**This tool should be used to screen young people between 10 years and 17 years where you believe there is a possible risk of criminal exploitation. The tool will help you focus on the specific indicators of criminal exploitation and determine whether you should be completing a full Child Exploitation Assessment.**

***Definition of Child Criminal Exploitation***

*Child Criminal Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal or sexual activity. This will be carried out in exchange for something the victim needs or wants, and /or for the financial or other advantage of the perpetrator or facilitator, and/ or through violence or threat of violence.*

*The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.*

*Criminal exploitation of children is broader than county lines and includes for instance children forced to work on cannabis farms or to commit theft.*

**All children can be exploited but the following are additional vulnerability factors:**

* Being in care (particularly those in residential care and those with interrupted care histories)
* Having prior experience of neglect, physical and/or sexual abuse
* Lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example)
* Having mental health or substance misuse issues;
* Having a physical or learning disability
* Being excluded from mainstream education, attending a Pupil Referral Unit.
* Social isolation or social difficulties
* Economic vulnerability
* Homelessness or insecure accommodation status
* Poor / limited ability to identify exploitative behaviours

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| **Mosaic ID / CareDirector ID** |  |  | **Child's Name** |  |
|  |  |  |  |  |
| **Telephone** |  |  | **Date of Birth** |  |
|  |  |  |  |  |
| **Address** |  | | | |
| **GP Surgery** |  | | | |
| **School** |  | | | |

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| |  | | --- | | **Please summarise the evidence drawn upon to complete the above and detail why you are or are not recommending a full CE Risk Assessment be completed** | | |  | | --- | |  | | |

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| **Date screening completed** |  |  |  |  |
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| **Completed by** |  | | | |
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| **Role** |  | | | |
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| **Contact Number** |  | | | |
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| **Organisation/Team** |  | | | |
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| **Email** |  | | | |