**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

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| 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: |

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| **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** |[ ]

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| **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