 

**Shorten Health Child Exploitation Risk Assessment Tool (CERAT)**

**Guidance Notes.**

This form is to be used by health services that have *‘time limited’* contact with children (10-up to 18th Birthday), to help them quickly identify children at risk of exploitation.

Child Exploitation is defined as:

 *Child 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, an/ or through violence or threat of violence.*

The services where this tool can be used are as follows:

**ED staff/ /MIUs/Walk in centres/OOH’s Services GPs**

**Looked After Children Health Teams Early Pregnancy Services**

**Pharmacists School Nurse Drop-Ins**

If a child between the ages of 10 up to 18th Birthday presents to your service with **two** or more of the following, a shorten s-CERAT needs to be completed (overleaf).

* Contraception or STI testing/treatment (including emergency contraception/pregnancy testing)
* Pregnancy
* Significant injury from physical assault (stabbing, injuries from a fight)
* Drug or alcohol problems or overdose
* Self-harm and mental health concerns
* Disclosure of sexual assault or concerning sexual activity
* Peer on Peer/Relationship violence
* Parental concerns regarding child going missing or safety
* Frequent attenders at Emergency Departments

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**Please ask questions 1- 4 as a minimum.** If you **are** able to complete the fuller risk assessment with the child, please do so. This can be found at:

:<https://pandorsetscb.proceduresonline.com/p_ch_sexual_exploit.html?zoom_highlight=exploitation>

You may like to introduce the questions in the following way: ***"I would like to ask you some questions to check that you are safe and no one is harming you or pressurising you to do things that would make you feel uncomfortable."***

\*Children under 13 years of age cannot consent to sexual activity- refer to children’s social care.

\*Do you know if the child is a Looked After Child. Looked after Children are considerably more vulnerable to abusive relationships

**Shorten- Child Exploitation Referral and Assessment Tool (s-CERAT).**

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|  | **Short s-CERAT Questions**  | **Yes** | **No** |
| 1 | In the last 6mths have you ever stayed out overnight or longer without permission from your parent(s) or guardian? |  |  |
| 2 | Are you currently in a relationship, and if so, how old is your partner/ boyfriend/ girlfriend or the person(s)?Age of partner \_\_\_\_\_\_ Age of client/patient \_\_\_\_\_\_ Age difference \_\_\_\_\_\_If age difference is 4 or more years, then tick ‘YES’ |  |  |
| 3 | Has anyone, including your current partner ever tried to control or stop you doing the things you’ve wanted to, and are you worried about upsetting them? |  |  |
| 4 | Thinking about where you go to socialise. Do you ever feel unsafe there or do those who care for you (parents/guardians) ever worry about your safety?*Please indicate who is worried and if a place is mentioned please include its name* Client /Patient feels unsafe-\_\_\_\_\_\_\_\_\_\_ Parent/Guardian worries about safety\_\_\_\_\_\_\_\_\_\_\_\_ Places\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tick ‘YES’ for either  |  |  |

**OUTCOME**

If the child has answered ‘yes’ to **two or more of questions 1-4** then a referral should be made to Children Services as this indicates that the child may be at risk of or experiencing child exploitation.

Please note that to make a Contact to Children Services you will need to obtain the child’s name, DOB and address. You should also inform the child, and where safe to do so the parent/guardian that you are making the referral.

A referral should be made to:

**If the child lives in Bournemouth, Christchurch or Poole contact the Children’s First Response Hub: 01202 735046**

**If the child lives in Dorset contact the Children’s Advice and Duty Service (ChAD): 01305 228558**

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| **Childs Name** | **Address** | **Date of Birth** |
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| **Parent/Guardian Informed** |
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**Name and Designation of staff member completing this form**

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| --- | --- |
| **Name:** | **Date:** |
| **Position:** **Organisation:** | **Telephone Number:** |
| **Email:** |  |