**Surrey Child Exploitation Risk Assessment Tool (CERAT)**

\*Guidance on how to use the new tool available – ***only one RMM form 1st Aug 2023***

\*\*this is a combined version of the previous risk assessment and RMM update form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child/Young person’s name/alias/known as |  | | Date completed / period covered | |  |
| Name of person completing |  | | Team & ICS number | |  |
| DOB/Age |  | | Gender | |  |
| Address |  | | Has exploitation previously been identified as a specific issue for this child? | |  |
| Ethnicity/Religion / Language spoken  (Is this their first language?) / Interpreter required |  | | Disability/Special Needs: (If yes, please clarify further) | |  |
| Other agencies involved  (S**hare completed risk assessments with permission**)  **Please ensure partners are invited to RMM where relevant** | School |  | | | |
| GP |  | | | |
| CAMHS |  | | | |
| Social Care |  | | | |
| Police |  | | | |
| Youth Justice |  | | | |
| Childrens Home |  | | | |
|  | Other |  | | | |
| Has an NRM been completed? | Yes/No | | | Date: | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Risk/exploitation indicators** (select all appropriate options) | | | | | | | |
| **Unexplained possessions such as money, phone, gifts, jewellery, drugs** |  | **Going to unsafe places i.e. houses or places linked to exploitation or risky activities** |  | **Being targeted/groomed for abuse online** |  | **Self-harm /suicide attempts/significant changes in emotional wellbeing** |  |
| **Association with peers at risk of exploitation** |  | **Unexplained contact with hotels, taxi’s, fast food outlets** |  | **Offending behaviour i.e.  theft, violence, drug dealing** |  | **Carrying weapons** |  |
| **Miscarriage, termination, STI or emergency hormonal Contraception** |  | **Increased interest in making money or need for money** |  | **Missing episodes** |  | **Entering or leaving unknown vehicles** |  |
| **Found in areas with no known connection** |  | **Unexplained physical injuries/suspicion of assault** |  | **Expressing extreme views and behaviours** |  | **Gang associations** |  |
| **Breakdown in relationships with family and/or peers** |  | **Suspicious bank account activity** |  | **Unhealthy or inappropriate sexual behaviour** |  | **Dramatic change in school performance/ behaviours/attendance** |  |
| **Relationships with controlling/older individuals or groups** |  | **Indicators of modern slavery or trafficking** |  | **Exclusion from school due to behaviour or reduced timetable/alternative provision** |  | **Change in physical appearance/dress/image** |  |
| **Peer on peer abuse, including sexualised bullying** |  | **Recruiting others into exploitative situations** |  | **Associating with known perpetrators/drug dealers/ risky adults** |  | **Information that child is being exploited, including concern expressed by parents** |  |
| **Drug Debt** |  | **Groomed into sexual activity including sending explicit images** |  | **Substance/alcohol abuse** |  | **Multiple mobile phones** |  |
| **Found with large quantities of drugs** |  | **Excessive receipt of calls/texts /social media messages from unknown persons** |  | **Is geographical area or place - a risk factor** |  | **Is there a safe place for the young person** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Professional Judgement:** *Please explain why you are concerned about CE*. Include current known level of abuse/exploitation. Use this section to provide an analysis of what the information you have **from all agencies** is telling you about the child/young person and their life. Highlight any concerns that have been raised which add to the young person’s vulnerability such as recent bereavement, domestic abuse, mental health issues, low self-esteem, learning disabilities etc. | | | | | |
|  | | | | | |
| **(Management Oversight/comment)** This form will be returned without review if this section has not been completed | | | | | |
|  | | | | | |
| **Record of child’s views and parents’ / carers’ views of risk/need** Please ensure this includes consent where given and any insight into behavioural change and mental health. | | | | | |
|  | | | | | |
| **RMM decision and summary** | | | | | |
|  | | | | | |
| **Intended CE outcomes: Please document actions and disruption activity (Safety Plan)** Please note; this safety plan should be transferable to any CP. CiN, Care or EH Plan. | | | | | |
| # | ACTION | ACTION OWNER | BY WHEN | COMPLETED |
| 1 | e.g. Practitioner will ensure relationship is built with child through regular contact using text, visit and telephone contact. | Case holder | ongoing | Yes/No |
| 2 | e.g. Complete referral to NRM &ICTG Team if appropriate | Case holder |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |

***Please ensure this assessment or update is fully completed as a partial assessment will be returned prior to review. Once reviewed by the exploitation leads the assessment will be passed to RMM ADMIN for a date at the next available RMM***

Document last reviewed: November 2023

Reviewed by: Jan Smith

Next review date: November 2024