



**OSCB**  
Oxfordshire  
Safeguarding  
Children Board

# Child Exploitation Screening Tool - recognising risk outside the home

## **PURPOSE**

This screening tool is designed to help professionals recognise risk outside a child or young person's home, and to determine whether they are potentially being exploited or groomed for exploitation.

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 Screening tool guidance on how to fill in this form. It can be found at <https://www.oscb.org.uk/wp-content/uploads/2023/06/CE-Screening-Tool-guidance-FINAL-July-2023.pdf> We suggest that you first talk to the child, their carer and other professionals and then fill in the form. It is set out as a checklist. 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 screening 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 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.

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## 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 or young person have any additional needs that impact on their understanding, communication and interaction with others? | If yes, please make sure you consider any communication needs when you talk with them |
| Does the child or young person have an Education, health and care plan (EHCP)?  | If yes, please refer to the EHCP to make sure you consider any communication needs    |
| Is this a child or young person we care for?  |   |
| Is the child or young person in residential care?   |   |
| Is their accommodation outside of Oxfordshire?  |   |

## Your details

|                                     |  |
|-------------------------------------|--|
| Name:                               |  |
| Role:                               |  |
| Email and contact telephone number: |  |
| Which organisation are you from?    |  |
| Date completed:                     |  |

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## Information Sharing and Disclosure

|   |                               |
|---|-------------------------------|
| Is the child or young person aware that this form has been completed?                     |                               |
|   | (If not, please state reason) |
| Have you been able to run through the suggested questions with the child or young person? |                               |
|   | (If not, please state reason) |
| Are their parents or carers aware that you are completing this form?                      |                               |
|   | (If not, please state reason) |
| Which other professionals are contributing information to this tool?                      |                               |
| Please list all agencies currently working with this child/young person                   |                               |

## About the Child or young person

**Suggested questions to help you find out more about them:**

How are you feeling today?

Let's talk about your physical 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                              | Timeframes |  |  |
|--|------------|--|--|
| 1. Are they managing existing health conditions - do you have any existing health conditions and how are you managing these? |            |  |  |
| 2. Do they have physical disability or difficulty?   |            |  |  |
| 3. Do they have a learning disability or difficulty?   |            |  |  |
| 4. Are they showing changes in mood which is unusual for them? e.g., mood swings, abusive language                           |            |  |  |
| 5. Have there been any changes in their relationships with family members?   |            |  |  |
| 6. Have they shown guarded or secretive behaviour?   |            |  |  |

# Child Exploitation Screening Tool - recognising risk outside the home

## About the Child or young person

| Checklist for you to fill in having talked to the child or young person and those who know them                         | Timeframes |  |  |
|---|------------|--|--|
| 7. Do they become angry if any suspicions or concerns about their activities are raised with them?                      |            |  |  |
| 8. Have they had any physical injuries such as bruising or lacerations suggestive of either physical or sexual assault? |            |  |  |
| 9. Do they have poor self-image and low self-esteem?  |            |  |  |
| 10. Have they self-harmed?  |            |  |  |
| 11. Have they talked about thoughts of, or attempted, suicide?  |            |  |  |
| 12. Do they have an eating disorder or shown any weight gain / loss?  |            |  |  |
| 13. Do they or have they had any sexually transmitted infections?   |            |  |  |
| 14. Have they previously been pregnant or sought a termination?   |            |  |  |
| 15. Have they accessed emergency contraception or contraception outside of 'normal' amounts?                            |            |  |  |

Your comments/ evidence

# Child Exploitation Screening Tool - recognising risk outside the home

## About their home life

| 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  |  |  | Timeframes |
| 1. Are they living in another family's home or sofa surfing?  |  |  |            |
| 2. Are they living in a hostel, B & B or in supported accommodation?  |  |  |            |
| 3. Do they have young carer responsibilities?   |  |  |            |
| 4. Are there any parental difficulties such as a physical or learning difficulty or drug and alcohol misuse, mental health problems, etc?         |  |  |            |
| 5. Have they suffered a recent bereavement, loss, family separation or family breakdown?  |  |  |            |
| 6. Is there any conflict at home with respect to boundaries such as staying out late or not keeping in touch with parents about their whereabouts |  |  |            |
| 7. Are there concerns of domestic abuse at home?  |  |  |            |
| 8. Are there concerns of physical, sexual and or emotional abuse at home?   |  |  |            |
| 9. Are there concerns of neglect? Have you considered using the <a href="#">Thrive-Child-Needs-and-Parental-Responses-2022.docx</a>               |  |  |            |
| 10. Are there concerns of 'child on parent' abuse?  |  |  |            |
| Your comments/ evidence   |  |  |            |
|   |  |  |            |

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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                              | Timeframes |  |  |
|--|------------|--|--|
| 1. Do they report feeling lonely or isolated?  |            |  |  |
| 2. Have they stopped doing age-appropriate activities?   |            |  |  |
| 3. Are there changes in relationships with their peers or new unexplained friendships including friends of an older age group? |            |  |  |
| 4. Are they known to associate with peers or adults who may pose known or unknown risks?                                       |            |  |  |
| 5. Is there any interpersonal violence and coercion within their relationships?  |            |  |  |
| 6. Do they have concerning sexual relationships, e.g., age, imbalance of power, exploitation?                                  |            |  |  |
| 7. Has there been a disclosure of sexual or physical assault followed by withdrawal of allegation?                             |            |  |  |
| 8. Is there evidence of misuse of drugs or alcohol?  |            |  |  |
| 9. Is there evidence of carrying a bladed article or drugs?  |            |  |  |
| 10. Have they gone missing overnight (with or without other children, young people) or frequently returned late?               |            |  |  |

### Your comments/ evidence

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## About their education

### Suggested questions to help you find out more about them:

Do you go to school?

How do you find it?

What do you like about school?

| EDUCATION (if they are not in education skip to the next section)   | Timeframes |  |  |
|---|------------|--|--|
| 1. Are there concerns about their attendance at school? (Tell us more below)  |            |  |  |
| 2. Are they on a reduced timetable? (Tell us more below)  |            |  |  |
| 3. Are they at risk of permanent exclusion or have they had repeated suspensions or are they the subject of In Year Fair Access Panel (IYFAP) |            |  |  |
| 4. Do they attend alternative education provision?  |            |  |  |
| 5. Are they home-schooled?  |            |  |  |
| 6. Are they known to be working?  |            |  |  |

Your comments/ evidence

# Child Exploitation Screening Tool - recognising risk outside the home

## 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 given gifts or rewards by other people – what kind of things have you been given?

| NEIGHBOURHOOD/LOCALITY   | Timeframes |  |  |
|--|------------|--|--|
| 1. Do they live in a neighbourhood known for 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? (such as pubs, clubs, shopping centres, parks) |            |  |  |
| 3. Have they been in situations involving in anti-social behaviour, crime or which have brought them to the attention of the police                    |            |  |  |
| 4. Is there known information or suspicion of involvement in crime and/ or anti-social behaviour? (from 'About them')                                  |            |  |  |
| 5. Do they have unexplained money in their possession?   |            |  |  |
| 6. Do they have new and expensive clothes, shoes or items or are they unkempt and dishevelled?   |            |  |  |
| 7. Is there a family member or known associate working in the adult sex trade or involved in crime or drug activity?                                   |            |  |  |
| 8. Have they shown aggression or physical harm towards people or animals?  |            |  |  |
| 9. Do you know if they have been paid or coerced into criminal activity including sexual acts?   |            |  |  |
| 10. 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 use of social media

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   | Timeframes |  |  |
|---|------------|--|--|
| 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; shared gaming sites or sites of concern or receiving rewards/credits? |            |  |  |
| 3. Are they secretive whilst online including an unwillingness to share or show online or phone contacts?   |            |  |  |
| 4. Do they have an online 'relationship', or an online friendship has developed into an offline 'relationship'?   |            |  |  |
| 5. Do you know if inappropriate images of the child have been circulated?   |            |  |  |
| 6. Do you know if they have been coerced to provide explicit images or engage in inappropriate online activity, including sexual activity? (Tell us more below)                                 |            |  |  |

### Your comments/ evidence

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## Positive/Protective factors

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

## Additional information

## Analysis

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## CHILD'S VOICE/VIEW

What are the child's views about exploitation concerns?

| Actions /Next Steps            |  |
|--------------------------------|--|
| Single agency response         |  |
| Referral to LCSS               |  |
| Referral to MASH               |  |
| Open to Children's Social Care |  |

Please consider a National Referral Mechanism (NRM): ([see National Referral Mechanism Guidance – England and Wales](#))

[Click here to SAVE YOUR COMPLETED FORM](#)

### What should I do next?

#### If the tool indicates there is a risk of Exploitation:

- **All screening tools for children/young people go to MASH.** If you are unsure if it is a new case send through to MASH who will triage: [mash-children@oxfordshire.gov.uk](mailto:mash-children@oxfordshire.gov.uk) Professionals will also need to complete a MASH enquiry form, the screening tool will not be accepted without a MASH referral form.
- **For children/young people currently open to CSC,** practitioners should discuss their concerns with the allocated social worker, and where possible complete the screening tool, with the allocated social worker/core group, to inform next steps.
- If you are unsure whether there is a risk of exploitation, support is available via the Locality and Community Support Service (LCSS):  
LCSS North      Tel: **0345 2412703**  
LCSS Central    Tel: **0345 2412705**  
LCSS South      Tel: **0345 2412608**

Advice re exploitation can also be sought from the Emerald team **01865 309196**.

#### Concerns regarding adults with care and support needs

If you have concerns regarding the exploitation of a vulnerable adult with care and support needs, please see [OSAB – How to report concerns](#)