CSE Referral Checklist 

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| When to use this checklist: **Please complete this form when you encounter a child (under 18) who you believe might be at risk of or experiencing sexual exploitation. It is intended to help you think about what are known to be risk factors in child sexual exploitation and inform further action required.**  **To complete this form, you will need to discuss the subject areas with the child and his/ her carer/ parent and make some observations in relation to your assessment of the child’s situation. If there is insufficient information to complete a field, please leave it blank.**  **When complete, please submit this form as set out below without delay:**  **(Details of who should receive the form. This will vary between agencies/organisations)** | | | |
| **If you suspect that anyone is in immediate danger, call the Police on 999.**  **If a child/young person is currently at risk of significant harm, including from CSE, refer immediately to First Response Bristol Team– 0117 903 6444** | | | |
| **Details of person completing checklist:** | | | |
| **Name:** | Click here to enter text. | **Agency:** | Click here to enter text. |
| **Role:** | Click here to enter text. |
| **Address:** | Click here to enter text. | **Email:** | Click here to enter text. |
| **Telephone:** | Click here to enter text. |

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| **Details of Child (subject of Checklist):** | | | |
| **Child/young person's Name/Alias/Known as:** | Click here to enter text. | **Local Authority currently living in:** | Click here to enter text. |
| **Language (s) spoken:** | Click here to enter text. | **Date of checklist:** | Click here to enter text. |
| **Age:** | Click here to enter text. | **Legal Status of child (if known):** | Click here to enter text. |
| **DOB:** | Click here to enter text. |
| **Ethnicity:** | Click here to enter text. | **Gender:** | Click here to enter text. |

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| **Section 1. Vulnerabilities**  factors that are known to make a young person more at risk of being targeted for CSE |

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| **Involvement with the Youth Justice System?**  *(If yes provide brief details including type of criminality)* | **Yes:  No:**  Click here to enter text. | **Is the child receiving support or services from any other Agency, such as drug & alcohol or mental health services** | **Yes:  No:**  Click here to enter text. |
| **Known to Children's Social Care/CP Plan / LAC, now or previously?** | **Yes:  No:**  **CP Plan:**  **CiN:  LAC:** | **Physical/ Learning Disabilities/**  **Communication disorders** | **Yes:  No:**  Click here to enter text. |

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| **Migrant/ Refugee/ Asylum seeker/ trafficked?** | **Yes:  No:**  Click here to enter text. | **Sexuality (If known)** | Click here to enter text. |
| **Has sexual exploitation previously been identified as a specific issue for this child?**  **Please provide details** | | **Yes:  No:**  **If Yes when:** Click here to enter text.  Click here to enter text. | |

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| **Family information** | |
| **Neglect by Parent/ Carer/ Family member** | Click here to enter text. |
| **History of/current family domestic abuse**  *(including risk of forced marriage/risk of honour based violence)* | Click here to enter text. |
| **Physical/ Emotional/ sexual abuse by parent/carer /family member** | Click here to enter text. |
| **History of current substance misuse in family/ household** | Click here to enter text. |
| **Family history of exploitation or Prostitution** | Click here to enter text. |
| **Poverty or Deprivation** | Click here to enter text. |
| **Family history of mental health difficulties impacting parenting** | Click here to enter text. |
| **Unsuitable or inappropriate accommodation**  *(inc. street homeless, staying with inappropriate adults/ sofa surfing/ hostel/ B&B)* | Click here to enter text. |
| **Breakdown of family relationships** | Click here to enter text. |
| **Family bereavement - Recent bereavement or loss** | Click here to enter text. |
| **Child / Young Person** | |
| **Low self-esteem or history of being bullied or of bullying** | Click here to enter text. |
| **Lack of positive relationship with a protective / nurturing adult** | Click here to enter text. |
| **Young carer** | Click here to enter text. |
| **Disconnecting from support networks** *i.e. family/ friends* | Click here to enter text. |
| **Living in a chaotic or dysfunctional household** | Click here to enter text. |
| **Unsure about their sexual orientation or unable to disclose sexual orientation to their families/ friends** | Click here to enter text. |
| **Living in a gang neighbourhood** *(postcode gangs)* **Ethnicity** *(Bullying or gang ethnicity)* | Click here to enter text. |
| **Gang association either through relatives, peers or intimate relationships** | Click here to enter text. |

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| **Section 2. Risk Indicators:**  Children are groomed and exploited in different ways. It may be difficult for parents, carers and practitioners to differentiate between ordinary teenage behaviour and the risk of or involvement in sexual exploitation but below are some signs that may suggest that the child is being groomed for sexual exploitation or actually being sexually exploited. | |
| **Within family / home / relationships:** | |
| **Change in behaviour:**  *(being more secretive/ withdrawn/ isolated from peers or not mixing with usual friends)* | Click here to enter text. |
| **Increasingly disruptive, hostile or physically aggressive at home or school, including use of sexualised language** | Click here to enter text. |
| **Associating/ relationship with significantly older men or women who encourage emotional dependence, loyalty and isolation from safe Relationships** *(record details of adults i.e. occupation/ description)* | Click here to enter text. |
| **Physical or emotional abuse by a boyfriend/ girlfriend or controlling adult including use of manipulation, violence and/or threats** | Click here to enter text. |
| **Associating with other children known victims or at risk of sexually exploitation** | Click here to enter text. |
| **Multiple callers -** *(unknown adults/older young people) -(Record description /names etc.)* | Click here to enter text. |
| **Estranged from family** | Click here to enter text. |
| **Regularly coming home late or going missing from home, care or education for any period of time (whether reported or not).** | Click here to enter text. |
| **Returning home after long intervals appearing well cared for.** | Click here to enter text. |
| **Physical Health and Mental Health:** | |
| **Change in physical appearance**  *(new clothes, more/less make-­up, weight gain/loss)* | Click here to enter text. |
| **Increased health / sexual health related problems** | Click here to enter text. |
| **Marks or scars or physical injuries on the body or face which they try to conceal** | Click here to enter text. |
| **Expressions of despair** *(Inc. depression, mental ill health, self­‐harm, suicide thoughts/ attempts, overdose, eating disorder)* | Click here to enter text. |
| **Branding** *(i.e. of gang logos)* | Click here to enter text. |
| **Repeat/ unplanned pregnancy or pregnancies** *(including ending in termination/ miscarriage(s))* | Click here to enter text. |
| **Sexually Transmitted Infections (STIs) and/or repeat tests particularly with negative results** | Click here to enter text. |
| **Behaviour and experiences:** | |
| **Concealed /concerning use of the internet including web-cam, online gaming** *(via X-box, PlayStation)***, chat rooms etc.** | Click here to enter text. |
| **Use of Social Media** *(Facebook, Twitter, Instagram, Snapchat, Whatsapp etc.)* | Click here to enter text. |
| **Exclusion from school or unexplained absences from, or not engaged in school/ college/ training/ work** | Click here to enter text. |
| **Reports of being taken to hotels, nightclubs, takeaways or out of area by unknown adults** | Click here to enter text. |
| **Sexualised risk-­taking, including on internet or mobile phone, such as sexting (sending explicit messages or photos to adults or peers)** | Click here to enter text. |
| **Young gay/bisexual exploring sexuality in unsupported way** | Click here to enter text. |
| **Association with gangs** | Click here to enter text. |
| **Increasing use of drugs or alcohol or misuse of drugs or alcohol** | Click here to enter text. |
| **Fear of victimisation from other gangs due to gang affiliation or rivalry** | Click here to enter text. |
| **Constrained by ‘rules’ of a gang** | Click here to enter text. |
| **Inability to negotiate exit from a gang due to fear/dependency** | Click here to enter text. |
| **Displaying signs of harassment/Unwanted attention** | Click here to enter text. |
| **Fear of gang leaders** | Click here to enter text. |
| **Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites** | Click here to enter text. |
| **Involved in criminal offending activity** *(i.e. ASB/criminal damage/theft)* | Click here to enter text. |
| **Unusual association with groups of adults** | Click here to enter text. |
| **Appearance and possessions:** | |
| **Unexplained amounts of money, mobiles, credit, expensive clothing, jewellery or other items/gifts** | Click here to enter text. |
| **Having multiple mobile phones, sim cards or use of a phone that causes concern - multiple callers or more texts /pings than usual** | Click here to enter text. |
| **Possession of hotel keys/cards or keys to unknown premises** | Click here to enter text. |
| **Overt sexualised dress** | Click here to enter text. |
| **Incidents:**  **NB: If any of the below are known to have happened and the Police or Social Care are not yet aware you must refer to First Response. Always report to the Police in emergencies.** | |
| **Child under 13 engaging in penetrative sex with someone over 15 years** | Click here to enter text. |
| **Abduction or forced imprisonment** | Click here to enter text. |
| **Being taken to brothels/massage parlours** | Click here to enter text. |
| **Child meeting different adults and exchanging or ‘selling’ sexual activity** | Click here to enter text. |
| **Entering/ leaving vehicles cars with unknown adults** | Click here to enter text. |
| **Frequenting areas known for on/off street sex work** | Click here to enter text. |
| **Receiving rewards of money or goods for introducing peers to CSE adults.** | Click here to enter text. |
| **Disclosure of sexual/ physical assault followed by withdrawal of allegation** | Click here to enter text. |
| **Being taken to clubs or hotels and engaging in sexual activity** | Click here to enter text. |
| **Association with taxi firms/ takeaway owners** *(night ‐ time economy)* | Click here to enter text. |
| **Seen in known CSE hotspots**  *(certain flats, recruiting areas, cars or houses)* | Click here to enter text. |
| **Please add any additional information that you feel is unusual/ relevant/ concerning** | Click here to enter text. |

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| **Outcome:**  **Is the child** | **Record your decision based on the information you have outlined above.** |
| **At risk of CSE:**  *If Yes create a Flag/hazard on case record* | **Yes:  No:** Click here to enter text. |
| **A victim of CSE:**  *If Yes create a Flag/hazard on case record* | **Yes:  No:** Click here to enter text. |
| **Involved with other young people who may also be a risk/ victim of CSE:**  *Consider whether a complex strategy discussion is required* | **Yes:  No:** Click here to enter text. |
| **Not enough information to make a determination:**  *Keep the situation under review and revisit this checklist if new information becomes available* | **Yes:  No:** Click here to enter text. |
| **Not at risk of or a victim of CSE:**  *Keep the situation under review and revisit this checklist if new information becomes available* | **Yes:  No:** Click here to enter text. |
| Do you have information regarding potential/ alleged perpetrators? If so complete the: **‘Suspects’ Police Notification Form** and send to the Safeguarding Co-ordination Unit. | |

**Outcome:**

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| **Refer to BASE and/ or Police accordingly:** | **YES** | **NO** | **Refer to CSE MARAC meeting:** | **YES** | **NO** |
| **Urgent complex strategy discussion:** | **YES** | **NO** | **Support agency to complete SAF:** | **YES** | **NO** |

**When completed ensure that this form is attached to the child’s case record.**