



## The Petch Screening Tool

### Solihull's Child Sexual Exploitation (CSE) screening tool: determining vulnerability to CSE for a child aged under-12

Name of child:			
Date:		Date of any previous CSE screening tool:	
Child's date of birth:	Gender:	Ethnicity:	Care First number: (if known)
Child's current address:			
Who has parental responsibility?  Relationship to the child?			
Completed by (name, role, agency and contact details):			

**Concerns about immediate risk of harm for a child should be referred urgently to the Multi-Agency Safeguarding Hub (MASH) and/or to the police. Completing the screening tool at this stage could cause inappropriate delay.**

Guidance for completing the screening tool:

- The purpose of this CSE screening tool is to provide a framework for making a sound professional judgement about the level of vulnerability of a young child, aged under-12, to CSE and to support early help and intervention.

- This screening tool has been devised for use by a range of professionals and agencies for determining levels of vulnerability to CSE for children up to and including the age of 11. In schools, it should be used for primary aged children and where concerns have been identified for 11 year olds following transfer from primary to secondary school. For children aged 12 and over, the existing CSE screening tool should be used. [http://solihullscb.proceduresonline.com/chapters/p\\_safeg\\_sex\\_exploit.html](http://solihullscb.proceduresonline.com/chapters/p_safeg_sex_exploit.html)
- It is important that the screening tool is not completed in isolation and that relevant people are involved, including parents where possible, so that a complete picture of vulnerability and specific risks is ascertained. The CSE team provide expert advice and support in completing the screening tool: please phone 0121 709 7000 or email [cse@solihull.gcsx.gov.uk](mailto:cse@solihull.gcsx.gov.uk)
- It is helpful where possible to capture the voice of the child in the final section, but only if the child has shared anything with you. There is no need for the child to be with you when completing the screening tool.
- Evidence about your concerns should be captured as fully as possible and include any specific examples
- In some instances, the screening tool will identify that the child is no more vulnerable to CSE than is typical for children of that age i.e. the risk is **universal**. This would be deemed to be currently **not at risk of CSE**.
- Evidence against a very small number of amber indicators is likely to lead to a professional judgement that the child is currently not at risk of CSE. In such cases it is important to remember that professionals have identified some concerns about the child's safety and vulnerability. These may not indicate CSE, but appropriate action should be taken to support and safeguard the child.
- It is important to review the level of vulnerability using the screening tool periodically, at least every six months, to monitor any variation in risk factors and overall vulnerability. However, professionals will be reviewing wider risks and concerns for the child more frequently and in partnership with other agencies. If concerns about a child persist over time, this is potentially a further indication of vulnerability to CSE and should be considered when making an overall professional judgement.

**Children who are vulnerable to CSE may present with challenging behaviour. Where vulnerability that is beyond universal has been identified, it is important that the child's school attendance is not reduced in any way. This includes not excluding them from school, as this could put them at greater risk. Education is usually a protective factor for a child.**

## Determining vulnerability that is beyond universal

Vulnerability that is beyond universal is always a concern for a child under-12 by virtue of their age.

The CSE indicators in the screening tool are designated either amber or red, with red indicators presenting higher risk.

- A completed screening tool with evidence against a significant number of solely amber indicators would be likely to lead to a professional judgement of the child being **potentially vulnerable** to CSE.
  - A completed screening tool with evidence against a combination of several red and amber indicators could lead to a professional judgement of either **potentially vulnerable** to CSE or **vulnerable** to CSE.
  - Where the completed screening tool provides clear evidence against one or more of the red 'alert indicators' that present a stronger indication of CSE risk (displayed as !), the child would always be deemed to be **vulnerable** to CSE.
- **A Multi-Agency Safeguarding Hub (MASH) referral should always be made for a child under the age of 12 who is deemed to be *potentially vulnerable* or *vulnerable* to CSE.**

The MASH referral process will swiftly determine the next steps for professionals in safeguarding the child.

Solihull Multi-Agency Safeguarding Hub (MASH) **0121 788 4333**      [mash@solihull.gcsx.gov.uk](mailto:mash@solihull.gcsx.gov.uk)

**All** completed screening tools, regardless of the outcome in terms of degree of vulnerability, should be sent to Solihull's CSE team [cse@solihull.gcsx.gov.uk](mailto:cse@solihull.gcsx.gov.uk) and, if already completed at the time of referral, should accompany any MASH referral.

Please ensure that any information that has emerged from the completion of this screening tool, information that may be important and relevant for the police in building intelligence, is submitted via the CSE Intel Form.

<http://solihullscb.co.uk/practitioner-volunteers/child-sexual-exploitation-23/cse-intel-form--85.php>

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Indicator	Level of risk	Supporting evidence including specific level of concern
<b>Behaviours and presentation</b>		
Going missing from home or school (including staying out late, returning home after long intervals, but appearing to be well cared for)	!	
Entering/leaving vehicles driven by unknown adults (not car theft)	!	
<b>Unexplained</b> amounts of money or gifts including expensive games, clothes, new toys, trainers or other items. Also consider <b>unexplained changes</b> in quantity/types of food or drink brought to school by the child e.g. fizzy/energy drinks/excessive quantities of sweets.	!	

Indicator	Level of risk	Supporting evidence including specific level of concern
Use of a mobile phone that is not commensurate with chronological age and which causes concern including: <ul style="list-style-type: none"> <li>- multiple phones or SIM cards</li> <li>- protective of phone</li> <li>- constant texts and phone calls</li> <li>- change in behaviour in response to a call or text e.g. anxious, distressed, aggressive, absconding</li> <li>- sharing/taking indecent images of themselves or others</li> </ul>	!	
Risky or sexually inappropriate behaviour that is not commensurate with chronological age (including use of sexualised language / knowledge of sexual acts)	!	
Groomed/abused via the internet and/or mobile technology including being sent inappropriate sexual images/pornography	!	
Exclusion and/or unexplained absences from school or not engaged in education		

Indicator	Level of risk	Supporting evidence including specific level of concern
Disclosure of sexual/physical abuse followed by withdrawal of the allegation		
Concerns about whereabouts (unclear or unknown) – day and/or night <ul style="list-style-type: none"> <li>- Defensive about where they have been or what they have been doing</li> <li>- Mentioning particular places of concern or that they have no obvious connection to</li> </ul>		
Sudden changes in behaviour <ul style="list-style-type: none"> <li>- Disruptive, or use of abusive language</li> <li>- Breakdown of established friendships</li> <li>- Secretive or withdrawn</li> </ul>		
Being aggressive to parents/carers, particularly when removing or restricting use of mobile phone		
Becoming involved in anti-social behaviour or criminal activity <ul style="list-style-type: none"> <li>- Involved in petty crime</li> <li>- Concerns relating to gang activity or criminal behaviour</li> </ul>		

Indicator	Level of risk	Supporting evidence including specific level of concern
Lack of awareness/understanding of being safe, and of risk		
<p>Unsafe use of the internet that causes concern (this could be on a range of devices such as games consoles, tablets, mobile phones). Concerns may arise about unsafe use of:</p> <ul style="list-style-type: none"> <li>- social media (including more than one account), lack of boundaries</li> <li>- chat rooms</li> <li>- gaming communities</li> <li>- webcams /sharing images etc</li> </ul>		
<p>Presentation to appear older than chronological age:</p> <ul style="list-style-type: none"> <li>- Inappropriate dress for school e.g. the latest trainers or sportswear, high heels, short skirts, make-up</li> <li>- 'Teenage' fashion (boys and girls)</li> <li>- Hairstyles and colouring</li> <li>- Sudden change in appearance, more sexualised</li> <li>- Change in attitude/willingness to get changed for PE and sports</li> </ul>		

Indicator	Level of risk	Supporting evidence including specific level of concern
<b>Connections and associations</b>		
Spending time with older peers or siblings who are linked or vulnerable to CSE	!	
Frequenting areas known for risky activities, alone or with others		
Having regular, unexplained contact with e.g. fast food outlets		
Peers or siblings involved in grooming, sexual exploitation/risky or concerning behaviours		



Indicator	Level of risk	Supporting evidence including specific level of concern
Relationship of concern with a controlling adult (male or female) or young person, including older sibling, which might involve physical and/or emotional abuse and/or gang activity		
Regular/multiple contacts from unknown adults/young people, or unusual friendships that cause concern		
<b>Health</b>		
Has been sexually abused (current or new disclosure)	!	
<b>Unexplained</b> repeated/recurring urinary tract infections or similar medical issues	!	

Indicator	Level of risk	Supporting evidence including specific level of concern
Physical injuries without disclosure or plausible explanation		
Drug or alcohol misuse by the child		
<b>Changes</b> in emotional wellbeing and mental health that may be displayed through self-harming/challenging behaviours/suicide attempts/disordered eating/aggression/anxiety/withdrawn/physical symptoms such as bedwetting (enuresis) with <b>no underlying medical cause or explanation</b>		
<b>Family and parenting</b>		
Disguised compliance or lack of engagement and acknowledgement by parents <b>when risk/risks have been identified</b>		

Indicator	Level of risk	Supporting evidence including specific level of concern
Volatile behaviour/hostility in relationships with parents/carers, older siblings or other family		

The following vulnerability factors should be considered when making your overall professional judgement:

Vulnerability factors	Supporting evidence including specific level of concern
<b>Health</b>	
Learning disabilities/special educational needs or mental health issues	
<b>Connections and associations</b>	
Isolated from friends/wider family and/or not mixing with usual friends	

Vulnerability factors	Supporting evidence including specific level of concern
<b>Family and parenting</b>	
Lack of parental capacity to keep child safe <ul style="list-style-type: none"> <li>- Child left to own devices</li> <li>- Lack of appropriate supervision</li> <li>- Significant time spent outside the home in unsupported activity e.g. hanging around streets</li> </ul>	
History of Child Protection involvement in relation to neglect, physical, sexual or emotional abuse – for the child or the family, including for extended family networks	
Family involvement in criminal activities and/or at risk of gang involvement	
Family conflict/breakdown (including between parent and child), lack of love/security, death, loss or illness of a significant person in child's life	
Lack of stability: lack of trusted adults, transient adult relationships in the child's life, moving house frequently, parental vulnerability (including isolation)	

Vulnerability factors	Supporting evidence including specific level of concern
History of Local Authority Care	
Family history of domestic abuse and/or substance misuse (drugs or alcohol) and/or mental health difficulties	
Familial sex work (current or historical)	
Failed attempts at engagement of parents with non-statutory services/processes, or evidence of disguised compliance	
Lack of boundaries/supervision/positive role model as protective factor	

<u>Overall professional judgement and follow up actions</u>	Details, comments or additional supporting evidence
<p>In your professional judgement, what is this child's vulnerability to child sexual exploitation (CSE)?</p> <ul style="list-style-type: none"> <li>• <b>Universal</b> (typical for child of that age, <b>currently no risk</b>)</li> <li>• <b>Potentially vulnerable to CSE</b></li> <li>• <b>Vulnerable to CSE</b></li> </ul>	<p>(Please seek advice and support from the CSE team: 0121 709 7000)</p>
<p>If the child is judged to be <b>potentially vulnerable</b> or <b>vulnerable</b> to CSE, please record actions taken - including the MASH referral.</p>	<p>(Please include dates of actions)</p>
<p>If the professional judgement is that the child's vulnerability to CSE is <b>universal</b> (currently no CSE risk) please record actions taken in relation to concerns about the safety/other vulnerabilities of this child. It is important to consider that other, non-CSE concerns may require a MASH referral or support from Early Help Engage.</p>	
<p>Where making a referral, ensure parental consent sought and recorded unless, in accordance with Solihull LSCB procedures, this may place the child at increased likelihood of suffering significant harm.</p> <p><a href="http://solihullscb.proceduresonline.com/chapters/p_referrals.html#parent_cons_ref">http://solihullscb.proceduresonline.com/chapters/p_referrals.html#parent_cons_ref</a></p>	<p>(Record details. A decision not to seek parental consent needs to be made by the designated safeguarding lead in your organisation. The CSE team can advise: 0121 709 7000.</p>

Voice of the child. (Please capture anything that the child has shared with you).	
Please record any other relevant information.	

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