

Name of worker completing assessment:		Contact details of worker completing assessment:	
Child's Name:		Local Authority:	
Known to social services since:		Date SERAF Assessment completed:	
Age		Legal status Section:	
Date of birth		Migrant/Refugee/Asylum Seeker/Trafficked status Please specify & Complete Trafficking Risk Matrix:	
Ethnicity		Gender	
Physical/learning disabilities (If yes, add score of 1 to SERAF score)		Languages spoken	
Have child protection procedures been initiated? (If yes provide date)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes when:	Involvement with the youth justice system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the child receiving support or services from any other agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If other agencies are involved please list them here e.g. CAMHS, Early Help etc.	
Has sexual exploitation previously been identified as a specific issue for this child?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes when:	Who has assisted in the completion of this risk assessment? (E.g. involved professionals, family members, child)	

Vulnerabilities	Please tick	Vulnerabilities	Please tick
Emotional neglect by parent/carer/family member	<input type="checkbox"/>	Family history of mental health difficulties	<input type="checkbox"/>
Physical abuse by parent/carer/family member	<input type="checkbox"/>	Low self-esteem	<input type="checkbox"/>
Sexual abuse	<input type="checkbox"/>	Unsuitable/inappropriate accommodation	<input type="checkbox"/>
Breakdown of family relationships	<input type="checkbox"/>	Isolated from peers/social networks	<input type="checkbox"/>
Family history of domestic abuse	<input type="checkbox"/>	Lack of positive relationship with a protective/nurturing adult	<input type="checkbox"/>

Family history of substance misuse	<input type="checkbox"/>	
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Moderate risk indicators	Please tick if present on date of referral or during the past 3 months
Staying out late	<input type="checkbox"/>
Multiple callers (unknown adults/older young people)	<input type="checkbox"/>
Use of a mobile phone that causes concern	<input type="checkbox"/>
Expressions of despair (self-harm, overdose, eating disorder, challenging behaviour, aggression)	<input type="checkbox"/>
Exclusion from school or unexplained absences from or not engaged in school/college/training/work	<input type="checkbox"/>
Sexually Transmitted Infections (STIs), pregnancy/termination of pregnancy	<input type="checkbox"/>
Drugs misuse	<input type="checkbox"/>
Alcohol misuse	<input type="checkbox"/>
Use of the internet that causes concern	<input type="checkbox"/>
Living independently and failing to respond to attempts by worker to keep in touch	<input type="checkbox"/>

Significant risk indicators	Please tick if present between 3 and 6 months ago	Please tick if present on date of referral or during past 3 months
Disclosure of sexual/physical assault followed by withdrawal of allegation	<input type="checkbox"/>	<input type="checkbox"/>
Peers involved in sexual exploitation or clipping (offering to have sex/ perform sexual acts and running off with payment before undertaking the sexual act)	<input type="checkbox"/>	<input type="checkbox"/>
Periods of going missing overnight or longer	<input type="checkbox"/>	<input type="checkbox"/>
Older 'boyfriend' or 'girlfriend' / relationship with controlling adult	<input type="checkbox"/>	<input type="checkbox"/>
Physical abuse by controlling adult / physical injury without plausible explanation	<input type="checkbox"/>	<input type="checkbox"/>
Emotional abuse by controlling adult	<input type="checkbox"/>	<input type="checkbox"/>
Entering/leaving vehicles driven by unknown adults (not taking and driving away: car theft)	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained amounts of money, expensive clothing or other items	<input type="checkbox"/>	<input type="checkbox"/>
Frequenting areas known for on/off street sexual exploitation	<input type="checkbox"/>	<input type="checkbox"/>

SERAF Score	<ul style="list-style-type: none"> • If the child has a Physical or Learning Disability: Add 1 to the final score. • If child is under 13 and there is at least 1 significant risk factor present: Add 5 to the final score.
Do you agree with this score? Record whether you agree or not with the score based on the CSE risk level it indicates.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Professional judgement regarding CSE risk level: Please refer to CSE risk table within SERAF guidance document, and record here why you agree or disagree with the score.	
CSE Risk Category: This is the final decision on the CSE risk category giving consideration to both the score <u>and</u> your professional judgement regarding the current risk level.	No Risk <input type="checkbox"/> Moderate Risk <input type="checkbox"/> Mild Risk <input type="checkbox"/> Significant Risk <input type="checkbox"/>
Have you considered whether this child been trafficked? Remember: movement for the purpose of exploitation = child trafficking.	Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected <input type="checkbox"/>
If Yes or suspected is this: 'Internally'- i.e. moved within town/city or UK. 'Abroad' - Unaccompanied Asylum Seeker (UAS)	Internally <input type="checkbox"/> Abroad <input type="checkbox"/>
If Yes or Suspected- have you completed a NRM? (National Referral Mechanism form) https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms	Yes <input type="checkbox"/> No <input type="checkbox"/>

EXPLANATIONS MUST BE COMPLETED BELOW FOR ALL VULNERABILITY FACTORS & RISK INDICATORS TICKED IN THE SERAF. PLEASE REFER TO THE SERAF GUIDANCE DOCUMENT FOR FURTHER GUIDANCE.

Vulnerabilities Identified: (if any of these have been ticked please detail why)

Emotional neglect by parent/carer/family member:

Physical abuse by parent/carer/family member:

Sexual abuse:

Breakdown of family relationships:

Family history of domestic abuse:

Family history of substance misuse:

Family history of mental health difficulties:

Low self-esteem:

Unsuitable/inappropriate accommodation:

Isolated from peers/social networks:

Lack of positive relationship with a protective/nurturing adult:

Moderate Risk Indicators Identified: (if any of these have been ticked please detail why)

Staying out late:

Multiple callers (unknown adults/older young people):

Use of a mobile phone that causes concern:

Expressions of despair (self-harm, overdose, eating disorder, challenging behaviour, aggression):

Exclusion from school or unexplained absences from or not engaged in school/college/training/work:

Sexually Transmitted Infections (STIs), pregnancy/termination of pregnancy:

Drugs misuse:

Alcohol misuse:

Use of the internet that causes concern:

Living independently and failing to respond to attempts by worker to keep in touch:

Significant Risk Indicators Identified: (if any of these have been ticked please detail why)

Disclosure of sexual/physical assault followed by withdrawal of allegation:

Peers involved in clipping/sexual exploitation:

Periods of going missing overnight or longer:

Older 'boyfriend'/ relationship with controlling adult:

Physical abuse by controlling adult / physical injury without plausible explanation:

Emotional abuse by controlling adult:

Entering/leaving vehicles driven by unknown adults (not taking and driving away: car theft):

Unexplained amounts of money, expensive clothing or other items:

Frequenting areas known for on/off street sexual exploitation:

Additional information: *[This section of the form allows you to provide any other relevant information which you may not have referred to earlier.]*