**Child Sexual Exploitation Risk Assessment Form (SERAF)**

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| **Child’s name & address** |  | | | | |
| **Date of Birth** |  | | **Gender** |  | |
| **Ethnicity** |  | | **Languages spoken** |  | |
| **Specify any SEN or disability if child is disabled** |  | | **Date of this child sexual exploitation risk assessment** |  | |
| **Name, agency and contact details of worker completing assessment** |  | | | | |
| **Known to children’s social care?**  **If so, since when?** |  | | **Is child in care?**  **If so, start date and legal status** |  | |
| **Is child on CP plan?**  **If so, since when?** |  | | **Involvement with the Youth Offending Service?**  **If, since when?** |  | |
| **Is the child receiving support or services from any other agency?**  **Please list them here e.g. CAMHS, CMES, etc.** |  | | | | |
| **Vulnerabilities** | | Please tick | **Vulnerabilities** | | Please tick |
| Emotional neglect by parent/carer/family member | |  | Family history of mental health difficulties | |  |
| Physical abuse by parent/carer/family member | |  | Low self-esteem | |  |
| Sexual abuse | |  | Unsuitable/inappropriate accommodation | |  |
| Breakdown of family relationships | |  | Isolated from peers/social networks | |  |
| Family history of domestic abuse | |  | Lack of positive relationships with a productive/nurturing adult | |  |
| Family history of substance misuse | |  |  | |  |

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| **Moderate risk indicators** | | | | Please tick if present on date of assessment or during the past 6 months | |
| Staying out late | | | |  | |
| Multiple callers (unknown adults/older young people) | | | |  | |
| Use of a mobile phone that causes concern | | | |  | |
| Expressions of despair (self-harm, overdose, eating disorder, challenging behaviour, aggression) | | | |  | |
| Exclusion from school or unexplained absences from or not engaged in school/college/training/work | | | |  | |
| Sexually Transmitted Infections (STIs) | | | |  | |
| Drugs misuse | | | |  | |
| Alcohol misuse | | | |  | |
| Use of the internet that causes concern | | | |  | |
| Living independently and failing to respond to attempts by worker to keep in touch | | | |  | |
| **Significant risk indicators** | | Please tick if present between 6 and 12 months ago | | Please tick if present on date of assessment or during past 6 months | |
| Disclosure of sexual/physical assault followed by withdrawal of allegation | |  | |  | |
| Peers involved in clipping/sexual exploitation | |  | |  | |
| Periods of going missing (most of day, overnight or longer) | |  | |  | |
| Older “boyfriend”/relationship with controlling adult | |  | |  | |
| Physical abuse by controlling adult/physical injury without plausible explanation | |  | |  | |
| Emotional abuse by controlling adult | |  | |  | |
| Entering/leaving vehicles driven by unknown adults (**Not** taking and driving away: car theft) | |  | |  | |
| Unexplained amounts of money, expensive clothing or other items | |  | |  | |
| Frequenting areas known for on/off street sexual exploitation | |  | |  | |
| **CSE risk assessment score** |  | | **Risk Category** | |  |
| **Referral to children’s social care? If so, give date.** |  | |  | |  |
| **Principal area of concern:** | | | | | |

**Professional Judgment Sheet**

Please provide any additional information in the box below. This box is for you to provide any relevant information that increases your concerns regarding CSE. It is essential that you pass on any relevant information.