** North-East Lincolnshire’s Exploitation Risk Assessment Tool**

|  |  |
| --- | --- |
| **THIS IS A CONFIDENTIAL RISK ASSESSMENT TOOL AND OFTEN CONTAINS SENSITIVE POLICE INTELLIGENCE AND INFORMATION AROUND OTHER YOUNG PEOPLE AND ADULTS THEREFORE CANNOT BE SHARED WITHOUT THE CONSENT OF EXPLOITATION MANAGER EMILY SCOTT OR EXPLOITATION LEAD EMILY FRANKS – THIS CAN BE REDACTED BY THE EXPLOITATION TEAM IF THIS IS NEEDED TO SHARE WITH PARTNERS OR THE FAMILY**  **PLEASE ENSURE WHEN YOU RECORD THIS ON YOUR SYSTEM IT IS MARKED AS CONFIDENTIAL** | |
| **NAME OF YOUNG PERSON** |  |
| **DOB / AGE** |  |
| **ADDRESS / WHO DOES THE YOUNG PERSON LIVE WITH?** |  |
| **NAME OF PRACTITIONER / AGENCY COMPLETING RISK ASSESSMENT TOOL** |  |
| **DATE OF THIS RISK ASSESSMENT TOOL** |  |
| **IS THIS AN INITIAL RISK ASSESSMENT TOOL OR A REVIEW? (if a review please date previous tool and what was the score)** |  |
| **PROFESSIONALS INVOLVED WITH THE YOUNG PERSON – please detail what each agency / professional is doing to support young person and their family (include school they attend)** |  |

**When completing the assessment tool below, please highlight in colour either 0, 1, 2, 3 or 4 on each of the 10 categories which you think best describes the young persons current situation. The score for each section should then be recorded at the end. You have the opportunity to add a professional judgement score, then giving an overall total score.**

|  |  |  |
| --- | --- | --- |
| **1. Episodes of missing from home/care/school:** | | **Multi-agency evidence:**  Please provide the number of times missing in the last 12 months?  Where do they go? Why do they go? Is carer aware of missing episodes / whereabouts?  Does the carer report child as missing?  Has the child been out of area? |
| 0 | * No missing episodes. |  |
| 1 | * Stays out late, no real concerns |
| 2 | * Frequent but short episodes |
| 3 | * Frequent and prolonged episodes |
| 4 | * Young person has previously been found out of area when missing |

|  |  |  |
| --- | --- | --- |
| **2.School/College attendance:** | | **Multi-agency evidence:**  School attendance / what services are involved to improve attendance?  How is the child in school? Peers in school of a concern?  Any change in attitude towards school or change in behaviour in school?  Please provide the number of fixed and permanent exclusions in the last 12 months  Please provide number of absences in the last 12 months  Does the school meet the child’s needs? |
| 0 | * Engaged / re-engaged in education or training, or * In work or actively seeking employment |  |
| 1 | * Is participating in education or employment but attendance is a concern. * Carer engaging with services to improve attendance. |
| 2 | * Is on a reduced timetable, or * Is persistently absent from school, or * Sudden noticeable change in attendance, performance or behaviour at school * Carer’s engagement with services to improve attendance but no evidence of improvement. |
| 3 | * Young person is not attending school or is a NEET * Young person is showing an interest in accessing opportunities. * Career showing limited engagement with services. |
| 4 | * Young person is not attending school or is a NEET * Shows no interest in accessing educational or training opportunities. * No engagement from carer. |

|  |  |  |
| --- | --- | --- |
| **3. Individual Needs:** | | **Multi-agency evidence:**  Details of SEND / Learning Needs / EHCP/ what support is in place for additional needs? |
| 0 | * Young person has not been identified as having a learning need or SEND * Carer actively supports child |  |
| 1 | * Concerns raised by professionals/carers and consideration being made to assess learning need /SEND * Carer actively supports child’s learning need |
| 2 | * Young person undergoing pathway/diagnosed with SEND or Other * Parent supports child’s learning need |
| 3 | * Young person undergoing pathway/ diagnosed with SEND * Young person receiving support * Carer is not supporting child’s learning need |
| 4 | * Young person diagnosed with SEND * Young person not receiving/accepting support * Carer shows no interest in child’s development/support needs |

|  |  |  |
| --- | --- | --- |
| **4. Accommodation:** | | **Multi-agency evidence:**  Who does the young person reside with? Housing provider? Extent of overcrowding? Arrears?  Does the accommodation meet the child’s needs and keep them safe? |
| 0 | * Young person is satisfied with accommodation & meets young person’s needs * No concerns from professionals |  |
| 1 | * Young person is generally satisfied with accommodation * Meets most of the young person’s needs * Some concerns about longer term stability |
| 2 | * Unstable or unsuitable accommodation. * Young person & assessor are not satisfied with accommodation * Overcrowded |
| 3 | * Frequent placement changes * Temporary accommodation |
| 4 | * Homeless / unknown whereabouts * Young person is not residing where they should be and there are significant concerns in relation to where they are. |

|  |  |  |
| --- | --- | --- |
| **5. Home Relationships:** | | **Multi-agency evidence:**  Any financial difficulties? Any known / suspected domestic abuse? Any recent deaths in the family? Sexual abuse? |
| 0 | * Positive relationships and good communication * Age appropriate boundaries & routines set by carer & adhered to |  |
| 1 | * Some mutual understanding and positive relationships. * Age appropriate boundaries & routines set by carer but not always adhered to |
| 2 | * Sudden negative change in quality of relationship, poor communication, strained relationship * Carer starting to show signs of not having capacity to input & maintain boundaries / consequences and challenge and behaviour |
| 3 | * Poor or negative communication with young person not responding to boundaries, routines or consequences * Historic abuse / neglect in family * Lack of positive role model * Family disorganisation |
| 4 | * Current / suspected abuse / neglect in the family * Poor communication, limited warmth, attachment or trust. * Carer does not implement age appropriate boundaries or recognise negative behaviour. Does not have the capacity to respond * Chaotic & very disorganised family |

|  |  |  |
| --- | --- | --- |
| **6. Peer Association:** | | **Multi-agency evidence:**  Describe peer group / who are they? Any concerns? Ages of peer group  How long have they been friends?  Where do they frequent as a group?  Police intelligence re; peer group? Any offending? Exploitation?  Extra familial harm (are associates identified as causing imminent risk to young person? |
| 0 | * Engaged in positive activities * Positive role models * May have some contact with vulnerable peers but has other positive networks |  |
| 1 | * Some awareness of criminal activity in their area * Surrounds self with mostly age appropriate and positive peers * Starting to disengage with positive activities |
| 2 | * Starting to associate with problematic peer group * Coming to the attention of services * Starting to engage with ASB * Not engaging in positive activities |
| 3 | * Is engaging in ASB and is known to services * Peers who are using substances * Peers who are known by criminal justice agencies * Spending more time with peers in the community * Peers identified at risk of CCE/CSE * Secrecy around peers |
| 4 | * Evidence of peers actively involved in CCE/CSE * Associating with known criminal / gun crime nominals * Links to Organised Crime Groups * Young person is or is suspected to be involved in a gang/group * Imminent risk of harm through associates |

|  |  |  |
| --- | --- | --- |
| **7. Misuse of Drugs or Alcohol:** | | **Multi-agency evidence:**  What substances are used? How often?  Where do they use substances? How do they fund it? Who with?  Concerns around peer influences?  Child’s understanding of drug debt and risk of debt bondage? |
| 0 | * No concerns |  |
| 1 | * Some concerns about drugs or alcohol (or cigarettes in younger children) * Started to associate with negative peer influence where substance use is suspected. |
| 2 | * Suspected problematic substance use * Increasing concerns around substance use |
| 3 | * Substance use known & part of daily life * Not known how substances are financed * Found in possession of cannabis [only once] * Sporadic engagement with support services |
| 4 | * Young person is dependent on alcohol / drugs * Found in possession of class A substances * Found in possession of cannabis more than once * Suspected of the movement & selling of drugs * Obtains drugs from older peers / family members * Not engaging with support services |

|  |  |  |
| --- | --- | --- |
| **8. Ability to identify exploitive behaviour:** | | **Multi-agency evidence:**  Description of exploitation by young person?  Any understanding? Do they recognise it with others? Themselves?  Evidence of understanding and young person’s ability to keep themselves safe  Has intervention been done? Impact? |
| 0 | * Young person has a good understanding of exploitative behaviour and can use it to keep themselves safe |  |
| 1 | * Reasonable understanding of exploitative behaviour * Able to somewhat apply knowledge to keep themselves safe |
| 2 | * Some understanding of exploitative behaviour. * Can recognise risks but unable to apply to themselves to keep safe |
| 3 | * Very limited recognition of exploitative behaviour and unable to keep themselves safe |
| 4 | * No recognition of exploitative behaviour * The young person’s carer cannot identify or recognise the risk of exploitation * Not safe |

|  |  |  |
| --- | --- | --- |
| **9. Behaviour:** | | **Multi-agency evidence:**  What are the concerns? What support is in place? Details of previous arrests and/or convictions |
| 0 | * No identified behavioural concerns raised by professionals or carer |  |
| 1 | * Started to display negative behaviour in school / home / community * Support in place |
| 2 | * Starting to come to the attention of Police and services within the community/home due to negative behaviour * Targeted support being accessed – impact evident |
| 3 | * Child known to Police Neighbourhood Teams and services due to negative behaviour within community/home * Targeted support being accessed - impact not evident based on behaviour |
| 4 | * Child well known to Police and other professionals * Targeted support being offered – not engaging |

|  |  |  |
| --- | --- | --- |
| **10. Mental Health / Physical Health Concerns:** | | **Multi-agency evidence:**  Concerns around self-harm and mental health? How long has this been a problem?  Services being offered and what support is currently in place? Any barriers to this? |
| 0 | * No known physical or mental health needs identified via assessment process/disclosure/professional knowledge |  |
| 1 | * Known to health services * Some missed appointments * Universal health/support services accessed |
| 2 | * Some physical and mental health concerns * Increased need to access health appointments * Targeted health services support accessed and parent engaging |
| 3 | * Frequent use of health services * Decline in physical and mental health wellbeing * Sporadically accessing support services – carer not fully engaged |
| 4 | * Diagnosed illness or mental health condition * Health appointments missed and support services not accessed * Carer not engaging with services * Regular hospital admissions/treatments |

|  |  |  |
| --- | --- | --- |
| **11. Risk to Others:** | | **Multi-agency evidence:**  Does the young person influence others?  Has the young person harmed others?  Any risks to harm others? |
| 0 | * No concerns about placing others at risk. |  |
| 1 | * Reduced concerns about influence on others. |
| 2 | * Some concerns raised about influence on others. |
| 3 | * Concerns raised that young person may be exposing others to risk |
| 4 | * Places others at risk. |

|  |  |  |
| --- | --- | --- |
| **12. Sexual Harm Risk:** | | **Multi-agency evidence:**  Include any concerns around technology, social media, mobile phones?  Has sexual exploitation previously been identified / is it a current issue?  What safety plans are in place? Any barriers to this safety plan  Any on going police investigations? |
| 0 | * No concerns |  |
| 1 | * At risk of or has been groomed * Evidence of inappropriate sexual relationships * Associating with other sexually exploited children |
| 2 | * Overt sexualised dress * Concealed/ concerning use of the internet * Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites |
| 3 | * Associating or is in a relationship with significantly older men or women * Physical or emotional abuse by a boyfriend /girlfriend, controlling adult or peer including use of manipulation, violence and/or threats * Frequenting areas known for on/off street sex work and/or CSE hotspots * Has had or has sexually transmitted infections, pregnancy or termination |
| 4 | * Previous sexual abuse * Reports young person has been trafficked for the purpose of sexual exploitation * Child under 13 engaging in penetrative sex with someone over 15 years * Child meeting different adults and exchanging or ‘selling’ sexual activity * Disclosure of sexual/physical assault followed by withdrawal of allegation |

**Carers and Family Section**

|  |  |  |
| --- | --- | --- |
| **13. Ability to Safeguard:** | | **Multi-agency evidence:**  If identified at risk of significant harm through extra familial harm - is young person open to statutory services and are appropriate safeguarding measures taking place?  Is the risk of exploitation increased due to lack of safeguarding from parent / carer? |
| 0 | * Carer recognises risks and will report young person as missing * Carer has a good knowledge of exploitation |  |
| 1 | * Carer will mostly report young person as missing * Carer has some knowledge of exploitation |
| 2 | * Carer needs to be prompted to report young person as missing * Carer has limited understanding of exploitation * Carer is engaging or asking for support from services |
| 3 | * Carer fails to report young person as missing * Carer struggles to understand the risk around missing and exploitation * Sporadic or limited engagement with services |
| 4 | * Carer doesn’t have knowledge of exploitation * Parent/carers aware of exploitative behaviour but unable to keep young person safe * Carer fails to report young person as missing and to recognise the risk of missing episodes * Disengagement from services |

|  |  |  |
| --- | --- | --- |
| **14. Substance Use in Carers/Family:** | | **Multi-agency evidence:**  Who in the family uses substances? Current or historical? Describe impact on child  Does it impact on parent/carers parenting?  Have parents themselves been a victim of exploitation / cuckooing? |
| 0 | * No concerns |  |
| 1 | * Some concerns regarding possible use of substances * Historic concerns around substance use but addressed and managed via support services |
| 2 | * Suspected problematic substance use * Carer recognises potential impact on family and has agreed to access support services |
| 3 | * Substance use known * Appears dependent on substances and part of daily life * Not known how drugs are financed * Support services accessed but sporadic engagement/impact not evident |
| 4 | * Carer is dependent on substances * Support services not being accessed/disengaged |

|  |  |  |
| --- | --- | --- |
| **15. Physical and Mental Health in Carers/Family:** | | **Multi-agency evidence:**  Describe this and the impact on the child?  Are there services supporting parent / carer? |
| 0 | * No known physical or mental health needs identified |  |
| 1 | * Known to some health services * Some missed appointments |
| 2 | * Some physical / mental health concerns lifestyle related * Accessing support |
| 3 | * Frequent use of health services * Impacting on emotional well-being and family outcomes * Increased need to access health appointments * Accessing support services – sporadic contact |
| 4 | * Chronic illness –impacting on parenting capacity * Mental health diagnosed- support services not accessed * Stress impacting on family relationships and significant impact on emotional wellbeing – possible due to lack of access to services * Regular hospital admissions/treatments impact on parental capacity * Known/unknown young carers responsibilities impacting on child and siblings * Health appointments missed |

|  |  |  |
| --- | --- | --- |
| **16. Criminality in Carers/Family:** | | **Multi-agency evidence:**  Describe background of family members / primary carers?  Any intelligence of concern?  Probation? Pending convictions?  Are there any concerns around parents exploiting own children now or historically? |
| 0 | * No concerns |  |
| 1 | * Historically known to probation and demonstrates no current concerns * No information to suggest that the carer/family member is engaged in criminal activity or ASB |
| 2 | * Historically known to probation but concerns around possible re-offending/ASB * Historic criminality (guns, gangs and drugs supply) |
| 3 | * Open to probation and engaging in support services to address re-offending behaviour * Concerns around suspected involvement in guns, gangs or drugs supply * Carer/family member in custody |
| 4 | * Carer/family member known nominal to services * Evidence suggests involvement in guns, gangs or drugs supply * Carer/family member in custody * Carer/family member open to probation but not engaging/suspected disguised compliance |

|  |  |  |
| --- | --- | --- |
| **17. Carer’s engagement with appropriate services:** | | **Multi-agency evidence:**  Describe the engagement with different professionals  Do they follow safety plans to safeguard child and prevent exploitation?  What services are supporting parents? |
| 0 | Good engagement |  |
| 1 | Reasonable engagement , regular contact |
| 2 | Some engagement with services, occasional contact. |
| 3 | Brief engagement with service: early stages or sporadic contact |
| 4 | Not engaging with service / no contact |

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **Score** |  | **Score** |
| 1. Episodes of missing from home/care/school |  | 10. Mental Health / Physical Health Concerns |  |
| 1. School/College attendance |  | 11. Risk to Others |  |
| 1. Individual Needs |  | 12. Sexual Harm Risk |  |
| 1. Accommodation |  | 13. Ability to Safeguard |  |
| 5. Home Relationships |  | 14. Substance Use in Carers/Family |  |
| 6. Peer Association |  | 15. Physical and Mental Health Carers/Family |  |
| 7. Misuse of Drugs or Alcohol |  | 16. Criminality in Carers/Family |  |
| 8. Ability to identify exploitive behaviour |  | 17. Carer’s engagement with appropriate services |  |
| 9. Behaviour |  |  |  |
| **Total Assessment Score:** |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | |  | | |
| **Assessment Score (tally up from the above table scoring)** |  | **Professional Judgement Score (can add up to 10 – 10 being higher risk)** |  | **TOTAL OVERALL SCORE:** |  |

|  |  |
| --- | --- |
| **SCORE** | **Risk Level** |
| 0-24 | Low |
| 25-49 | Medium |
| 50+ | High |

|  |
| --- |
| **PROFESSIONAL ANALYSIS / ADDITIONAL INFORMATION**  (please use this section to provide a summary of your key worries / indicators for the child / young person which highlights the risk of exploitation. Please add any additional information you feel is relevant for decision making i.e. new items of clothing, money, new mobile phones, frequent change in mobile phone. Please add if there is missing information from agencies which the exploitation team can support in getting i.e. police intelligence about the young person or a particular adult and any other information which indicates risk. Please also add strengths and what is working well for the young person you are working with and what plans are already in place) |
| **Worries / risks / harm:**  **What is working well / safety plans that are effective / what is managing or reducing the risk:**  **What needs to happen / planned intervention / support:** |

**WHAT HAPPENS NEXT:**

* If a child / young person is already open to social care, please send a copy of this tool to Rachel Connor who will add the young person to Vulnerability Screening to be discussed (this meeting takes place weekly chaired by Exploitation Team Manager Emily Scott)
* If a child / young person does not have a Social Worker, please send a copy of this tool, alongside a MARF to the Integrated Front Door Service.
* If you would like any support in completing the Exploitation Risk Assessment Tool, please contact Exploitation Lead Emily Franks