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| **Basic Information** |
| **Name of practitioner completing assessment** |  | **Date CERAF completed** |  |
| **Young person’s name** |  | **Age** |  |
| **Sex** |  | **Date of birth** |  |
| **Legal status** *(e.g. CP, CIN, CLA, etc.)*  |  | **Ethnicity** |  |
| **Education, employment, or training provision**  |  | **Refugee/asylum seeking status** |  |
| **Preferred language** |  | **Other involved agencies or services** |  |
| **Information Sharing & Disclosure** |
| **Is the young person aware this tool has been completed?** | [ ]  Yes [ ]  No | **Are the parents/carers aware this tool has been completed?** | [ ]  Yes [ ]  No |
| **Is there evidence of this young person being exploited?** | **Current:** | [ ]  Yes [ ]  No | *If ‘Yes’, you must refer to CSC immediately* |
|  | **Historic:** | [ ]  Yes [ ]  No | If ‘Yes’, you must refer to CSC to *determine* risk |
| **Is the person who may be exploiting the young person…** | …known to the young person? | [ ]  Yes [ ]  No [ ]  Unknown |
|  | …a family relation to the young person? | [ ]  Yes [ ]  No [ ]  Unknown |
| **If known, state the name(s) of the person(s) exploiting the young person.**  |  |
| **If known, state the names of any other young people who may also be affected by this exploitation** *(e.g., siblings or friends)* |  |
| **Please list any additional practitioners who have contributed to the completion of this tool** |  |
| **Risk Assessment Questions** |
| **Has the young person ever…** | **Yes** | **No** |
| Experienced neglect from parents, carers, or other family members? |[ ] [ ]
| Experienced physical abuse from parents, carers or other family members? |[ ] [ ]
| Suffered historical sexual abuse (*this does not include current sexual offences, but rather historic experiences that may impact on vulnerability to exploitation, including any concerns relating to STI’s or pregnancy)?* |[ ] [ ]
| Experienced a breakdown in family relationships *(Consider significant conflict at home, bereavement, and family separation)*? |[ ] [ ]
| Been exposed to domestic abuse within the family?  |[ ] [ ]
| Been exposed to substance misuse within the family?  |[ ] [ ]
| Been exposed to mental health difficulties in the family?  |[ ] [ ]
| Been diagnosed with any physical or learning disabilities?  |[ ] [ ]
| Shown indications of neurodivergence or undiagnosed additional needs *(Consider, for example, ADHD and ASD)*? |[ ]  [ ]   |
| **If you have answered ‘Yes’ to any of the above, please expand below with details of the risk** |
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| **Is the young person currently…** | **Yes** | **No** |
| A young carer?  |[ ] [ ]
| Expressing feelings of low self-esteem? |[ ] [ ]
| Living in unsuitable or inappropriate accommodation *(e.g., sofa surfing, rough sleeping, or basic needs not being met – use professional judgement)*? |[ ] [ ]
| Detached from age-appropriate activities? Include any concerns about secretive behaviour especially following missing episodes and returning home late.  |[ ] [ ]
| Feeling isolated from peers or social network?  |[ ] [ ]
| Staying out late on a regular basis, or staying out all day with whereabouts unknown *(please include details of their presentation on return, including mental capacity, whether they appear under the influence of drugs or alcohol, and whether they are dirty, dishevelled, or tired)*?  |[ ] [ ]
| Having *multiple* unknown people coming to their address to look for or contact them?  |[ ] [ ]
| In possession of multiple mobile phones, sending/receiving explicit images, or receiving lots of calls/texts from unknown sources or at odd times of the day?  |[ ] [ ]
| Expressing feelings of despair? Has there been a change in their wellbeing or behaviour which could be reactions to undisclosed trauma, such as self-harm, suicidal ideation, or withdrawing from support?  |[ ] [ ]
| Not in education, employment, or training? *i.e. have they been excluded from education or have they had long periods of unexplained absences from education or employment?*   |[ ] [ ]
| Sexually active? Consider whether there have been any concerns raised around STI’s, pregnancy, or termination, and whether these concerns could link to CSE.  |[ ] [ ]
| Misusing drugs or alcohol beyond common teenage experimentation? Consider how this might be being funded.  |[ ] [ ]
| Living independently and failing to respond to attempts by professionals to keep in touch?  |[ ] [ ]
| Lacking a positive relationship with a protective and nurturing adult (i.e. parent, grandparent, carer, etc.)? |[ ] [ ]
| **If you have answered ‘Yes’ to any of the above, please expand below with details of the risk** |
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| **In the last 6 months, has the young person…** | **Yes** | **No** | **Date of most recent occurrence** |
| Been associating with other children who are suspected or known to have been sexually or criminally exploited?  |[ ] [ ]   |
| Been missing overnight or longer? Consider the distance travelled and the impact this may have on vulnerability to exploitation.  |[ ] [ ]   |
| Had a relationship(s) with older or controlling individuals – this includes online relationships (e.g. older boyfriend/girlfriend\*, gang nominals, etc.)? *\*This should not be scored if age-appropriate.*  |[ ] [ ]   |
| Had their phone answered by an unknown adult when called?  |[ ] [ ]   |
| Physically met up with somebody they met online? |[ ] [ ]   |
| Been physically abused by a controlling person, or have they sustained a physical injury without plausible explanation *(Include whether the young person has withdrawn support)*?  |[ ] [ ]   |
| Been emotionally abused by a controlling person *(Include whether the young person has withdrawn support)*?  |[ ] [ ]   |
| Been sexually abused by a controlling person *(Include whether the young person has withdrawn support)*?  |[ ] [ ]   |
| Been financially abused by a controlling person, including fraud and money-muling *(Include whether the young person has withdrawn support)*? |[ ] [ ]   |
| Been seen getting in or out of vehicles driven by unknown people? This does not need to include incidents of vehicle theft.  |[ ] [ ]   |
| Been found in possession of unexplained amounts of money, expensive clothing, or other items for which there is no plausible explanation; and/or benefiting from social or beauty activities which they do not have the means to pay for?  |[ ] [ ]   |
| Been frequenting areas known for exploitation or associated with drug dealing/cultivation (i.e. trap houses)?  |[ ] [ ]   |
| Been seen in adult places, or had keys to premises they shouldn’t have, including hotels, pubs, and clubs.? |[ ] [ ]   |
| Been abducted or subject to false imprisonment for the purposes of exploitation? |[ ] [ ]   |
| Been travelling, or located, outside the Local Authority jurisdiction? Consider whether they have been arrested out of the area, particularly for drug-related offences.  |[ ] [ ]   |
| Been found with large quantities of Class A or B drugs, or are they suspected to be involved in the movement and/or selling of drugs?  |[ ] [ ]   |
| Displayed risk-taking behaviour without recognising the impact or consequence? Include any aggressive or volatile behaviour as well as any anti-social behaviour or links to crime/offending. |[ ] [ ]   |
| Been involved in robberies or thefts with no or limited signs of personal gain?  |[ ] [ ]   |
| Had a drug debt? Consider the risk to the child if this remains unpaid.  |[ ] [ ]   |
| Dealt drugs online, sold stolen goods online, accessed the dark web, or been coerced to take/share indecent images? |[ ] [ ]   |
| Been witness to, or the subject of, cuckooing? |[ ] [ ]   |
| **If you have answered ‘Yes’ to any of the above, please expand below with details of the risk** |
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| **Having completed the above, where do your primary contextual concerns lie?** |
| [ ]  Sexual | [ ]  Criminal | [ ]  County/Local Lines |

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| **Are there reasonable grounds to suspect that this young person has been trafficked or is a victim of forced labour?** | [ ]  Yes [ ]  No | **If yes**, follow Child Protection Procedures and you **must** complete a National Referral Mechanism (NRM) form. |
| **If yes, is the trafficking internal or international?** | [ ]  **Internal** – e.g. moved within the UK[ ]  **International** – e.g. moved outside of the UK, including if they are trafficked as a UASC.  |

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| **To be completed by Opal on receipt:** |
| **Outcome:**  |  | **Date:** |  |
| **Based on the assessment above, please provide your professional opinion of harm by selecting ONE of the boxes below.** |
| [ ]  | None – No emerging concerns of harm outside the home over and above the peer group |
|  |  - No further action required |
| [ ]  | Green - Child has vulnerabilities with emerging concerns and no evidence of being on the cusp of experiencing harm outside the home or experiencing harm outside the home over and above peer group* Access to universal services and early intervention for the child (Level 2 [The Right Help at Right Time guidance - Swindon Safeguarding Partnership](https://safeguardingpartnership.swindon.gov.uk/downloads/file/673/right_help_at_right_time)).
 |
|  |  - Consultation with Opal Navigator as to whether discussion is required at MACE - If required, Opal Navigator will support Lead professional with completion of My Safety Plan  - Continue current Early Intervention |
| [ ]  | Amber - Child is on the cusp of experiencing harm outside the home |
|  |  - If child is not already open to childrens social care, referral to be made to Contact Swindon – IFD, ensure a copy of the CERAF is shared (Level 3 [The Right Help at Right Time guidance - Swindon Safeguarding Partnership](https://safeguardingpartnership.swindon.gov.uk/downloads/file/673/right_help_at_right_time)) - Consultation with Opal Navigator to progress to MACE pathway and Opal Allocation - Share information/ concerns with the Police using the Police Intel Sharing Form |
| [ ]  | Red – Child is experiencing harm outside the home or Child has already experienced harm outside the home and is likely to experience further harm. **In the event that the child is in danger or you need an immediate police response, call 999.** |
|  |  - If child is not already open to childrens social care, referral to be made to Contact Swindon – IFD, ensure a copy of the CERAF is shared (Level 4 [The Right Help at Right Time guidance - Swindon Safeguarding Partnership](https://safeguardingpartnership.swindon.gov.uk/downloads/file/673/right_help_at_right_time)) - Consultation with Opal Navigator to progress to MACE pathway and Opal Allocation - NRM pathway - Consider whether threshold is met for a strategy discussion - Share information/ concerns with the Police using the Police Intel Sharing Form |
| **Opal Oversight - specific planned or completed actions as result of tool completion:** |