**CYPS Child Exploitation Screening Tool**

**Basic Information**

|  |
| --- |
| **Service User Information** |
|

|  |  |
| --- | --- |
| **Name** | - |
| **Preferred Name** | - |
| **Date of Birth** | - |
| **Age** | - |
| **Gender** | - |
| **Home Address** | - |
| **Tel. No.** |   -    | -         |
|  |
| **Nationality, Ethnicity and Religion** |
| **Nationality** | - |
| **Religion** | - |
| **Ethnicity** | - |
|  |
| **Language and Communication** |
| **Preferred Language** | -         |
| **Needs an Interpreter** | -         |
| **Parents' Literacy** | -         |
| **Communication Method** | **Start Date** | **End Date** |
|  |  |  |
|  |
| **Other Identifiers and Person Status** |
| **NHS Number** | -         |
| **Unique Pupil Number** | -         |
| **Immigration Status** | -         |
| **Immigration Start Date** | -         |
| **Legal Status** | -         |
| **Legal Status Start Date** | -         |
|  |
| **School and Education** |
| **Name of School** | **Address** | **Start Date** | **End Date** |
| **Disabilities** |
| **Type of Disability** | **Start Date** | **End Date** |
|  |  |  |

 |

|  |
| --- |
| **Activity Details** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Type** | CYPS Child Exploitation Screening Tool         | **Status** | - |
| **Responsible Worker** |  |
| **Date** |  | **Time** | -         |
| **Method** |          |
| **Create Date** |  | **Created By** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Update Date** |  | **Last Updated By** |  |

 |

**Child Exploitation Screening Tool**

|  |
| --- |
| **Details of individual** |
|

|  |
| --- |
| **This is an initial screening tool, and not intended to be a full assessment of risk.** **Please complete as fully as possible. The list of questions and observations within this screening tool are not exhaustive but are designed to help guide thinking, judgement and decision making regarding what needs to happen next to help support a child to be safer.** **The screening tool is designed to help identify possible risks of exploitation and for you to explain what you are worried about.** |
| **Parent or Carers Name \*** | Click here to enter text. |
| **Absent parent \*** | Choose an item. |
| **Looked After Child \*** | Choose an item. |
| **Child has SEND \*** | Choose an item. |
| **English as an additional language \*** | Choose an item. |

|  |  |
| --- | --- |
| **Your relationship to this child? \*** | Click here to enter text. |

 |

|  |
| --- |
| **Education Employment Training** |
|

|  |  |
| --- | --- |
| **School/College/Employment attended by child \*** | Click here to enter text. |
| **Education/Employment Status \*** | Choose an item. |

|  |  |
| --- | --- |
| **Date if excluded** | Click here to enter a date. |

 |

|  |
| --- |
| **Other Agencies working with Child or Young person** |
|

|  |  |
| --- | --- |
| **Police \*** | Choose an item. |
| **Probation \*** | Choose an item. |
| **Youth offending Service \*** | Choose an item. |
| **Early Help \*** | Choose an item. |
| **Rescue & Response \*** | Choose an item. |
| **Children Social Care \*** | Choose an item. |
| **Sexual Health \*** | Choose an item. |

|  |  |
| --- | --- |
| **CAMHS \*** | Choose an item. |

 |

|  |
| --- |
| **Type of Exploitation  Please select all risk that apply** |
|

|  |  |
| --- | --- |
| **Sexual Exploitation \*** | Choose an item. |
| **Human trafficking \*** | Choose an item. |
| **Criminal Exploitation \*** | Choose an item. |
| **Radicalisation \*** | Choose an item. |
| **Missing \*** | Choose an item. |
| **Modern Slavery \*** | Choose an item. |
| **Online Grooming \*** | Choose an item. |

|  |  |
| --- | --- |
| **Serious Youth Violence \*** | Choose an item. |

 |

|  |
| --- |
| **Exploitation and Harm Indicators** |
|

|  |
| --- |
| **Emerging Concern** |
| **Select applicable indicators** |
| **Adverse Childhood Experience \*** | Choose an item. | Choose an item. |
| **Bereavement \*** | Choose an item. | Choose an item. |
| **Financial Difficulties/Family Deprivation \*** | Choose an item. | Choose an item. |
| **Items missing from home \*** | Choose an item. | Choose an item. |
| **Learning/Communication Difficulties \*** | Choose an item. | Choose an item. |
| **Low self-esteem / self confidence \*** | Choose an item. | Choose an item. |
| **Relationship breakdown with family/peers \*** | Choose an item. | Choose an item. |
| **Attendance at alternative education placement or PRU \*** | Choose an item. | Choose an item. |
| **Change in appearance/ behaviour / isolated / secretive \*** | Choose an item. | Choose an item. |
| **Child has experience of extra or intra familial violence \*** | Choose an item. | Choose an item. |
| **Expressions of invincibility/not caring what happens to them \*** | Choose an item. | Choose an item. |
| **Chaotic / dysfunctional household \*** | Choose an item. | Choose an item. |
| **New to borough/school and has experienced frequent moves \*** | Choose an item. | Choose an item. |
| **Returning Home Late \*** | Choose an item. | Choose an item. |
| **Young persons sexuality increases their vulnerability as they feel unaccepted due to sexual orientation \*** | Choose an item. | Choose an item. |
|  |
| **Escalating Concern** |
| **Select applicable indicators** |
| **Drug or Alcohol Misuse \*** | Choose an item. | Choose an item. |
| **Found / travelling out of Borough \*** | Choose an item. | Choose an item. |
| **Connections with other people in gangs, criminality or Organised Crime Groups (OCGs) (including family) \*** | Choose an item. | Choose an item. |
| **Repeat missing incidents \*** | Choose an item. | Choose an item. |
| **Pregnancy, termination or repeat testing for sexually transmitted infections \*** | Choose an item. | Choose an item. |
| **Regular use of taxis/mini cabs/Uber without legitimate/obvious means to pay \*** | Choose an item. | Choose an item. |
| **Self-harm indicators and/or mental health concerns and/or suicidal thoughts/attempts \*** | Choose an item. | Choose an item. |
| **Child is subject to a fixed term exclusion \*** | Choose an item. | Choose an item. |
| **Absent from school / Non-school attendance /NEET \*** | Choose an item. | Choose an item. |
| **Multiple mobile phones \*** | Choose an item. | Choose an item. |
| **Increasing disruptive, hostile or physically aggressive, including use of sexual language and language in relating to criminality and/ or violence \*** | Choose an item. | Choose an item. |
| **In possession of money/ gifts/ items/ phones/ clothing that cannot be accounted for \*** | Choose an item. | Choose an item. |
| **Forming relations with unknown adults and young people, including online \*** | Choose an item. | Choose an item. |
| **Injuries  evidence or disclosure of physical or sexual assault (e.g. domestic abuse) \*** | Choose an item. | Choose an item. |
| **Young person feels indebted to an individual or group \*** | Choose an item. | Choose an item. |
|  |
| **Significant Concerns** |
| **Select applicable indicators** |
| **Arrested/Involved in criminality, especially offence/suspected of PWITS \*** | Choose an item. | Choose an item. |
| **Young person carrying / concealing weapons \*** | Choose an item. | Choose an item. |
| **Involved/suspected involvement in county lines \*** | Choose an item. | Choose an item. |
| **Minimising or retracting statements of harm to professionals \*** | Choose an item. | Choose an item. |
| **Child has been permanently excluded \*** | Choose an item. | Choose an item. |
| **Currently missing/wanted on a warrant \*** | Choose an item. | Choose an item. |
| **Grooming \*** | Choose an item. | Choose an item. |
| **Involved/suspected involvement in gangs \*** | Choose an item. | Choose an item. |
| **Found in a cuckooed address or cuckooing of home address \*** | Choose an item. | Choose an item. |
| **Frequent A&E attendances due to injuries \*** | Choose an item. | Choose an item. |
|  |
| **What are your concerns  Give as much information as possible \***Click here to enter text. |
|  |
| **Strengths and Resilience Factors** |
| **Select any applicable factors** |
| **Able to adapt to change \*** | Choose an item. |
| **Has had a positive experience of education \*** | Choose an item. |
| **Has access to resource and support from parents/caregivers to further educational achievements \*** | Choose an item. |
| **Accommodation has basic amenities and appropriate facilities \*** | Choose an item. |
| **Positive relationships with peers \*** | Choose an item. |
| **Speech and language development met \*** | Choose an item. |
| **Basic care needs are met \*** | Choose an item. |
| **Is physically healthy \*** | Choose an item. |
| **Sense of belonging to familial network (including when parents are separated) and good friendships outside the family unit \*** | Choose an item. |
| **Stable, warm, affectionate and guiding relationship with care givers \*** | Choose an item. |
| **Supported to acquire a range of skills and interests \*** | Choose an item. |
|  |
| **What is working well  where known \***Click here to enter text. |
| **Are the parents/carers aware of these concerns? \***Click here to enter text. |
| **What is the childs view? \***Click here to enter text. |
| **What is the view of the broader professional network and what support has been put in place to address these concerns? What else do you think the child/family needs? \***Click here to enter text. |
| **What are the places and spaces of concern that the child is going to? \***Click here to enter text. |
| **What is your analysis of risk and your view about what needs to happen next? \***Click here to enter text. |

|  |
| --- |
|  |

 |

|  |
| --- |
| **Multi Agency Management Decision (To Be Completed by MASH Only)** |
|

|  |
| --- |
| **Level of Risk** |
| **No Risk -** | **Exploitation currently not a factor. Concerns relate to age-appropriate behaviours** |
| **Unknown Risk -** | **Limited information but concern that exploitation may be a factor** |
| **At Risk -** | **Evidence/concern of vulnerability to exploitation** |
| **Medium Risk -** | **Evidence/concern of being groomed or targeted** |
| **High Risk -** | **Evidence/concern of being exploited** |
|  |
| **Current Level of Risk** | Choose an item. |
| **Rationale**Click here to enter text. |
| **Recommended Actions**Click here to enter text. |
|  |
| **Name** | Click here to enter text. | **Role** | Click here to enter text. |
| **Agency** | Choose an item. | **Date** | Click here to enter a date. |

|  |
| --- |
|  |

 |