4P Plan - CE1.docx

[Type text]

January 2021 V2

**3. YOUNG PERSON’S DETAILS: Please provide as much information as possible**

**CHILD 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 1-9 OF THIS FORM**

Please note, text boxes will expand to accommodate information as it is inputted.

**1] DETAILS OF PERSON COMPLETING THE FORM**

|  |  |
| --- | --- |
| Name |  |
| Agency and/or relationship to subject |  |
| Telephone number |  |
| Email address |  |
| Address |  |
| Date of referral |  |
| Is the young person aware of the referral? (Please delete as appropriate) | Yes/No |
| Has the young person given their consent? (Please delete as appropriate) | Yes/No |
| **2] DETAILS OF REFERRER IF DIFFERENT FROM PERSON COMPLETING FORM** |  |

Name

Agency or relationship to subject Telephone number

Email address Address

|  |  |
| --- | --- |
|  |  |
| 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 |

**3. YOUNG PERSON’S DETAILS: Please provide as much information as possible**

|  |  |
| --- | --- |
| 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 neededDoes 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? |  |

**4. LOOKED AFTER STATUS – please indicate with an ‘X’ and provide as much detail as possible**

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

**5. EXPERIENCE OF THE FOLLOWING: Indicate all that apply with an ‘X’ and provide details where possible**



|  |  |  |
| --- | --- | --- |
| Family history of domestic abuse |  | Who? Please state/give details |
| Sexual abuse |  | Who? Please state/give details |
| Physical abuse by parent / carer / family member |  | Who? Please state/give details |
| Emotional neglect or abuse by parent / carer/ family member |  | Who? Please state/give details |
| Loss of loved one through bereavement or family breakdown |  | Who? Give details |
| Unsuitable or inappropriate accommodation |  |  |
| Lack of positive relationship with protective or nurturing adult |  |  |
| Family history of substance abuse |  |  |
| Family history of mental health difficulties |  |  |
| Learning disability or difficulty |  |  |
| Young carer |  | Who? Please state/give details |
| Breakdown of family relationships |  |  |
| Low self-esteem |  |  |
| Isolation from peers |  |  |
| Young person is violent towards others |  | Add names if known |
| Physical violence from boy/girlfriend |  | Add names if known |
| Peers are violent |  |  |

**6. Basis of concerns regarding CCE/CSE – Reason for referral**

|  |  |  |
| --- | --- | --- |
| **Indicate all that apply** | **X** | **Please provide 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? |  |  |
| Can you provide details of any suspects, offenders or perpetrators? |  | 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 |  |  |
| Evidence of sexting, or unusual /increased use of a mobile phone that causes concern |  |  |
| Noticeable reduction in contact with regular peer group |  |  |
| Unusual or increased use of the internet that causes concern |  |  |
| Unexplained absences from school/College/ Training Provider /Employment |  |  |
| Regular fixed term exclusions or permanent exclusion from school/college/alternative education provider |  |  |
| Unexplained absences from home or care overnight or for longer periods |  |  |
| Living independently and failing to respond to attempts by worker to keep in touch |  |  |



|  |
| --- |
| **6. Basis of concerns regarding CCE/CSE – Reason for referral** |
| Significant change of behaviour e.g.* change of friendship group
* change in behaviour at school or education setting
* change in appearance
* change in routine e.g. keeping different hours, staying out
* poor self-image
 |  |  |
| Unexplained money or items including food, alcohol, jewellery, clothing or mobile phone |  |  |
| Self-harming indicators including eating disorders, self-injury, aggression, challenging behaviour |  |  |
| Unprotected sex or accessing emergency contraception, or starting contraception, though no known relationship |  |  |
| Multiple or repeat STIs / pregnancy / miscarriage/ termination |  |  |
| Associates of young person known/ suspected to be involved in sex working/ CSE or CCE |  |  |
| Concerns about relationship with older male(s)/ female(s) particularly a controlling individual(s), or group |  | Add details of alleged suspects if known |
| New or increased involvement in petty or major crime |  |  |
| Multiple callers (unknown adults or older young people) |  | Add details of alleged suspects if known; record details e.g. descriptions, names etc. |
| New / recent noticeable increase in drug/alcohol abuse |  | Add details of alleged suspects if known |
| Disclosure of sexual or physical assault, bullying or emotional abuse from that controlling person or group |  | Add details of alleged suspects if known |
| Sexual activity with that controlling person |  | Add details of alleged suspects if known |
| Frequenting potentially dangerous places (known gang areas, area known for solicitation) |  |  |
| Entering/leaving vehicles driven by unknown persons |  | Add any details if known |
| Unsure of sexual orientation, or family unaware of same-sex relationship |  |  |
| Increased secrecy/reluctance to talk about daily activities |  |  |
| Evidence of (or declared) gang-related involvement |  |  |



|  |
| --- |
| **6. Basis of concerns regarding CCE/CSE – Reason for referral** |
| Accepting something (money, food, make-up, clothes )for performing sexual act, but running away before performing sexual act (‘clipping’) |  |  |
| Disclosure of abduction/forced imprisonment |  |  |
| Heightened anxiety in public places |  |  |
| Regularly found in Towns/Cities far away from expected home base |  |  |
| Unexplained movement of everyday household objects in the young person’s residence (e.g. kitchen knife regularly found in other rooms within the house) |  | Please give details |

|  |
| --- |
| **7. Any additional information or concerns?** |
|  |
| **8. What safeguarding practices have already been implemented?** |
|  |
| **9. Are you aware of any other screening tools completed (substance misuse, domestic abuse)** |
|  |

## Upon completion this form may contain data categorised as ‘official sensitive’. You therefore need to be very careful how this data is submitted.

|  |  |
| --- | --- |
| **Allocated GCC social worker** | Once form is recorded on Liquid Logic please send a copy to your manager to sign and then send to the CSE Tray within Liquid Logic |
| **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 |
| **Non GCC** | If your organisation has access to government secure e-mail (GCSX / PSN / .net / CJSM) please useChildrenshelpdesk-gcsx@gloucestershire.gcsx.gov.ukYou can also use the ‘Egress’ system to send the email securely to 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, G loucester.  |

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


# Section 10 is for the CCE/CSE co-ordinator or allocated social worker/ supervisor to complete

If you are the allocated social worker this section must be completed prior to sending it to the CCE/CSE Team. If the risk level is not complete it will not be accepted by the team.

|  |
| --- |
| **10. Risk management categories** |
| **Category 1 - Mild risk of CCE/CSE**Vulnerable child or young person with one or two risk indicators.Evidence of CCE/CSE is limited or tentative at best.The assessment indicates that there may be other underlying factors to the behaviours which are not necessarily of a serious nature |  |
| **Category 2 & 3 - Moderate risk of CCE/CSE**Vulnerable child or young person with a number of risk indicators present e.g. periods of going missing, lack of protective networks, changes inbehaviour, appearance or routine, spending time with inappropriate adults, sexting, STI’s, use of substances.There are emerging indicators of potential CCE/CSE. The assessment points to more potentially serious matters, perhaps hidden or not yet fully detectable. |  |
| **Category 4 - Significant risk of CCE/CSE**Vulnerable child or young person with multiple risk indicators present e.g. regular periods of going missing, disengaged from professionals, isolated,unexplained sums of money or goods, relationships with an older or controlling person, entering vehicles driven by unknown adults, disclosure of harm,STI’s, use of substances, declared/suspected gang affiliations.The child or young person is either at serious risk of CCE or is being exploited and requires immediate intervention and protection. |  |


# How we use this information

The information you give us will be used to help us assess whether a child or young person may be the subject of, or at risk of, criminal or sexual exploitation. To do this we may need to share some or all of the details

you provide with other organisations; this includes, but is not limited to, Gloucestershire County Council, Gloucestershire Constabulary and Gloucestershire Youth Support (Prospects). Ideally you should complete the form with the child or young person present, but this is not essential. If this is not possible they should still be informed, and their consent sought.

In situations where consent is not given or to seek it may put the child or young person at increased risk of significant harm there may still be a legal duty to share the information. For further advice please refer to the latest Government guidance “Information sharing advice for safeguarding practitioners” which can be found at: safeguarding practitioners-information sharing advice

All information is treated with respect and in accordance with the Data Protection Act 1998.

