This is an **initial screening tool** designed to help practitioners recognise risk from outside a child or young person’s home. Any practitioner can fill in this tool if they have concerns that there is a risk of exploitation or they have noticed some potential indicators. This form could be used to assist information gathering in making a SAFER referral and can be submitted alongside a SAFER referral form.

The list of indicators and vulnerabilities within this screening tool is not exhaustive. Child exploitation is complex and cannot be categorised neatly into one definition. (For further information on definitions and types of child exploitation go to [Tees Procedures Exploitation Pages.](https://www.teescpp.org.uk/procedures-and-guidance-on-specific-issues-that-affect-children/child-exploitation/)

Please complete this tool as fully as possible. Observations of behaviours and any significant changes will be important as children will often deny, or be unaware, that they are being exploited. When completing the tool, please be specific about details; giving examples of evidence and recording your observations and professional judgement / analysis of the risk outside the home for the child or young person you are concerned about. **Views of the child and of their parents / carers should be gathered as part of the screening tool completion.**

|  |  |
| --- | --- |
| **Child / Young Person’s Details** | |
| Childs Name: | Click or tap here to enter text. |
| Date of Birth: | Click or tap here to enter text. |
| Gender Identity: | Click or tap here to enter text. |
| Home or placement address: | Click or tap here to enter text. |
| Parent or Carer Name: | Click or tap here to enter text. |
| School attended by child: | Click or tap here to enter text. |
| Current involvement:  (CiOC, CP, CIN, Early Help or no involvement) | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Parent(s) / Carer(s) details:** | |
| Name: | Click or tap here to enter text. |
| Click or tap here to enter text. |
| Telephone Number: | Click or tap here to enter text. |
| Click or tap here to enter text. |
| Relationship & DOB: | Click or tap here to enter text. |
| Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Composition/Significant Others (Who else lives with the child or plays a significant role in their life?)** | | | |
| **Name:** | **DOB:** | **Relationship:** | **Address (add contact number):** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Suspected Harm Outside of the Home (Can highlight more than one risk if required)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child Sexual Abuse and Exploitation (CSA&E) | Child Criminal Exploitation (CCE) | | Online Exploitation | | Trafficking and Modern Slavery |
| **Risk Associated with:** | | | | | |
| Missing from home, care or education | | Radicalisation and Extremism | | Serious Youth Violence | |

|  |
| --- |
| **What are you worried about? - How do you think the child is being exploited?**  **(give as much information as possible)** |
|  |

|  |
| --- |
| **What is working well? – What are the protective factors for the child / young / person? (give as much information as possible)** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **List of Indicators and Vulnerabilities** | **Current or within the past 6 months**  **(tick those that apply)** | | **Prior to 6 months ago**  **(tick those that apply)** |
| Yes | Possible / Suspected | Yes |
| Reported or unreported repeat missing incidents |  |  |  |
| Drug / alcohol / other substance misuse |  |  |  |
| In possession of money/ gifts/ items/ phones/ clothing that cannot be account for |  |  |  |
| Change in physical appearance or behaviour (e.g. isolated from peers / more secretive / multiple layers of clothing) |  |  |  |
| Pregnancy, termination or testing for sexually transmitted infections or request for contraception |  |  |  |
| Being coerced into taking/sharing indecent images of self or others |  |  |  |
| Arrested / Involved in criminality / Involved in anti-social behaviour |  |  |  |
| Found / travelling out of Borough or to unknown addresses/locations |  |  |  |
| Multiple mobile phones or frequent and persistent calls |  |  |  |
| Young person feels indebted to an individual or group |  |  |  |
| Items missing from home |  |  |  |
| Young person carrying / concealing weapons |  |  |  |
| Connections with other people in gangs, criminality or Organised Crime Groups (OCGs) |  |  |  |
| Absent from school / Non-school attendance / reduced or part-time table / home-educated |  |  |  |
| Living in a chaotic / dysfunctional household |  |  |  |
| Child has experience of violence in or outside of the home |  |  |  |
| Low self-esteem / self confidence |  |  |  |
| Minimising or retracting statements of harm to professionals |  |  |  |
| Self-harm indicators and/or mental health concerns and/or suicidal thoughts/attempts |  |  |  |
| Injuries – signs of physical or sexual assault |  |  |  |
| Relationship breakdown with family and / or peers or struggles to maintain relationships |  |  |  |
| Expressions around invincibility or not caring what happens to them |  |  |  |
| Adults forming relationships with the young person, including online |  |  |  |
| Increasing disruptive, hostile or physically aggressive; including use of sexual language and language in relation to criminality and/ or violence. |  |  |  |

|  |
| --- |
| **Are the parents/ Carers aware of these concerns? If not why not?** |
|  |

|  |
| --- |
| **What is the child’s view of these concerns?** |
|  |

|  |
| --- |
| **What support have you put in place to address these concerns? / What else do you think child/ family needs?** |
|  |

|  |  |  |
| --- | --- | --- |
| **Practitioner Details** | | |
| **Name:** |  | |
| **Role and Agency:** |  | |
| **Contact Details:** |  | |
| **Date completed :** |  | |
| **MANAGEMENT OVERSIGHT:** | | |
| **Name:** | |  |
| **Contact Details:** | |  |
| **Position:** | |  |

|  |
| --- |
| **Next Steps** |
| This completed screening tool should be submitted to the Local Authority where the child resides or if LAC, the home authority.  If the child **is open to services and already has a worker**, send this tool directly to the local Harm Outside of the Home group:  **Middlesbrough:** [**hoth@middlesbrough.gov.uk**](mailto:hoth@middlesbrough.gov.uk)  **Redcar-Cleveland:** [**HOTH@redcar-cleveland.gov.uk**](mailto:HOTH@redcar-cleveland.gov.uk) **Stockton:** [**HoTH@Stockton.gov.uk**](mailto:HoTH@Stockton.gov.uk)  **Hartlepool:** [**HOTH@hartlepool.gov.uk**](mailto:HOTH@hartlepool.gov.uk)  If the child **does not have a worker** this form should be used to assist evidence gathering in making a SAFER referral and can be **submitted alongside a SAFER referral form** to**:**  **Middlesbrough:** [MiddlesbroughMACH@middlesbrough.gov.uk](mailto:MiddlesbroughMACH@middlesbrough.gov.uk)  **Redcar-Cleveland:** [RedcarMACH@redcar-cleveland.gov.uk](mailto:RedcarMACH@redcar-cleveland.gov.uk)  **Stockton:** [childrenshub@hartlepool.gov.uk](mailto:childrenshub@hartlepool.gov.uk)  **Hartlepool:** [childrenshub@hartlepool.gov.uk](mailto:childrenshub@hartlepool.gov.uk) |