**Jersey Child Exploitation Screening Tool - Guidance**

The Screening Tool uses the term ‘child’ deliberately to remind us that a child at risk through exploitation is a child in need of protection and not a young adult making poor choices. It is designed to be used by anyone who has concerns for a child. A child is defined as a person who is under 18 years of age.

The Screening Tool is designed to help identify vulnerabilities and risks associated with exploitation and for you to explain your concerns relating to the child. Your observations of behaviours and any significant changes will be important as children will often deny or be unaware that they are being exploited. Significant changes in behaviours, a single high-risk episode or multiple risk factors may indicate that the child is a victim of abuse through exploitationrather than a teenager experimenting with risk taking. Please complete as fully as possible.

Please use the Children’s Society guidance on use of language [Child Exploitation Language Guide | The Children's Society](https://www.childrenssociety.org.uk/information/professionals/resources/child-exploitation-language-guide#:~:text=multi%2Dagency%20professionals.-,Impact%20of%20language,share%20their%20experience%20of%20abuse.) to assist with the completion of this tool.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child Details** | | | | | | | | | | | | | | | | | | | | |
| Forename(s) | | | | ​​Click or tap to add details here.​ | | | | | | | Surname | | | | ​​Add details here.​ | | | | | |
| Child also known as? | | | | ​​Click or tap to add details here.​ | | | | | | | | | | | | | | | | |
| Date of Birth | | | | ​​Click or tap to add details here.​ | | | | | | | Gender | | | | ​​Choose an item.​ | | | | | |
| Ethnicity | | | | ​​Please Choose ​ | | | | | | | | | | | | | | | | |
| Home or Placement Address | | | | | | | | ​​Click or tap to add details here.​ | | | | | | | | | | | | |
| School / College / Employment attended by Child | | | | | | | | ​​Click or tap to add details here.​ | | | | | | | | | | | | |
| SEND | | | | | | | | ​​Click or tap to add details here.​ | | | | | | | | | | | | |
| Professional judgement of any additional learning needs? If yes, please provide details below | | | | | | | | | | | | | | | | | | ​​Yes / No (Please choose)**​** | | |
| ​​Click or tap to enter text.​ | | | | | | | | | | | | | | | | | | | | |
| What is your relationship to the child? | | | | | | | | ​​Click or tap to add details here.​ | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Parent/Carer Details** | | | | | | | | | | | | | | | | | | | | |
| Forename(s) | | | ​​Click or tap to enter text.​ | | | | | | | | Surname | | | ​​Click or tap to enter text.​ | | | | | | |
| Address Details | | | | | | | | ​​Click or tap to enter text.​ | | | | | | | | | | | | |
| Do they have Parental Responsibility? | | | | | | | | ​​Yes / No (Please choose)**​** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Risk - Can highlight more than one risk if required** | | | | | | | | | | | | | | | | | | | | |
| Sexual Exploitation | | | | | | | ​​Yes / No (Please choose)**​** | | | Missing | | | | | | | | | ​​Yes / No (Please choose)**​** | |
| Criminal Exploitation / County Lines | | | | | | | ​​Yes / No (Please choose)**​** | | | Serious Youth Violence | | | | | | | | | ​​Yes / No (Please choose)**​** | |
| Modern Slavery / Human Trafficking | | | | | | | ​​Yes / No (Please choose)**​** | | | Honour Based Abuse | | | | | | | | | ​​Yes / No (Please choose)**​** | |
| Harmful Sexual Behaviours | | | | | | | ​​Yes / No (Please choose)**​** | | | Online Harm | | | | | | | | | ​​Yes / No (Please choose)**​** | |
| Radicalisation | ​​Yes / No (Please choose)**​** | | | | If yes, have you contacted the Police to report this. | | | | | | | | | | | | | | | ​​Yes / No (Please choose)**​** |
| **Agency Involvement – Please specify current agency involvement e.g. Social Care; School Nurse; CAMHS; Youth Service, etc** | | | | | | | | | | | | | | | | | | | | |
| **Agency Name** | | | | | | | | **Role** | | | | **Details (**including contact details) | | | | | | | | |
| Children’s Services | | | | | | | | ​​Add details here.​ | | | | ​​Click or tap to add details here.​ | | | | | | | | |
| Police | | | | | | | | ​​Add details here.​ | | | | ​​Click or tap to add details here.​ | | | | | | | | |
| Probation | | | | | | | | ​​Add details here.​ | | | | ​​Click or tap to add details here.​ | | | | | | | | |
| CAMHS | | | | | | | | ​​Add details here.​ | | | | ​​Click or tap to add details here.​ | | | | | | | | |
| ED | | | | | | | | ​​Add details here.​ | | | | ​​Click or tap to add details here.​ | | | | | | | | |
| School Nurse | | | | | | | | ​​Add details here.​ | | | | ​​Click or tap to add details here.​ | | | | | | | | |
| School / Education / Training Provider | | | | | | | | ​​Add details here.​ | | | | ​​Click or tap to add details here.​ | | | | | | | | |
| Housing | | | | | | | | ​​Add details here.​ | | | | ​​Click or tap to add details here.​ | | | | | | | | |
| ​​Youth Service | | | | | | | | ​​Add details here.​ | | | | ​​Click or tap to add details here.​ | | | | | | | | |
| ​​Other (add here).​ | | | | | | | | ​​Add details here.​ | | | | ​​Click or tap to add details here.​ | | | | | | | | |
| ​​Other (add here).​ | | | | | | | | ​​Add details here.​ | | | | ​​Click or tap to add details here.​ | | | | | | | | |
| No Lead Agency | | Early Help Plan | | | | Child in Need | | | Child Protection Plan | | | | | | | Child in Care / Leaving Care | | | | |
| **​​☐​** | | **​​☐​** | | | | **​​☐​** | | | **​​☐​** | | | | | | | **​​☐​** | | | | |
| Lead Practitioner Name? | | | | | | ​​Click or tap to add details here.​ | | | | | | | | | | | | | | |
| Is the child placed from a different authority? If yes, please provide details below including the authority and if known, the date they were placed. | | | | | | | | | | | | | | | | ​​Yes / No (Please choose)**​** | | | | |
| ​​ | | | | | | | | | | | | | | | | | | | | |
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| **Areas of Concern**  **Which of the following are applicable to this young person? (Current: 0-6 months | Previous: 6+ months | Suspected)** | | | | | | | | | | | | | | | | | | | | |
| **Concern** | | | | | | | | | | | | | **C / P / S** | | | | **Details** | | | |
| Repeat missing incidents | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Drug or alcohol misuse | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| In possession of money/ gifts / items / phones / clothing that cannot be accounted for | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Change in physical appearance or behaviour / isolated from peers / more secretive | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Pregnancy, termination or repeat testing for sexually transmitted infections | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Being coerced into taking/sharing indecent images of self or others | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Arrested / Involved in criminality | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Found / travelling out of island | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Multiple mobile phones | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Young person feels indebted to an individual or group | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Items missing from home | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Young person carrying / concealing weapons | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Connections with other people in gangs, criminality, or Organised Crime Groups (OCGs) - please provide names | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Absent from school / Non-school attendance | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Living in a chaotic / dysfunctional household | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Child has experience of extra or intra familial violence | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Low self-esteem / self confidence | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Minimising or retracting statements of harm to professionals | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Self-harm indicators and / or mental health concerns and / or suicidal thoughts / attempts | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Injuries – evidence of physical or sexual assault (i.e. domestic abuse) | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Relationship breakdown with family and or peers | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Expressions around invincibility or not caring what happens to them | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Forming relations with known or unknown adults and young people, including online | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Increasing disruptive, impulsive behaviour, hostile or physically aggressive, including use of sexual language and language in relating to criminality and / or violence. | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Young person’s sexuality increases their vulnerability as they feel unaccepted due to sexual orientation | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Location of concern (include vehicles / parks / buildings) provide names / registration | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Homelessness / family having to move or leave their home / lack of housing entitlement | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Struggling to manage in current living arrangement (independent living / with other / family) | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Child associating with peers of concern (provide name) | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Association with others who have been exploited or go missing (provide names) | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |
| Found in possession of drugs and or significant amount of money locally or out of borough | | | | | | | | | | | | | ​​Please Choose​ | | | | ​​Click or tap to add details​ | | | |

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| --- | --- | --- | --- | --- |
| **With the above highlighted risk(s) – Do you think the child is being exploited? If so how? (Give as much information as possible)** | | | | |
| ​​Click or tap to enter text.​ | | | | |
| **What are the concerns, and what is the potential impact for the child? (Give as much information as possible)** | | | | |
| ​​Click or tap to enter text.​ | | | | |
| **What are the key factors influencing the child’s vulnerability and resilience? How do these impact on the level of risk?** | | | | |
| ​​Click or tap to enter text.​ | | | | |
| **What is the child’s view of these concerns?** | | | | |
| ​​Click or tap to enter text.​ | | | | |
| **Are the parents / carers aware of these concerns? If not, why not?**  **How can parents/carers be involved in addressing the concerns?** | | | | |
| ​​Click or tap to enter text.​ | | | | |
| **What support have you put in place to address these concerns? And what else do you think the child / family needs?** | | | | |
| ​​Click or tap to enter text.​ | | | | |
| **Have you submitted a Children and Family’s hub referral for any peers who are linked** | | | | ​​Yes / No (Please choose)**​** |
| ​​Click or tap to enter Names.​ | | | | |
|  | | | | |
| **Referrer’s Details** | | | | |
| Name | ​​Click or tap to enter text.​ | | | |
| Organisation/Agency | ​​Click or tap to enter text.​ | Role | ​​Click or tap to enter text.​ | |
| Email |  | | | |
| Telephone landline | ​​Click or tap to enter text.​ | Mobile | ​​Click or tap to enter text.​ | |
| Date of Referral | ​​Click or tap to enter a date.​ | | | |
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