) |  |
| Sexual orientation if known |  |

# Family Information:

|  |  |
| --- | --- |
| Parent / Carer Name(s) and relationship |  |
| Parent / Carer Address |  |
| Parent(s)/Carer(s) aware? Consent to share? |  |
| Are parents/guardians protective and engaged in wanting to keep the young person safe? |  |
| Details of any siblings and specific concerns. NB consider whether a separate screening tool or MARF is needed? |  |
| Does the parent/carer have parental responsibility? |  |

# Education, Health, and Social Care:

|  |  |
| --- | --- |
| Local Authority with responsibility |  |
| School / Education Establishments attended |  |
| Health Worker name and location |  |
| Is subject known to children’s social care? |  |
| Have child protection procedures been initiated? If yes, provide date |  |
| Are any other agencies providing services or support? Please list |  |
| Has CSE/CCE been identified previously with this young person? |  |
| Any cross-border or out of county concerns known? |  |

# Looked after status – Please indicate with an ‘X’ and provide as much detail as possible.

|  |  |  |
| --- | --- | --- |
| Lives with family, no experience of care | Y/N |  |
| Lives with family, Child in Need | Y/N |  |
| Lives with family, subject of a Child Protection Plan | Y/N |  |
| Lives with family, previous experience of care | Y/N |  |
| Child in Care: foster family | Y/N |  |
| Child in Care: residential unit | Y/N |  |
| Care Leaver | Y/N |  |
| Young person is in Secure Accommodation | Y/N |  |
| Section 20 - voluntary | Y/N |  |
| Section 31 - Care Order | Y/N |  |
| Section 38 – Interim Care Order | Y/N |  |
| Asylum and unaccompanied | Y/N |  |
| Unknown | Y/N |  |

# Experience of the following: Indicate all that apply with an ‘X’ and provide details where possible.

|  |  |  |
| --- | --- | --- |
| Family history of domestic abuse | Y/N | Who? Please state/give details |
| Sexual abuse | Y/N | Who? Please state/give details |
| Physical abuse by parent / carer / family member | Y/N | Who? Please state/give details |
| Emotional neglect or abuse by parent / carer/ family member | Y/N | Who? Please state/give details |
| Loss of loved one through bereavement or family breakdown | Y/N | Who? Give details |
| Unsuitable or inappropriate accommodation- pattern of street homelessness or sofa surfing | Y/N |  |
| No recourse to public funds (a condition imposed on someone due to their immigration status) | Y/N |  |
| Lack of positive relationship with protective or nurturing adult | Y/N |  |
| Family history of substance abuse | Y/N |  |
| Family history of mental health difficulties | Y/N |  |
| Learning disability or difficulty | Y/N |  |
| Young carer | Y/N | Who? Please state/give details |
| Breakdown of family relationships | Y/N |  |
| Low self-esteem | Y/N |  |
| Isolation from peers | Y/N |  |
| Young person is violent towards others | Y/N | Add names if known |
| Physical violence from boy/girlfriend | Y/N | Add names if known |
| Peers are violent | Y/N |  |

# Basis of concerns regarding CCE/CSE- Indicate all that apply with an ‘X’ and give as much detail as possible.

|  |  |  |
| --- | --- | --- |
| Disclosure of exploitation? | Y/N |  |
| Has the young person been arrested for an offence and either disclosed they are being exploited, OR you suspect they may have been exploited to commit the offence? | Y/N |  |
| Can you provide details of any suspects, offenders, or perpetrators? | Y/N | e.g., names, addresses, contact details or locations, dates of incidents, descriptions, cars, other young people encountered if known |
| Incident or suspected incident of CCE/CSE | Y/N |  |
| Are parents/carers protective? | Y/N |  |

# Health

|  |  |  |
| --- | --- | --- |
| Disclosure of sexual /physical assault followed by withdrawal of allegation | Y/N |  |
| Physical injuries such as bruising; suggestive of either physical or sexual assault (include any knife, acid, weapon injuries | Y/N | Please describe the injury |
| Multiple or repeat STIs / pregnancy / miscarriage.  / Termination | Y/N |  |
| Unprotected sex or accessing emergency contraception, or starting contraception, though no known relationship | Y/N | Y/ |

# Education

|  |  |  |
| --- | --- | --- |
| Unexplained absences from school/College/ Training Provider /Employment | Y/N |  |
| Associating with other children who are known to be exploited, including in school | Y/N |  |
| Regular fixed term exclusions or permanent exclusion from school/college/alternative education provider | Y/N |  |

# Online Safety

|  |  |  |
| --- | --- | --- |
| Concern that inappropriate images (child abuse images) of a child are being circulated via the internet/phones | Y/N |  |
| Concern that the child is being coerced/bribed/threatened to provide explicit images/engage in inappropriate online activity | Y/N |  |
| Concern that the child is being paid for sexual acts online; including live streaming (online Sexual Abuse) | Y/N |  |
| Accessing on-line dating/ ‘hook-up’ sites | Y/N |  |
| Unexplained increased use of social networking, shared gaming sites and / or receiving rewards/credits. | Y/N |  |
| Going online during the night | Y/N |  |
| Concern that a child is being exploited online | Y/N |  |
| Being secretive using mobile phone for accessing websites etc... including unwillingness to share/show online or phone contacts Unusual or increased use of the internet that causes concern e.g. forming relationships, particularly with adults (they may appear to be peers), via the Internet. | Y/N |  |
| Concerns that a child’s online exploitation has developed into an offline exploitation. | Y/N |  |
| Mobile phone being answered by unknown adult/person | Y/N |  |
| Evidence of sexting, or unusual /increased use of a mobile phone that causes concern | Y/N |  |

# Behavior

|  |  |  |
| --- | --- | --- |
| Significant change of behavior e.g.   * change of friendship group * change in behavior at school or education setting * change in appearance * change in routine e.g. keeping different hours, staying out * poor self-image | Y/N |  |
| Serious youth violence/young offender (current or previous | Y/N |  |
| Noticeable reduction in contact with regular peer group | Y/N |  |
| Going missing with other children | Y/N |  |
| Self-harming indicators including eating disorders, self-injury, aggression, challenging behaviour | Y/N |  |
| Increased secrecy/reluctance to talk about daily activities | Y/N |  |
| Heightened anxiety in public places | Y/N |  |
| Unsure of sexual orientation, or family unaware of same-sex relationship | Y/N |  |
| Are there any cultural factors that impact on their vulnerability | Y/N |  |

# Grooming

|  |  |  |
| --- | --- | --- |
| Unexplained money or items including food, alcohol, jewelry, clothing, or mobile phone | Y/N |  |
| Associates/a family member of young person known/ suspected to be involved in sex working/ (Adult Sexual Exploitation) or involved in criminal/drug | Y/N |  |
| Concerns about relationship with older male(s)/ female(s) particularly a controlling individual(s), or group | Y/N | Add details of alleged suspects if known |
| New or increased involvement in petty or major crime | Y/N |  |
| Multiple callers (unknown adults or older young people) | Y/N | Add details of alleged suspects if known; record details e.g., descriptions, names etc. |
| Excessive/increase in use of mobile phones (including receiving calls late at night) | Y/N |  |
| Possession of a second mobile phone or SIM card | Y/N |  |
| The child being in ‘debt’ | Y/N |  |
| Being paid/forced to carry or deliver drugs | Y/N |  |
| Adults loitering outside the child’s usual place of residence or school | Y/N |  |
| Being paid/forced to harm others | Y/N |  |
| Holding money/others depositing money in child’s bank account | Y/N |  |
| Not being paid for work, working long hours, or working in an  inappropriate environment | Y/N |  |
| Living in a gang affected neighborhood | Y/N |  |
| Abduction or false imprisonment | Y/N | Add details |
| Seen in adult places (i.e., pubs, clubs, and hotels) or venues, known to be used for exploitation or criminal activity | Y/N |  |
| New / recent noticeable increase in drug/alcohol abuse | Y/N | Add details of alleged suspects if known |
| Disclosure of sexual or physical assault, bullying or emotional abuse from that controlling person or group | Y/N | Add details of alleged suspects if known |
| Sexual activity with that controlling person | Y/N | Add details of alleged suspects if known |
| Frequenting potentially dangerous places (known gang areas, area known for solicitation) | Y/N |  |
| Entering/leaving vehicles driven by unknown persons, or regular use of taxis, with no known means of paying for them | Y/N | Add any details if known |
| Regularly in situations/places/locations that increase the child’s vulnerability. | Y/N |  |
| Evidence of (or declared) gang-related involvement | Y/N |  |
| Accepting something (money, food, make-up, clothes) for performing sexual act, but running away before performing sexual act (‘clipping’) | Y/N |  |
| Having keys to premises other than those they should have, including hotel key cards | Y/N |  |
| Regularly found in Towns/Cities far away from expected home base | Y/N |  |
| Unexplained movement of everyday household objects in the young person’s residence (e.g., kitchen knife regularly found in other rooms within the house) | Y/N | Please give details |
| Unexplained absences from home or care overnight or for longer periods | Y/N |  |

# Additional Information

|  |
| --- |
| Any additional information or concerns? |
|  |
| What safeguarding practices have already been implemented? |
|  |
| Are you aware of any other screening tools completed (substance misuse/domestic violence) |
|  |
| Risk Principles: |
| **Risk assessment principles – use on Initial CSE/CE screening tool.**  What harm are you most worried about?  If this happens what would be the impact on the child?  What makes this harm less or likely?  What do we need to do now to make harm less likely?  When will we review this?  **Review principles- use when updating**  What harm were you worried about?  What have we done to reduce the harm? Has this improved life for the child?  What do we need to do now?  When will we review this? |
| Contextual safeguarding |
| Your analysis and overview (a few sentences to indicate your thinking; think about Contextual Safeguarding):  <https://contextualsafeguarding.org.uk/about/what-is-contextual-safeguarding> |

# Consider which of the following actions should be taken following completion of assessment if applicable: (not an exhaustive list)

|  |  |
| --- | --- |
| Action to be considered | Date completed |
| Discuss with Line Manager/Safeguarding Lead |  |
| Dial 999 to secure an immediate police response |  |
| Refer to MASH/Children’s Social Care |  |
| Coordinate multi-agency early help support  |  |
| Contact local CE Coordinator/CE Senior Social Worker |  |
| Share information with Police (Complete Intelligence Reporting Form) |  |
| Request/arrange a multi-agency meeting e.g., strategy meeting, Child in Need Meeting, or other meeting. |  |
| Arrange a sexual health assessment/review (Consider SARC services) |  |
| Work alongside parents/carers to identify and respond to their needs |  |
| Address any issues in relation to the child’s education |  |
| Refer to CE/CSE services e.g., voluntary sector project, Youth Support Services (YST) Young Gloucestershire. |  |
| Refer to National Referral Mechanism (NRM) |  |
| Consider disruption options (Home Office Child Exploitation Disruption Toolkit) |  |

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|  |  |
| --- | --- |
| Internal GCC  (But not the allocated social  worker) | If you are an internal GCC staff member, use the ‘Egress’ system to send the email securely to [childrenshelpdesk@gloucestershire.gov.uk](mailto:childrenshelpdesk@gloucestershire.gov.uk) |
| Non GCC | If your organisation has access to government secure e-mail (GCSX / PSN / .net / CJSM) please use  [Childrenshelpdesk-gcsx@gloucestershire.gcsx.gov.uk](mailto:Childrenshelpdesk-gcsx@gloucestershire.gcsx.gov.uk)  You can also use the ‘Egress’ system to send the email securely to [childrenshelpdesk@gloucestershire.gov.uk](mailto:childrenshelpdesk@gloucestershire.gov.uk) |
| By post | If you do not have access to any of these email addresses or systems, please send the document in the post recorded delivery or deliver it by hand, marked ‘official sensitive and confidential’ and ‘For the attention of the Children and Families Helpdesk’ to Shire Hall main reception, Westgate Street, Gloucester. |

If you need help completing the form, then you can call the Public Protection Bureau on 01452 753037.