Appendix 3 Child Sexual Exploitation Checklist – please complete if you have concerns re CSE and describe your concerns in the box on page 2 of this referral form (It can be found on the joint referral form for referrals to Social Care)

Part 1. Vulnerabilities – These are 'underlying' factors which may make a young person more at risk of being targeted for CSE. They give context to the specific indicators of CSE in section 2. However, the absence of these vulnerabilities does not preclude children being targeted; evidence shows victims can come from any background and without any prior vulnerability. Please tick if you are aware of any of these in respect of the child or young person. If you tick any box, you must give more detail on page 2 of this form

inore detail on page 2 or triis form	Tick if Yes
Known to Children's Social Care/CP Plan/LAC, now or previously	
Sexuality (if known) or is the child or young person unsure about their sexual orientation or unable to disclose sexual orientation to their families/friends?	
Migrant/refugee/asylum seeker/trafficked status through NRM?	
Involvement with the Youth Justice system? Is there or has there been involvement from any other Agency, such as drug & alcohol or mental health services? Has sexual exploitation previously been identified as a specific issue for	
this child?	
Is there evidence or knowledge of neglect by parent/carer/family member?	
Is there evidence or knowledge of physical/emotional/sexual abuse by parent/carer/family member? Or has there been a lack of positive relationship with a protective/ nurturing adult?	
Family history of/current knowledge of: substance misuse; mental health difficulties; domestic abuse; parental learning difficulty? Has the young person been a young carer	
Is there a family history or current knowledge of poverty or deprivation? Or unsuitable or inappropriate accommodation (Inc. street homeless, staying with inappropriate adults/hostel/B&B).	
Is there a family history or current knowledge of exploitation or prostitution?	
Breakdown of family relationships, family bereavement; recent bereavement of the child or young person?	
Is there a history or current knowledge or history of social isolation or of low self-esteem or history or current knowledge of being bullied or of bullying?	

Part 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 signify if the child is being groomed for sexual exploitation or actually being sexually exploited. Please tick if you are aware of any of these in respect of the child or young person. If you tick any box, you must give more detail in Part 6.

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exploitation or actually being sexually exploited. <u>Please tick if you are aware of any of these in respect of the child or young person. If you tick any box, you must give</u>		
more detail in Part 6.	<u> </u>	
2a. Within family/home/relationships		
Change in behaviour – being more secretive/withdrawn/isolated from peers or not mixing with usual friends.		
Increasingly disruptive, hostile or physically aggressive at home or school including use of sexualised language.		
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) Physical or emotional abuse by a boyfriend/girlfriend or controlling adult including use of manipulation, violence and/or threats.		
Associating with other sexually exploited children.		
Multiple callers (unknown adults/older young people)		
Estranged from family		
Regular coming home late or going missing from home, care or education for any period of time (whether reported or not)		
Returning home after long periods appearing well cared for.		
2 b. Health and Mental health		
Change in physical appearance (new clothes. More/less make-up, weight gain/loss		
Increased health/sexual health related problems		
Marks or scars or physical injuries on the body or face which they try to conceal		
Expression of despair (Inc. depression, mental ill health, self-harm, suicide thoughts/attempts, overdose, eating disorder)		
Branding (i.e. gang logos)		
Repeat/unplanned pregnancy or pregnancies (including ending in termination/miscarriage(s))		
Sexually Transmitted Infections (STIs) and/or repeat tests particularly with negative result.		
2 c Behaviour and experiences		
Concealed/concerning use of the internet including web-cam, online gaming (via X-Box, PlayStation), chat rooms etc.		

Exclusion from school or unexplained absences from, or not engaged in school/college/training/work	
Failing to respond to attempts to keep in touch by workers/carer or recent disengagement	
Reports of being taken to hotels, nightclubs, takeaways or out of the area by unknown adults.	
Sexualised risk-taking including on internet or mobile phone, such as sexting (sending explicit messages or photos to adults or peers)	
Young gay/bisexual exploring sexuality in unsupported way	
Association with gangs	
Increasing use of drugs or alcohol or misuse of drugs or alcohol	
Fear of victimisation from other gangs due to gang affiliation or rivalry	
Constrained by 'rules' of a gang	
Inability to negotiate exit from a gang due to fear/dependency	
Displaying signs of harassment/unwanted attention	
Fear of gang leaders	
Evidence of sexual bullying and / or vulnerability through the internet and / or social networking sites	
Involved in criminal offending activity (i.e. ASB/criminal damage/theft)	
Unusual association with groups of adults.	
2 d Appearance and possessions	
Unexplained amounts of money, mobiles, credit, expensive clothing, jewellery or other items gifts	
Overt sexualised dress	
Having multiple mobile phones, SIM cards or use of a phone that causes concern – multiple callers or more texts/pings than usual	
Possession of hotel keys/cards of keys to unknown premises	
2 e Incidents	

2 e Incidents

If any of these are known to have happened and the Police or Social care are not yet aware you must refer to the local CSE Team, if there is one, otherwise to Social Care – or direct to the Police in emergencies. PLEASE PUT DATE, TIME AND PLACE OF INCIDENT WHERE KNOWN

Child under 13 engaging in penetrative sex with someone over 15 years.	
Entering / leaving vehicles, cars with unknown adults	
Child meeting different adults and exchanging or 'selling' sexual activity	
Frequenting areas known for on/off street sex work	
Receiving rewards of money or goods for introducing peers to CSE adults	
Disclosure of sexual/physical assault followed by withdrawal of allegation	
Knowledge of towns or cities they have no previous connection with	
Being taken to clubs or hotels and engaging in sexual activity	
Abduction or forced imprisonment	
Association with taxi firms/takeaway owners (night-time economy)	
Being taken to brothels/massage parlours	
Seen in CSE hotspots (certain flats, recruiting areas, cars or houses)	