



SPOTTING THE SIGNS TOOL

Supporting professionals to
identify and respond to
Child Sexual Exploitation
and Child Criminal Exploitation

Please use professional judgement and use in conjunction with the guidance.

Initial safety and risk questions

Confidentiality discussed and understood? (Y/N)		Client ID:
DOB:	Gender:	Ethnicity:
Additional considerations and known adversities or vulnerabilities:		
Face to face, telephone or online discussion/consultation?		
Has anyone attended with the young person today? If so what is the relationship with this person?		
Are there any concerns?		

Section 1

How are you? How do you feel in yourself and how are you coping in your day to day life?	
Is there anything that you are worried about? Is there anyone who is frightening you or makes you feel unsafe?	
Do you go anywhere that makes you feel unsafe? Have you been in any situations where you don't feel safe?	
Is there anything you are doing or involved in, or that you are being made to do, that you are worried about or feel could get you into trouble?	
Do you have any worries about your physical, emotional/mental wellbeing or safety?	
What is going well in your life? Is there anything else that you would like to talk about that I may be able to help with?	

Exploration and assessment

Section 2	
Education, employment and training	
Do you attend school/education/home education/pupil referral unit/college/training/employment?	
Do you attend regularly? If not, how do you spend your day, who with and what do you do?	
Do your parents/carers know where you are?	
Do you enjoy what you are doing?	
Do you feel safe there?	
How do you get along with the people there? (e.g. teachers/peers) Any changes to your friendship groups?	
Is there anything at school/education/home education/pupil referral unit/college/training/employment that you struggle with and/or find difficult?	
Has anything changed? (for example activities you take part in/school grades)	
Is there anyone there who you can talk to?	
Is there anyone at school/education/home education/pupil referral unit/college/training/employment who is worried about you and/or has any concerns about you?	

Family relationships

Where do you live?	
Who do you live with?	
Are you care experienced, living in foster care, a young carer or living in shared living?	
How long have you lived/been there? Do you feel settled there? Have you had to move around?	
How are things where you live?	
How does everyone get on? Is there anybody or anything that is happening that frightens you or you feel threatened by?	
Do you feel like you can talk to someone where you live about things that are important to you or you might need help with?	
Do they know where you are when you are out?	
Have you ever been missing from home or school and has a professional ever completed a return home interview with you?	
Does anyone at home/where you live worry about you and/or have any concerns about you?	
Are you worried about anyone who cares for you?	
Is there anyone and/or any professionals who supports you and/or your family? Could you tell us why they are involved? Do you consent for us to contact them?	Yes/No: Comments:

Friendships

Who are your friends; who do you spend time with? How would you describe your friendships? Tell me more about your friends.

Do you have friends who you can talk to?

How do you keep in contact with friends? Online (e.g. web, text, social media - Whatsapp, Snapchat, gaming or Instagram for example)?

How do you spend time with your friends? (clubs, social groups, gaming etc.)?

Who pays for any activities that you take part in?

Are there any age differences with you and your friends/friendship groups?

Do you have any new friends and/or friendship groups?

Do you feel safe with your friends? Have they ever encouraged you to do something you have not felt comfortable with?

Do you have friends who have encouraged you to try risky activities?

Do you live in an area where gangs are active and are you or your friends or family members affected by any gangs?

Are you involved with a gang?

Do you feel safe in the area where you live and associate?

Do any of your friends worry about you or have any concerns about you?	
Is anyone worried or concerned regarding your friendships?	
Have you ever been made to feel uncomfortable, harassed or threatened when online/text/phone?	
Do you feel safe in your accommodation and feel able to control who has access to the place where you live? Are you able to ask friends to leave at any time?	
Do you avoid particular areas because you feel unsafe?	
Have you ever felt that you have needed some form of protection?	
Do you think that anything you are involved with could get you into trouble with the police?	
Have you ever had to carry, conceal, deliver or hold drugs, money or weapons or been around people that do? If so, when and how often?	
Have you ever been taken or forced to go to places that are unfamiliar to you?	
Do you go, or have you been taken anywhere, where the people that care about you don't know where you are and what you are doing?	
Do you have any concerns or are there any specific incidents that have made you unsafe?	

Sexual activity and intimate relationships

Are you sexually active?	
Have you had sexual contact or are you thinking about having sexual contact with anyone?	
(If yes) When was the last time you had sex? Where did this happen? Are you happy/comfortable with the person/s you had sex with?	
How old are they?	
How did you meet them?	
Where did you meet them?	
Where do you spend time together? (Clubs, social groups etc.)	
Do your friends and family know and like them?	
Do you feel you are able to meet up with family and friends without them becoming upset and/or angry?	
Do you feel you could say no to sex?	
Do you have any concerns about your sexual contact or have there been any specific incidents? (School, home, criminal offences)	
Have you ever been made to feel scared or uncomfortable?	

Are you looking after your sexual health?	
How many people have you had sexual contact with in the past three months? In the past 12 months?	
Do you feel like you can talk to the person you have sex with about safer sex practices, condoms and/or other forms of contraception?	
Are you using any contraception, if so which contraception?	
Have you had a choice in your method of contraception and are you able to access services freely and without worry?	
Have you ever had an STI test? If yes, how often do you test, what are the results and have you received treatment? Was it your choice to have a test and was there anything that worried you?	
Have you ever been pregnant, taken emergency contraception (EC) (oral or E-IUD) or had an abortion? If yes, how many times has this happened? If yes, was it your choice to obtain EC or have an abortion; was there anything that worried you?	
Can you talk with your parents and carers about your romantic or sexual relationships?	
Is anyone worried or concerned regarding your intimate relationships?	

<p>Have you ever felt pressured or been made to engage in sexual or criminal activity that you didn't want to do, or have felt intimidated?</p>	
<p>Other than your partner/s, is there anyone else there when you have sex (or any other form of sexual contact)?</p> <p>If so, who is there and how did that come about?</p>	
<p>Do you speak to/meet people online?</p>	
<p>Have you ever shared or have been forced to share sexual content/images online? (for example OnlyFans)</p>	
<p>Have you ever been involved in sending or receiving messages of a sexual nature?</p> <p>Does anyone have pictures of you of a sexual nature?</p>	
<p>Are you uncomfortable and/or frightened by anything online?</p>	
<p>Has anyone ever given you gifts, money, drugs, alcohol or protection for sex and/or any other reason?</p>	
<p>Do you have a way of making your own money?</p>	
<p>Is anyone worried about the sexual activity you are involved in?</p>	

Substances/alcohol use

Have you ever used drugs or alcohol?

If so, what drugs and alcohol do you use?

What amounts and how often do you use them?

Where do you get them from?

Where are you using and who with?

Have you been around people who use drugs or alcohol?

If so when? How often? Is there anything that concerns you?

Is there anything about how you obtain alcohol and drugs that worries you?

Are you drinking or using drugs to help you cope with any difficulties or traumas in your life?

When using drugs or alcohol, have you ever been in situations that have made you unsafe or feel unsafe?

If you have used drugs or alcohol, have you ever experienced memory loss, blackouts, unconsciousness or challenges with decision-making and/or not felt able to consent to something?

Have you ever used drugs or alcohol to a point that your body can't cope (overdose)?

Have you ever had to do anything in return for drugs or alcohol and/or ever been made to do anything you did not want to do?	
Have you ever had to carry, conceal, deliver or hold drugs or been around people that do? If so when and how often?	
Have you ever felt unsafe when using drugs or alcohol in any other way?	
Is anyone worried or concerned regarding your drug or alcohol use?	



Mental and emotional health and physical changes

How do you feel in yourself day to day?	
How do you feel you are coping in your life?	
Do you have any physical or mental health conditions that you need treatment and support for?	
Do you ever feel anxious, feel down/ depressed or is there anything that you are worried about with your mental health?	
Has anybody else been worried about you? For example, any changes in your weight/ appearance, sleeping patterns, appetite or behaviour	
Have you ever tried to hurt yourself or self-harm?	
Optional suicide question: Have you ever made plans or attempted to end your life?	
Is anyone worried or concerned regarding your mental and emotional health?	
Have you ever had any help or support from professionals around your mental health?	

Closing question to the young person:	
Is there anything that does not feel right to you or that is out of your control or depth that worries or frightens you?	
After everything that we have discussed, is there anything else you would like to talk about that we could help with or that you need more help and support with?	
Professional observations:	
Non-verbal cues/prompts and overall interaction throughout contact.	
Young Person's View:	
How do they feel about what has been discussed?	

Decision making and action planning

Section 3	
<p>Talents, skills, interests, access to positive supportive adults.</p> <p>What is going well and increases safety?</p>	
<p>What else do you know? Have you identified any vulnerabilities, which make the young person at risk of CSE and or CCE?</p> <p>Have they disclosed any interactions, which indicate grooming type contact or coercive control?</p>	
<p>Assessment of risk and harm based on what is known:</p> <p>Consult CSE and CCE Indicators to check if any have been identified during the conversations.</p>	

Is follow up required? If so, what and why?	
<p>Basis for concern (tick all that are relevant)</p>	<p>Professional reflection:</p>
<p>No concerns identified</p> <p>No concern of CSE/CCE but the young person requires additional support</p> <p>Professional concern of risk of harm</p> <p>Active disclosure by young person / concern of risk of harm</p> <p>Concern relates to young person / to another young person</p> <p>Concern is current</p> <p>Concern is historic</p>	<p>From the conversation, has any information been gathered that does not pose a direct risk/concern to the young person, but should be shared as intelligence to professional agencies for the prevention of CCE/CSE and community safety?</p>

Decision and action plan (sections to be completed as applicable)

Who is the lead for the information gathered on this assessment?

Name:	Organisation:	Contact details:
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Who has contributed to the information gathered on this assessment?

Name:	Organisation:	Contact details:
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Name:	Organisation:	Contact details:
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Name:	Organisation:	Contact details:
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Name:	Organisation:	Contact details:
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Name:	Organisation:	Contact details:
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Decision (a)

Universal and Support referral/signpost (complete b and d)	Rationale for decision (including decisions not to refer).
Safeguarding referral (complete c and d)	
Further information required and/or share information (complete d)	
Decision clearly communicated to the young person	Yes/No
Young person consents to action including information sharing	Yes/No
Referral without consent in best interests of the young person	Yes/No
Young person at risk of greater harm if safeguarding referral is made	Yes/No

Universal and Support referral/signpost action plan (b) (complete if applicable)

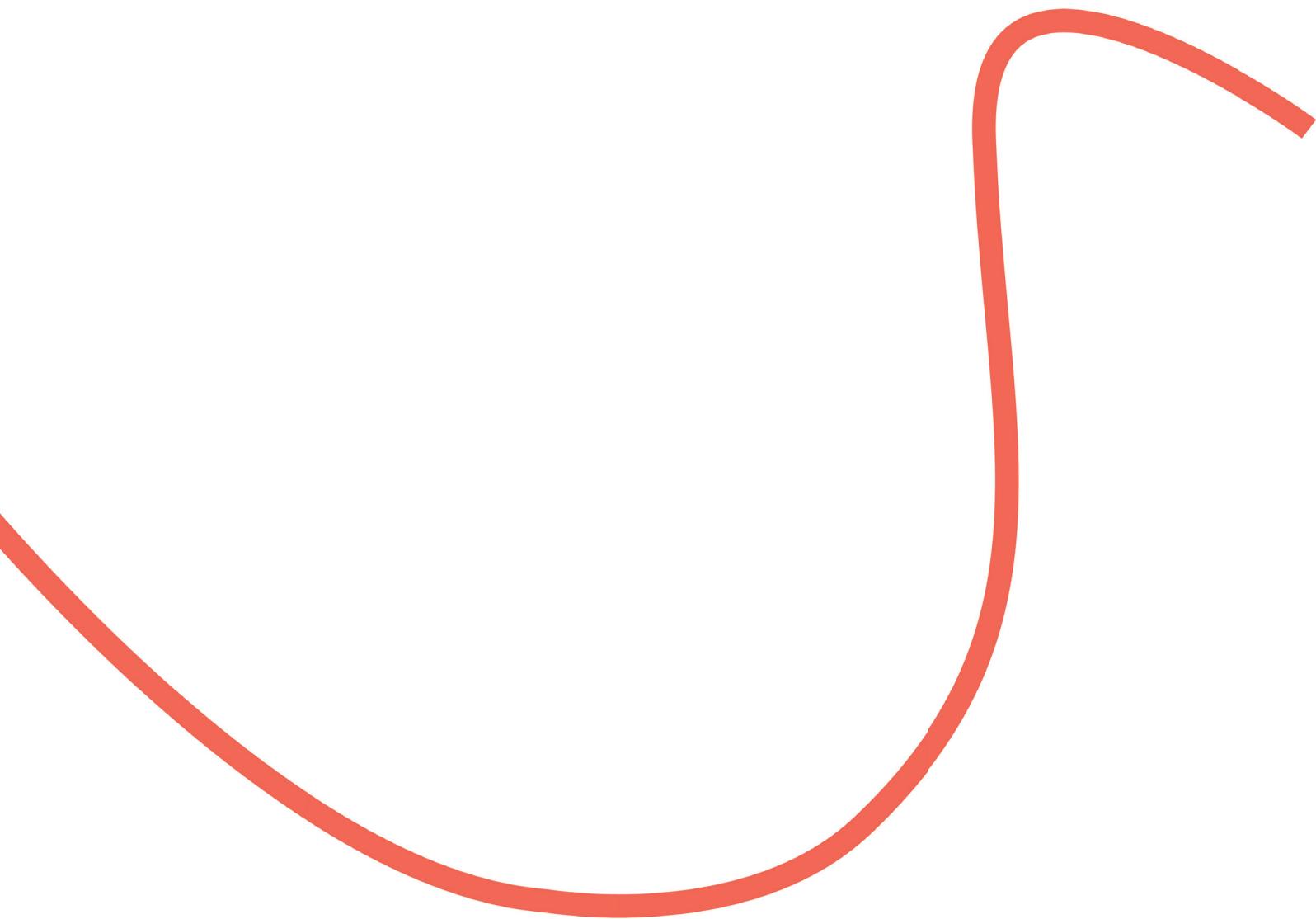
Referral to:	Name
	Agency
	Contact details
Person making referral:	
Date referral to be made by:	
Information to be shared with agency:	
Response requested from agency	
Person responsible for following up	
Follow up on (date)	

Safeguarding referral action plan (c) (complete if applicable)

Referral to:	Name
	Agency
	Contact details
Person making referral:	
Date of referral:	
Information to be shared with agency:	
Response requested from agency (Standard request: written response within 48 hours)	
Person responsible for following up	
Follow up on (date)	

Support and follow up agreed with young person (d)

Contact agreed	Person responsible for action	Date action to be delivered by



SIGNED	PRINTED
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