



Child Sexual Exploitation Risk Factor Matrix Guidance Notes

These guidance notes are to be used by practitioners working with children thought to be at risk of or experiencing child sexual exploitation; and should be referred to when completing the Staffordshire and Stoke on Trent CSE Risk Factor Matrix.

For the purpose of this guidance and its associated Risk Factor Matrix, the definition of CSE will be as follows:

“Child sexual exploitation is a form of child sexual abuse. It occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears to be consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. “

(Department for Education, 2017)

Complete the RFM as soon as risk is identified, ideally with the child present and engaged. Give as much detail as possible around why indicators have been selected in the comments boxes provided; including sources of information, whether suspected or observed and whether recent or non-recent. When selecting risk level, if you are unsure please consult with appropriate partner agencies or seek managerial/supervisory support.

Incomplete forms, those without an identified risk level, or those without supporting information will be returned

The completed RFM will act as a referral to the local commissioned CSE and missing service Catch22 for low, medium and high cases

For **medium and high cases only** the completed RFM will also act as a referral into the appropriate CSE panel

Practical tips for using the Risk Factor Matrix (RFM)

- The form should be completed and submitted electronically; paper forms can be transferred to an electronic version upon return to base as no signatories are required. A copy should be stored securely in line with organisational procedures.
- The RFM should be updated every 6 weeks (at maximum), sooner for cases showing significant increase or decrease in risk. For all cases reviewed at CSE panel RFM's are expected to be reviewed and updated as necessary prior to each panel date.
- The RFM should be utilised as a fluid screening tool, with risk moving up or down in accordance with the child's current circumstances; this includes the stepping down of low risk children to no risk.
- The RFM is designed to act as a multi-agency assessment. Where other agencies / services involved with the child are identified; the completing professional should ensure all agencies have contributed information appropriately.
- For social care staff the RFM should be utilised as an appendix to the child's support plan and should be considered and reviewed as part of any care planning.

To achieve best practice, discuss your concerns and reason for completing the RFM with the child.

Make the child aware of the confidentiality statement of your organisation and inform the child that the completed RFM will be shared with Catch22, the local CSE and Missing service, wherever possible and appropriate parents/carers should be engaged

Please complete details on page 1 – leave category of offending blank if unknown

Level of risk identified must be supported by the information within the matrix, for accuracy please select once matrix has been completed.

This matrix does not utilise a scoring system, information available and professional judgement should be used to identify a risk level. The table below is designed to assist practitioners in understanding

No Risk	No current concerns specific to CSE
Low Risk	Risks indicate that the child may be vulnerable to CSE; low level risk taking behaviour is identified. No evidence of interaction with persons known to pose risk to children
Medium Risk	Risks indicate that child is encountering situations or persons potentially posing risk to their safety.
High Risk	Risks indicate that child is encountering situations or persons posing risk to their safety / children who have experienced trafficking

Information sharing

Please revisit your organisational confidentiality statement in order to make the child fully aware of how you will use the information they have shared with you.

The child should be aware that the information held within the RFM will be shared with Catch22, the local commissioned CSE and missing service; you should also make the child aware that you will be completing referrals to any additional support services agreed throughout the assessment process / sharing the RFM information with any current support services.

Select the appropriate option from the drop down menu to give information about whether the child has given consent for the information to be shared

Information can be shared without consent to protect a child from significant harm, when sharing for this reason you should always abide by your organisational safeguarding children policies and procedures.

If a child is in immediate danger you should call 999.

Parents, carers or whomever holds parental responsibility for the child should be engaged in the support process wherever possible and appropriate, please select the an option from the drop down menu to give information about whether parents or carers have been made aware that a referral to Catch22 is being made.

Where parents/carers have not been made aware, or another professional has made them aware please give details in the space provided.

Note – All LOW RISK cases require consent prior to information being shared

When sharing information with parents or carers, please consider whether information is appropriate and relevant to the conversation.

Specific detail sharing, such as names of associations or details of the child's sexual history are unlikely to be appropriate information to be shared at the point of initial contact.

Pages 2 & 3 should be completed in as much detail as is available to you, following your discussion with the child please review these pages to ensure all information is captured.

The "child's comments" section will allow you to document how the child feels about the RFM being completed, how they feel about their current situation, whether they feel that they have freedom and choice within any relationships or associations and what makes them feel this way.

Risk indicators are separated into categories, each with a series of descriptors and a comments box below. If completing electronically, clicking the checkbox against the descriptors with your mouse will select or deselect for you; comments can be added by clicking into the comments box and typing freehand.

Where indicators / descriptors are not relevant to the child, they should be left blank and no comment is required.

Abuse / Neglect

History of Abuse/Neglect – Low Risk

This is considered a vulnerability which may make the child more susceptible to being targeted for CSE, consider:

- Past referrals to social care, police or health services
- Known allegations of abuse/neglect in relation to the child
- Is the child known to have previously been a looked after child (for any period of time)
- Is the child / has the child previously been subject to a child in need plan or child protection plan

Current Experience of Abuse/Neglect – Medium Risk

Consider:

- Any ongoing social care involvement or active police investigations
- Is the child making current allegations of abuse, neglect or cruelty

Abduction

Definition: Unauthorised removal or retention of a minor from a parent of anyone with parental responsibility for the child

Not all children who have experienced abduction see that they are victims. This may be due to their perception in respect of the relationship with the abductor

Consider:

- Does the child have a good understanding of equal relationships and power imbalance
- Was the child entirely free to leave the situation

Where children do recognise that they were unable to leave a situation or environment freely, they may not use the term abducted. Consider language such as being kidnapped, held hostage, taken etc.

Also consider the location in which the child was held, this could include residential addresses, businesses, hotels or vehicles

Example – Jane was taken to a party by her “friend” she didn’t know where the house was and felt nervous about the people there. She asked her friend several times to take her home but he kept on saying no, she felt like she couldn’t walk out by herself so she had to stay until her “friend” decided she could leave.

Example – Aiden had run away from home and was sleeping in a shop door, a woman approached him and offered him a place to stay and some clean clothes. After a few days he started to feel uncomfortable around the woman and the friends she brought over and

wanted to leave, he tried the door and all of the windows, all were locked and he couldn't find any keys.

Alcohol/Drug Use

The following section is in relation to the use of substances including alcohol, drugs or any novel psychotic substances which are taken for non-medical purposes altering the mental state.

Including use of substances for pleasure, satisfaction, as a coping mechanism, exploration or utilised as a means of exploitation

Consider:

- Is substance misuse a means of fitting into a peer group or developing associations
- Where the child is using alcohol – what type of alcohol, where is this sourced from – if underage child is being sold alcohol please give details of shop / seller
- Is young person using substances to experience specific effects
- What is the frequency of use – Anything beyond recreational please note the frequency and types of substance.
- Is the child engaging in any kind of sexual activity whilst under the influence of substances – Are they being given the substances by another person prior to sexual activity, do they use substances every time they engage in sexual activity
- Is the child providing substances to others prior to sexual activity
- How are substances used – where are the substances obtained from and in what environments are they used
- How is the child accessing substances- Where a third party is supplying substances please give all available details

Variance in frequency and severity in substance type and the associated behaviours to fund, participate in or enable the use of substances should also be considered.

Please note – A child under the influence of substances may be unable to consent to sex or sexual contact. Consider whether the child would have made an informed decision to engage in the sexual activity had they not used substances? Consider in conjunction with the section around engagement in adult activity.

Class A drugs as governed by The Misuse of Drugs Act 1971 are – Crack cocaine, cocaine, ecstasy (MDMA), heroin, LSD, magic mushrooms, methadone, methamphetamine (crystal meth

It is important to note that many drugs are known by several differing slang terms; if you are unsure of a substance mentioned by a child you can [Ctrl+Click here](#) for a list of drugs, their classification and associated slang terms

Associations

The following section is around any associations the child has which are placing the child at risk of CSE or further exploitation. For the purpose of this section, association refers to contact with other children and adults; and can be contact in person, online or via telephone call, text message, email or written letter.

Consider:

- How associations were formed, introduction by friend, online/via telephone, approached in person
- What form of contact is used, has this changed since the beginning of the association- Also consider here where online associations have involved the person of concern moving the child from the original online forum to another
- How long has contact been occurring, has frequency of contact increased

Where adults around the child are thought to / are known to pose a risk to children consider:

- Why is the adult thought to be / known to be a risk to children
- Are currently any known measures in place to restrict the person of concern having access to children/ to a specific child, place or forum – please give as much detail as possible
- How has the association been formed and what kind of contact is currently had
- Have they entered a vehicle with the person of concern
- Where have they been taken once in a vehicle
- Have others been present – please give as much detail as possible

Where associations are with other children thought to be at risk of CSE consider:

- What is the association – family member, friend, met through a person of concern
- How long has the association / friendship been ongoing
- Does the child seem intimidated by another child thought to be at risk of CSE
- What do they do / where do they go during time spent together

Where contact/s are not local to the area consider:

- How was the association made – if introduced by another person who was this
- Where are contacts from
- What type of contact has been made – in person, online, telephone call, text
- If the child has travelled to another locality, how did they travel, who paid for any travel expenses, why did the child travel, were they alone or accompanied – please detail location/s and date/s of travel

Where there are reports that the child is involved in CSE / has been seen in hotspots consider:

- Where have reports come from, who have concerns been reported to
- What reason does the child give for being in hotspot locations
- How does the child get to and from hotspot locations- If using public transport how is this paid for, if using taxis please give further detail around travel company, consistent driver and how taxis are paid for

If the child possesses keys / key cards to unknown properties consider:

- What types of property/properties does the child have access to – residential, commercial, hotel (please give full details)
- Who is the owner / tenant of the property/properties
- Why does the child spend time at the property/properties – is any of the time spent there during hours when the child should be in education/training

Behaviour / Presentation

Speak to the adults and agencies who know the child best to establish whether there has been a significant change in behaviour/presentation.

Where behaviour is volatile, abusive or aggressive consider whether this is a high risk concern at the current time, are there any patterns to the child becoming abusive or aggressive?

Bereavement

This is considered a vulnerability that may make the child more susceptible to being targeted for exploitation. Please give details of how the experienced bereavement/loss is impacting upon the child's risk of CSE, consider:

- Has the child lost a member of family/ friend or someone/something with whom they had a significant relationship – please note that this could be through death, the person longer living near to the child or the person no longer being contactable; the loss could also cover loss of a pet
- Have they lost contact of had relationships disrupted for their own safety
- Have social networks been disrupted
- If loss is due to a family member being incarcerated, what is the child's knowledge and understanding of the circumstances around this

Bullying

Definition: Repeated incidences or behaviors with the intention of hurting an individual or group physically or emotionally or receiving this type of abuse.

The bullying could be aimed at various diversities an individual might possess, such as; race, gender, sexual orientation, religion etc. and can occur in various forms which include

behaviors/actions administered in person or via technology (cyberbullying); and cover assault, threats, teasing and name calling.

Please note whether the young person is being bullied or is bullying others, the environment it is occurring in and whether any intervention has been put into place.

Coercion / Control

Definition: Coercion – *“An act or pattern of acts of assaults/threats/humiliation/ intimidation or other abuse that is used to harm, punish or frighten the victim.”*

Definition: Controlling Behaviour – *“A range of acts designed to make a person subordinate and/or dependent by isolating them from family, friends and/or sources of support. Depriving the victim of the means needed for independence, resistance and escape.”*

Consider:

- Does the child make excuses not to see friends or family
- Do they feign illness in order not to attend functions such as birthdays, meals etc.
- Does the child spend a lot of time alone
- Do they no longer mention friends like they used to
- Are hobbies or pastimes being ignored, or essential kit forgotten
- Have threats been made to the child, family, home or friends – explore how safe the young person feels in different situations and locations and who they feel safe/unsafe with
- Has the child ever engaged in sex or sexual activity due to threat of violence or consequence
Example – I had to have sex with him, he said he would tell my mum I got drunk at a party if I didn't
- Has the child experienced sexualised name calling, had rumours spread about their sexual preferences or behaviour
- Has the child ever been told or do they believe that they are a prostitute
- Is the child introducing others to a person thought to / known to pose risk to children – this could be a conscious or unconscious act and may be used as a form of self-preservation against further abuse
Example – Kyle had been told that his cannabis debt would be written off if he brings some of his friends to the park
- Does the child have more than one mobile phone or SIM card
- Do they seem anxious about their phone
- Do they answer texts or calls immediately or secretively – consider how they react to texts/calls
- Do they become violent, aggressive or upset if they are separated from their phone

Disability

This is considered a vulnerability that may make the child more susceptible to being targeted for exploitation. Please give details of how the child's disability is impacting upon the risk of CSE, consider:

- Does the child have an understanding of appropriate and safe relationships, sex and sexual contact
- Does the child's disability impair their ability to consent – are they able to communicate their feelings
- Does the child feel isolated as a result of their disability
- Does the child spend increased time online due to physical disability

Education / Training

Consider:

- Does the child's education history suggest a number of school moves
- Has the child been excluded from school? – please give detail around circumstances, temporary or permanent and whether alternative placement is being sought
- Would reason for exclusion highlight behaviours indicative of other CSE risk indicators
- Is the child/has the child previously received home education
- Does attendance indicate periods of absence – are there patterns to this
- Has attendance deteriorated – is there suitable explanation
- Is the child struggling to concentrate in lessons
- Have they become isolated from peers/ have relationships with education staff deteriorated
- Are they on a reduced timetable – consider whether they are adhering to this, are there whereabouts during non-education hours known

Engagement in Adult Activity

This section refers to the child engaging in activities not deemed age appropriate; this could be alone or in the presence of adults/other children.

Many young people attend parties, to assist in your assessment of whether parties are appropriate or inappropriate please consider

- Was the party unsupervised/ parents or carers present but unable to supervise due to intoxication, fear of repercussion from child or attendees of the party
- Was there use of / access to drugs and alcohol at the party
- What were the ages of attendees at the party

- Does the child know the location of the party
- Did the child feel safe and free to leave the environment

Consider:

- Who has introduced the child to the activity/ who has permitted access to venue – if child is attending parties or clubs please give detail of venues
- Did the child know in advance where they were going
- How have they travelled from their home to the venue / venues
- Have they been taken to multiple venues in one evening
- How have they viewed pornography – searched due to their own curiosity, were shown clips online/ DVD/ magazine etc. by another person, were sent clips, images or links by another person – how frequently do they access / are they exposed to pornography and have the images / footage become more extreme or featured any illegal acts (sexual contact with a child, bestiality, necrophilia or acts likely to threaten life or cause serious harm to a person)
- Where a child has been exposed to pornography by another person, who was this person, how old were they and were any others present at the time
- Were they able to leave the situation if they felt uncomfortable

Exchanging Sexual Activity for Goods / Money

Please state whether this behaviour has been reported, observed or disclosed by the young person. If reported please give details of when the information was reported, where to and who by.

Consider:

- Has the child disclosed that they have promised sex in return for goods, money or travel and then run off – who did they promise this to, have they done this once or often
- Who/what is the source of the goods or money – does this cause concern
- Has the child given any explanation for the goods/money – is the explanation plausible or supported by parents or carers
- Are there concerns that goods/money are tools to groom the child

Family

Consider:

- Have relationships with parents, carers, siblings or other significant family members broken down or altered recently
- Are there any health problems or disabilities which limit ability for parent/carer to be emotionally or physically available for the young person
- If parent/carer has been unavailable to the child, how do they feel about this

Example - Jo's mum had recently come home from hospital and was recovering from an accident. Jo couldn't talk to her like before and didn't like to see her in pain, it seemed best to stay out and keep out of the way.

- Is the child not talking to parents – do they tell them when and where they are going out
- Is there a lot of shouting or a lot of silence
- Has there been reduced contact with family members – consider in line with the above section on control/coercion
- Are parents quick to blame the child or accuse the child of acting inappropriately
- Does the child feel that they are unable to communicate with family or feel that they would not be listened to
- Are parents/carers unable to cope with child's behaviour
- Do parents/carers know the child
- Are there concerns around neglect
- Is there someone for the child to talk to who is emotionally available and resilient
- Do parents/carers allow a person / people of concern access to the home
- Are parents failing to discourage inappropriate relationships
- Are parents/carers unwilling to support Child Abduction Warning Notice (CAWN)
- Is the child missing or being harmed – please give as much detail as possible, including whether injury/injuries have been observed by any professionals

Gang Association, Involvement / Criminal Behaviour

Please give details of any criminal activity the child is known to have been or currently be involved in; where the child has had involvement with the criminal justice system please provide all details and ensure workers associated with the child have received a copy of the RFM for their input.

This section recognises a gang as a group of people/individuals who have shared interests or a common identity.

Please note in the comments:

- Any intelligence around any specific individual names, group activity or areas which they frequent as well as the gang name they align themselves with.
- Any details of events such as parties or gatherings which the gang have organised or have been instrumental in obtaining guests
- Any details of gang members supplying substances, encouraging others to engage in sexual activity whilst under the influence or orchestrating liaisons between risky individuals and children and young people.
- Any mention of initiations employed by the gang to allow other individuals to join them. This may include:

-Females being encouraged/coerced to engage in sexual activity with various gang members to enable them to associate with them, even if the individual is in a relationship with a particular group member.

-Individuals being encouraged/coerced to engage in sexual activity with other individuals as a means of securing a place in the gang

-Individuals being encouraged/forced to commit sexual or physical assaults or any other acts of crime as a means of securing a place in the gang

Home

History of being in care – Low Risk

This is a vulnerability that could make the child more susceptible to targeting for CSE and may indicate past relationship breakdown/or abuse/neglect.

Within comments consider:

- Has the young person started to associate with unknown individuals/adults
- Has parent/carer supervision reduced – are whereabouts and associated known by parents/carers, what is the reason for this – working hours, lack of care/understanding etc.
- Does lack of supervision allow for opportunity for child to be targeted for CSE/grooming
- Is there indication family breakdown or lack of stability
- Is reason for homelessness known – is this reason plausible/evidenced
- Is address history known – What are the reasons for movement, eviction, transient family, culture etc.
- Are there a large number of address changes – are these within the local area, country or international
- Is the child sofa surfing or staying with persons posing concern
- Does the child have a consistent support network/trusted adult supporting them
- Does the child want to be taken into care – is the reason indicative of other CSE risk indicators
- Is any adult visiting the home known as a Person Posing a Risk to Children (PPRC)
- Are there concerns around peers visiting the home – substance misuse, offending behaviour, negative associations

Mental Health and Wellbeing

Consider:

- Does the child use negative language to describe themselves
- When does the child feel happiest/when do they feel depressed/anxious or low – any patterns
- Do feelings of depression/anxiety occur around specific people or in specific locations

- Does the child appear overconfident / make exaggerated claims about their abilities or achievements – this can be used as a coping mechanism or to deter professionals from asking questions
- Has medical/psychiatric intervention been provided – please detail intervention and provider
- If the child is self-harming, what is the method of harm and are there any patterns to incidents of harm
- Has the child disclosed suicidal thoughts/ideation – are any professionals involved
- Have there been any previous suicide attempt – are these recent or non-recent, what action was taken by family/professionals to support the child following this
- What is the child's perception of family/friends reaction to previous suicide attempts
- Does the child have a diagnosed eating disorder – what support is in place
- Does the child visit forums associated with suicide, self-harm or eating disorders
- Does the child appear preoccupied during discussion
- Do they lack empathy or struggle to show affection to those close to them
- Does the child appear disassociated when discussing certain topics, people or locations
- Are they no longer socialising as previous– consider alongside family and relationship sections above

Missing

This section is in relation to a child or young person going missing, absconding or not staying in contact when away from those responsible for them. The child or young person is considered missing if not at the location they were agreed to be in or has ceased contacting parents/carers or responsible persons regarding their whereabouts.

Consider:

- Any relevant information regarding recent/ non-recent episodes such as the frequency and length, whether in company and if the behaviour is usual or unusual. (i.e. does the individual regularly go missing or is this out of character)
- Any information regarding the make, model, colour and vehicle registration of cars collecting the individual. As well as any details of passengers or the driver
- Any information regarding places the individual is frequenting whilst missing or individuals they are in company with during the missing episodes

Where a child has been missing or unaccounted for during the day e.g. education provider unable to locate child for one lesson; consider whether there are any patterns, does the child go missing alone or with a peer, how does the child appear when they return?

Physical / Sexual Assault

Consider:

- Have there been allegations of physical/sexual assault by individuals known to the child
- Is there history of familial sexual/physical abuse involving the child, a sibling or other relative under 18
- Is there evidence of retracted allegations of harm against the child - Is there suspicion this could be pre-disclosure or retracted through fear of repercussions, what was professional response to this
- Is there evidence of domestic/sexual violence
- Does the child's presentation suggest they are being physically/sexually assaulted—flinching from contact or sudden movement
- Have any concerns been raised that the child has disclosed abuse – This could be from professionals, friends' parents, sports/activity leaders etc. Please state source
- Are there concerns the young person has been "marked" (the child being labelled for ownership by a perpetrator/gang)
- Does the child have any tattoos, burns or cuts suggestive of having been done under duress or to prove loyalty

Pregnancy

Consider:

- Is the child currently pregnant – has this been confirmed by a health professional and are they receiving antenatal care
- Has the child been pregnant before – what was the outcome of this pregnancy
- Where and when were any previous terminations carried out – were any support services involved
- If the child is a young parent (mother or father) how old are any other children; and who has parental responsibility
- Are there any Child in Need or Child Protection Plans in place for either the child the RFM is in respect of; or their children
- What action is being taken now that the pregnancy has come to light
- Are parents / carers of the child the RFM is in respect of aware that the child is currently pregnant / for boys aware that they are expecting to become a young parent
- Why does child feel unable to share details about father / possible fathers
- Have multiple pregnancies occurred as a result of sex with the same partner or multiple partners

Definition: Concealed pregnancy – "When a female knows she is pregnant but does not tell anyone/ those who are told conceal the fact from all agencies"

(Consideration should also be given to cases of children being genuinely unaware that they were/are pregnant)

- Has the child previously concealed a pregnancy – what was the outcome
- Has the child disclosed the pregnancy to any other person who has assisted in keeping it secret – who was this
- What was the reason for concealing the pregnancy – if there are fear of repercussions, who from and have any threats been made to the child

Relationships

Consider:

- Is the child unsure of their sexuality or gender identity – please give detail as to how this is impacting upon the child’s vulnerability to exploitation
- Is the child secretive about their relationship
- Do they know their “boyfriend” or “girlfriends” full name and wider details
- Are they in multiple “relationships” / does the information given around relationships appear conflicting
- Is their “boyfriend”, “girlfriend” or person/people they are “dating” significantly older in chronological age and/or cognitive age
- Is there an uneven power dynamic within the relationship

Sexual Activity and Behaviours

Consider:

- Has the child been sexually active from a young age (under 15) – Is this disclosed by the child, evidenced by professionals or shared by a reliable source
- Is the child accessing contraception – what type of contraception, if being purchased who by and who pays for this
- Is there evidence of sexualised or sexually harmful behaviour – has support been provided
- Does the child understand consent – are they aware of situations whereby consent is not valid
- Does the child have numerous sexual partners
- Have they engaged in sex with multiple individuals at one time or with multiple individuals over a short space of time e.g. over one night or weekend – were they pressured into this, supplied alcohol or drugs to encourage them to engage in sex or incapacitate them, were they able to leave a location or situation.
- Has the child agreed to an adult’s request to meet them and engaged in sexual activity – had they disclosed their age, please consider this when completing the Trafficking section below

Has the child engaged in any sexual activity under the age of 13?

- Has the child disclosed this or has the information come from a third party
- Has there been a child protection referral – if not why not
- Has the child been supported to access support
- Does the child understand that they cannot legally consent to sex or sexual contact

Sexual Health

Consider:

- Is the child sexually active? – how many partners do they have/how often are they having sex/sexual contact
- Are they using any form of contraception
- If not using contraception is this the choice of the child or of the person/people having sex or sexual contact with them
- What type of sex/sexual contact is the child having – is the type of sex/sexual contact they are engaging in their choice or the choice of the person having sex/sexual contact with them
- If the child has tested positive for an STI, where was the test carried out and have they accessed and completed treatment
- If seen at a Sexual Health Clinic (GUM or CASH) did they give partners names for notification – if not why not
- Since receiving an STI diagnosis have they taken action to prevent reinfection, e.g. using condoms or abstaining from sex or sexual contact – if not, why not, are they being allowed to use condoms or to abstain from sex
- Does the child attend one Sexual Health Clinic regularly or do they travel to various locations – please give details of any known clinics the child has visited and dates of visit where possible
- Is the child accompanied when attending clinics – if so who by
- Does the child attend clinic during times when they should be in education
- How does the child travel to and from clinic
- Is the child regularly accessing free Emergency Hormonal Contraception (EHC) or is this being paid for – where is EHC being accessed; if purchased, where from, who is paying for this
- If STI's are untreated or recurrent, is the child returning to a partner/partners who have not accessed testing/treatment
- If STI's are untreated, why has child been unable to access treatment

Social Media

Consider:

- Are significant periods of time being spent accessing mobile technology – is use of devices secretive
- Does the child appear to neglect “real life” relationships, preferring online relationships or seeming obsessed with their online world
- Does the child befriend individuals online or on mobile apps with no prior knowledge of who they are and/or no ability to verify their identity
- Have they shared indecent images or video – have they been incited to do this; if so has this been reported to the Police or Childrens Social Care
- Has the child received any form of sexual contact from an adult – this is an offence under the Serious Crime Act, 2015

- Do any online relationships appear controlling or isolating – are there elements of grooming
- Does the child have an increasing number of unknown contacts – do they understand the risk of these associations, are they unwilling to remove unknown Are they engaging on online “relationships” or communication with adults (persons over the age of 18) – are they arranging/agreeing to arrangements to meet
- Do the child’s online profiles state that they are older
- Has the child been photographed or filmed by another person – has this been reported to the police, was this within a legally consensual relationship

Trafficking

Definition: *“A person commits an offence if they arrange or facilitate the travel of another person to exploit them. It is irrelevant whether the exploited person, adult or child, consents to travel.”*

Section 2 - Modern Slavery Act 2015

A person may arrange or facilitate the exploitation of another by:

- Recruiting them,
- Transporting them or transferring them
- Harboursing or receiving them,
- Transferring or exchanging control over them.

The term “Travel” means arriving in, or entering any country; departing from any country and travelling within any country.

It is important to remember that a young person who travels alone could still be a victim of trafficking. If another person has arranged or paid for the travel and intends for the child to be exploited once they reach the destination this would meet the definition above. A child may have been coerced, bribed or threatened as a result of grooming and feel that they have no option other than to get themselves to a specific location on the date and time specified by their abuser.

Example – Steph was taken by her “boyfriend” to a hotel, when they got to the room there was a man there waiting to have sex with her.

Example – Mo was told that he would need to meet a man at Manchester train station on Saturday at 10am, if he did not go his abuser would “go after” his little sisters. Mo brought himself a bus and train ticket and went to meet the man. When he got there the man took him to his house and had sex with him.

Submission of RFM

Prior to submission of a risk Factor Matrix please ensure you have:

- Made every attempt to gain consent from child and wherever possible parents (**ALL** low risk cases must have consent) and selected the applicable options within the information sharing section on page 1
- Identified a risk level on page 1 of the RFM
(Any form submitted without an identified risk level will be returned)
- Supplied details of how the child can be contacted, please also supply parent / carer contact details if available
(Parent / carer contact details must also be provided for low risk cases)
- Given full detail of your concerns and any supporting evidence
(Please ensure that you have been specific as to sources of information)
- Completed any referrals agreed with the child and included details of these referrals within the supporting information
- Ensured that any other professionals involved with the child have had sight of the RFM in order to contribute additional information

Secure Email

Referrals must be submitted via a secure email account or via a password protected email (seek support from your manager / internal IT service if you are unsure as to whether your email server is secure)

Password protection of emails can be done using the options available within your email window (this varies by software and version, see help function or seek support from internal IT service unsure)

Those utilising secure email accounts or Criminal Justice Secure Mail (cjsm) accounts can submit referrals to the cjsm email address provided within the RFM without the requirement to password protect.

When referrals are submitted, details of the child and/or their family should not be included within the email body.

Where a colleague, manager, safeguarding lead or shared email account is used; please make clear within the email the best contact method for the professional who completed the matrix.