 

**Child Exploitation Measurement Tool**

This toolkit is to be completed in a multi-agency strategy meeting and sits within the wider Exploitation Strategy. The purpose is to:

1. Assess, understand and enable evidence sharing across agencies
2. Undertake a multiagency assessment of harm and safety
3. Develop a clear multi-agency action plan to increase safety and future wellbeing for the child and reduce harm
4. Parents and young peoples plans also inform this process and future reviews

**Part 1: Referral to Child Exploitation Strategy Process**

**(to be completed by referrer prior to the strategy meeting)**

**Key Details**

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| **Date Referred to CE strategy meeting**  |  | **Person completing referral** |  |
| **Referral by****(agency)** |  | **Date of CE Strategy Meeting**  |  |

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| **Key Information:** |
| **Name** |  | **D.O.B** |  | **Age** |  |
| **Address of young person** |  | **Parent’s name** |  | **Parent’s D.O.B** |  |
|  |  | **Parent’s name** |  | **Parent’s D.OB** |  |
|  |  | **Carer’s name** |  | **Carer’s D.O.B** |  |
|  |  | **Names of any other relevant people** |  | **D.O.B of any other relevant people**  |  |

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| **Identity:** |
| **Ethnicity** |  | **Nationality** |  | **Gender** |  | **Sexual Identity** |  | **Disability** |  |

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| **Current Living situation:**  |
| **At home** |  | **Living with other family member** |  | **Foster care** |  | **Residential care/Under what order** |  | **Semi / Independent Living** |  | **Homeless** |  |

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| **Children’s Services Involvement:**  |
| **Not Open** |  | **Early Help** |  | **Family First** |  | **Care and Support Plan (CASP)** |  | **Child Protection**  |  | **Care of local authority (and under what order)** |   | **Other LA, if so who** |  |

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| **Current Education Situation:** |
| **School / College** |  | **Alternative Provision** |  | **Employment** |  | **Not in education,****employment or training (NEET)** |   | **Other** |  |

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| **Criminal Justice Issues:** |
| **Open to YJS?** |  | **Current Orders** |  | **Previously****Known Details** |  |

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| **Suspected Exploitation (select all that apply):**  |
| Travelling out of county (“County Lines”) for selling/distribution of drugs/weapons |  | Storing of weapons/drugs for others |  | Committing offences under coercion |  | Carrying/using knives/weapons  |  | Online/phone exploitation |  | Movement/selling of drugs (within county) |  | Group/gang related |  | Known Organised Crime Group (OCG) |  |
| Child Trafficking |  | Modern Day Slavery |  | Being sexually exploited |  | Sexually exploiting others |  |  |

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| **Previously been discussed at CE strategies?** |
| **Yes** |  | **No** |  | **Date of last CE strategy meeting**  |  | **Score at last CE strategy meeting** |  |

**Invite List (blanks to be completed by referrer)**

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| --- | --- | --- | --- |
| **Name**  | **Role** | **Email address**  | **Attended?** [x]  |
|  | Allocated Social Worker  |  |[ ]
|  | Allocated Youth Justice worker (if relevant) |  |[ ]
|  | Allocated Operation Quartz Officer (if allocated) |  |[ ]
|  | Education representative from school/college |  |[ ]
|  | Representative from residential placement/Foster Carer (if relevant) |  |[ ]
|  | Allocated family support worker (if relevant) |  |[ ]
|  | Allocated youth worker (if relevant) |  |[ ]
|  | Independent Child Trafficking Guardian/National Trafficking Service Barnardo’s worker (if relevant) |  |[ ]
|  | Llamau Debrief worker (if relevant) |  |[ ]
|  | Allocated sexual health outreach worker (if relevant) |  |  |
|  | Any other relevant allocated workers  |  |[ ]
|  | Service manager and chair of CE Strategy meetings |  |[ ]
|  | Social Worker (Exploitation) |  |[ ]
|  | Police (if allocated Operation Quartz Officer not available/ no Operation Quartz Officer allocated) |  |[ ]
|  | Youth Justice representative  |  |[ ]
|  | Safeguarding Lead Nurse, Aneurin Bevan Health Board |  |[ ]
|  | Education Safeguarding Care and Support Officer |  |[ ]
|  | Probation representative  |  |[ ]
|  | Probation representative |  |[ ]
|  | YJS psychology / CAMHS |  |[ ]
|  | Rough Sleeper Co-Ordinator |  |[ ]
|  | St Giles Trust |  |[ ]
|  | CSE support worker, Family Support Service |  |[ ]
|  | CE Parenting Support Worker |  |[ ]
|  | Youth Homelessness Officer  |  |[ ]
|  | NRM Coordinator |  |[ ]
|  | Llamau missing and exploitation manager |  |[ ]

**Brief Summary**

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| **Brief summary of why an exploitation strategy is being requested:**  *A couple of lines overview of concerns that have led to this request being submitted* **Summary of the views of the young person and their family***The young person and their family should where safe and possible be aware of the meeting and asked for their views beforehand.* *There is a* ***separate Young Persons’ and Parents/carers’ form*** *for them to complete and to be shared with this one. If they have not wanted to complete these, please summarise below what their views are on: what support matters to them, what do they want to happen, what has been offered and what has worked/not worked. Do they share that exploitation is a concern?* *Bear in mind that quality of trusted relationships, grooming, control and fear may all impact on whether or not a young person and their family feel able to share concerns and engage in support offered.* *YP views**Parents/carer Views* |

**\*\*End of preparation document before CE meeting is held. The rest is completed in the strategy meeting\*\***

**Part 2: The Toolkit**

**(to be completed in CE strategy meeting)**

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| **Indicator** | **Score** |  | **Score** |
| 1. Episodes of missing from home/care/school
 |  | 11. Mental health and emotional wellbeing |  |
| 1. School/College attendance
 |  | 12. Physical Health  |  |
| 1. Individual Education and Learning Needs
 |  | 13. Risk to Others |  |
| 1. Accommodation
 |  | 14. Parent/Carer’s capacity to keep the child safe |  |
| 5. Home Relationships |  | 15. Substance Use in Carers/Family |  |
| 6. Peer Association |  | 16. Physical health of parents/carers |  |
| 7. Misuse of Drugs or Alcohol |  | 17. Mental Health and emotional wellbeing of Carers/Family |  |
| 8. Unexplained wealth/gifts  |  | 18. Criminality in Carers/Family |  |
| 9. Understanding of exploitation |  | 19. Domestic abuse for carers/family  |  |
| 10. Online Activity |  | 20. Carer’s engagement with appropriate services |  |
|  | 21. Further evidence  |  |
| **Professional’s score** |  |
| **Total Assessment Score:** |  |

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| **RAG Rating Key:** |
| **Significant (54+)**  | **Moderate (30-53)**  | **Emerging (0-29)** |

**Previously reviewed on** ………………..  **Assessment Score was** ……………………… **Since the last review, this assessment shows the risk to this young person has**: increased/decreased/stayed the same

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| **1. Episodes of missing from home/care/school:** | **Multi-agency evidence** |
| 0 | * No missing episodes.
 | The All Wales practice Guide defines Missing as ‘Anyone whose whereabouts cannot be established will be considered as missing until located and their wellbeing or otherwise confirmed.’[*https://safeguarding.wales/chi/c6/c6.p9.html*](https://safeguarding.wales/chi/c6/c6.p9.html)*Only consider episodes within the last 6 months.* *Describe when and why do they go missing (according to YP and family and professionals), where do they go, and who with? Are carers aware of missing episodes and actively reporting them?*  |
| 1 | * Returns home late, no missing episodes.
 |
| 2 | * Occasionally goes missing, whether for short or prolonged episodes
 |
| 3 | * Frequent and short missing episodes
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| 4 | * Frequent and prolonged missing episodes
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| **2. School/College attendance:** | **Multi-agency evidence** |
| 0 | * Engaged / re-engaged in education, training or work or actively seeking employment
 | *What is school attendance and engagement like? What are the barriers to attending/engaging? What services are involved with improving school attendance? Are there any changes in attendance? And/or changes in attitude to attending education? Do they have a trusted adult in education?* |
| 1 | * Is participating in education or employment but attendance is a concern.
* Carer and young person have a trusted adult supporting them to attend/engage in education
 |
| 2 | * Is on a reduced timetable, has had a series of education moves
* Is persistently absent or absconding from school
* Sudden noticeable change in attendance, performance or behaviour at school
* Carer and young person have a trusted adult supporting them to attend/engage in education
 |
| 3 | * Young person is showing an interest in accessing education/work opportunities but not yet doing so.
* Carer and young person have a trusted adult supporting them to attend/engage in education but the relationship is not yet effective
 |
| 4 | * Young person is not attending school or is Not in Education, Employment or Training (NEET)
* Shows no interest or engagement in accessing educational or training opportunities.
* No engagement from carer to support young person
* Young person does not have a trusted adult supporting them with education
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| **3. Individual Learning/Education Needs:** | **Multi-agency evidence** |
| 0 | * Young person has not been identified as having an additional learning need (ALN)
* Carer actively supports child with learning needs
 | *Details of Additional Learning Needs? Is support in place and effective for the young person? Any evidence of unmet/undiagnosed additional learning needs? Any significant periods of missed education that impacts on their abilities?* |
| 1 | * Concerns raised by professionals/carers and consideration being made to assess learning need /ALN
* Carer actively supports child’s learning needs
 |
| 2 | * Young person undergoing statement process or has ALN and has a statement
* The identified support in place is effective
* Parent supports child’s learning needs
 |
| 3 | * Young person undergoing pathway/ diagnosed with ALN
* Young person receiving support but it is having limited impact on their ability to engage in education
* Carer is not supporting child’s learning needs
 |
| 4 | * Young person diagnosed with ALN and not receiving the right support for them or the support is having no impact
* Carer shows no interest in child’s development/support needs
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| **4. Accommodation:** | **Multi-agency evidence** |
| 0 | * Young person is satisfied with accommodation & it meets young person’s needs
 | *Who does the young person live with? Any regular changes in living situation (e.g. moving between separated parents/family members)? Who is the housing provider and is the housing situation stable? Are there concerns about overcrowding? Who visits the house?*  |
| 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 & professionals are not satisfied with accommodation
* Overcrowded
 |
| 3 | * Frequent placement changes
* Living in temporary accommodation
* Unstable or unsuitable accommodation
 |
| 4 | * Homeless / unknown whereabouts
 |
| **5. Relationships with carer/parent (s) where they live:** | **Multi-agency evidence** |
| 0 | * A sustained and positive relationship with a parent or carer, and good communication with main care giver
* Age appropriate boundaries & routines set by main care giver & adhered to by young person
* Positive role models / relationships
 | *Does the child have a positive adult relationship, if so, who? Any changes or risks to their positive adult relationships? What is communication and warmth like now and historically between the child and their carer? Any recent deaths in the family? Narrative around any current or historical trauma within familial relationships.* |
| 1 | * Some mutual understanding and positive relationships between young person and a main care giver
* Age appropriate boundaries & routines set by carer but not always adhered to by young person
* Improved relationships noticed and recognised
* Some difficulties in carer-child relationship in the past which may mean reduced/unstable trust levels
* Some Positive role model relationships
 |
| 2 | * Sudden negative change in quality of relationship, poor communication, strained relationship between child and care giver
* Carer starting to show signs of not having capacity to set & maintain boundaries / consequences
* Main care giver struggles to be consistent for the young person
 |
| 3 | * Negative or little communication between carer and young person with young person struggling to respond to boundaries, routines or consequences
* Historic abuse / neglect in family
* Lack of positive role models
* Main care giver is not emotionally consistent for the young person
* Young person feels unwanted/like they do not belong at home
 |
| 4 | * Current/suspected abuse/neglect/trauma in the family
* Lack of communication, limited warmth, attachment or trust between carer and young person
* Carer does not or cannot implement age appropriate boundaries or provide safe care and support.
* Young person feels unwanted/like they do not belong in their family/at home
* Young person seeks belonging/affection in unsafe places as they do not get this at home
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| **6. Friends, peers, associates** | **Multi-agency evidence** |
| 0 | * Young person is engaged in positive and fun activities
* Positive role models
* May have some contact with vulnerable peers but has other positive networks
* Is able to go to places they feel safe regularly
 | *Who are their peers, are they supportive to the young person? Are their peers safe from harm? Are their concerns that their peers may also be being exploited? What is your evidence for this?**Is there anyone who has threatened to harm them?**Do they identify with a particular group or organisation? Does this group have issues with any other groups in the area?**Are their any identified perpetrators of exploitation? If so, is there a disruption plan in place?**Where does the young person feel safe? Where do they feel unsafe?* |
| 1 | * Feels safe with most of their friends and most of their friends are not known to also be exploited
* Sometimes feels unsafe in particular places or with particular people
* Starting to disengage with positive activities
 |
| 2 | * Starting to feel unsafe in particular places or with particular people
* Some friends are also known to be exploited
* Secrecy around friendships, even with trusted adults
* Some ASB concerns
* Not engaging in positive activities
 |
| 3 | * Is engaging in ASB regularly
* Often in unsafe places
* Peers are known to be using substances
* Peers are known by criminal justice agencies (police, YJS, probation etc.)
* Is in a controlling and abusive relationship
 |
| 4 | * Associating with people known to commit violent crimes
* Links to Organised Crime Groups / known child exploitation groups
* Peers are also known to be being exploited
* In a controlling and abusive realionship
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| **7. Misuse of Drugs or Alcohol:** | **Multi-agency evidence** |
| 0 | * Not known/suspected to be using drugs or alcohol
 | *Which substances are they using? What is the impact of this on their safety, wellbeing, health?**Where do they use substances and who with and how often?* *How do they fund it/how do they get the substances?*  |
| 1 | * Some concerns about drugs or alcohol use (or cigarettes in younger children)
* Peers are known to use substances sometimes
 |
| 2 | * Suspected problematic substance use
* Support services are working to build a relationship with the young person to help them address this issue
 |
| 3 | * Substance use is part of daily life
* Found in possession of cannabis [only once]
* Services in place but not having an identifiable impact
 |
| 4 | * Young person is dependent on alcohol and/or drugs
* Found in possession of class A substances
* Found in possession of cannabis more than once
* Suspected of the movement & selling of drugs and this is linked to their own drug use (i.e. as part of the exploitation and grooming process)
* support around drug/alcohol use is having no impact
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| **8. Unexplained wealth/gifts:** | **Multi-agency evidence** |
| 0 | * No unexplained gifts or wealth
 | *What funds does the young person have access to (pocket money/wages etc.)?* *Are there other plausible explanations as to where the subject is getting their money/substances/gifts from?* *What is not accounted for?*  |
| 1 | * Single occasion that the subject has been in possession of unexplained quantity of cash/money/possessions (e.g. coats, trainers, designer clothes, watches etc.)
 |
| 2 | * Emerging pattern of unexplained wealth and gifts
 |
| 3 | * Concerns around how the young person is funding regular substance use
* Often have unexplained money and gifts
* Carer shows little understanding of why unexplained money/gifts are a concern despite this having been raised with them
 |
| 4 | * Consistently found to have unexplained cash, new clothing or other items of value.
* Substantive evidence that money and gifts is part of the young persons’ exploitation
* Carer shows no understanding of why this is a concern/suspected that carer encourages young person to obtain money/possessions despite the risks around this having been explained to them
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| **9. Understanding of Exploitation**  | **Multi-agency evidence** |
| 0 | * Young person has a good understanding of exploitative behaviour and can apply this to their own situation and that of their friends
 | *Considering the grooming process and the impact this can have on a young person’s understanding of their relationships and**Has the young person been groomed to think that dangerous and unsafe relationships are in fact safe and important?* *Has the young person been groomed, threatened or coerced into not sharing information in order to protect themselves?**Has the young person been able to build any good relationships with trusted adults and professionals in order to open up about these issues?* |
| 1 | * Young person has a reasonable understanding of exploitative behaviour and is beginning to identify some of this in their own situation or that of their friends
 |
| 2 | * Young person has some understanding of exploitative behaviour when feeling regulated and safe
* Young person is able to identify and describe exploitation of others, but finds it harder to recognise in their own life, but is starting to identify and articulate this
* Is less able to identify exploitative behaviour when dysregulated or in an unsafe situation
 |
| 3 | * The young person has very limited recognition of exploitative behaviour especially when dysregulated or in an unsafe situation
* The young person is struggles to identify exploitation in their own life and their friends, both when regulated and safe and when dysregulated or unsafe
 |
| 4 | * No recognition or understanding of exploitative behaviour both in their own lives and lives of their peers
* Frequently in unsafe situations
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| **10. Online activity and telephone communication:** | **Multi-agency evidence** |
| 0 | * No concerns
 | *Again, with a consideration of grooming, coercion, and abuse, and the importance of building trusted relationships, describe:**What are the concerns?* *Which sites are being used?* *Who they are in contact with online?**Are there identified perpetrators? If so, what plan is in place to disrupt them? If not, how will they be identified?**What support is in place?* |
| 1 | * Some suspected concerning/increased use of online sites/apps
* Some awareness of online risks by child and parent/carer
 |
| 2 | * Online/phone communication is becoming a concern, with suspected contact with people who may pose risk of harm
* Lack of awareness of online safety (young people and parents/carers) but a plan will be in place to build awareness
 |
| 3 | * Extensive/secretive use of internet and/or telephone
* Online/phone communication is a concern, with contact with people who may pose risk of harm, including meeting up in person
* Use of secret/hidden apps
 |
| 4 | * Meeting in person with people they have met online, who pose a risk of harm to the young person
* Threats to share images of child sexual abuse/ images of child sexual abuse shared
* Child has a secondary phone which they use secretively
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| **11. Mental Health and Emotional Wellbeing**  | **Multi-agency evidence** |
| 0 | * No known mental health needs identified
 |  *Evidence of self-harm and mental health concerns? Low self-esteem, difficulties in managing relationships with others? Changes in wellbeing and mental health observied? Services being offered and accessed?*  |
| 1 | * Some concerns around mental health and wellbeing but the young person is able to access support/needs are met from family or professionals
 |
| 2 | * Professionals/carers have concerns about the MH & wellbeing
* Some concerns around self harm
* Some concerns around emotional outbursts relating to trauma, triggers etc.
* Targeted services in place, support accessed and YP & parent engaging but concerns continue
 |
| 3 | * Significant decline in mental health & wellbeing noticed
* History of trauma for the young person and trauma responses observed and having an impact on young person’s life and wellbeing
* Sporadically accessing support services and appointments not kept (i.e. young person not taken) or impact not seen
* Support needs identified but awaiting support
 |
| 4 | * Trauma responses regularly observed, and clear impact on the wellbeing and behaviour of the young person
* Young person unable to access/not taken to services to obtain support or diagnosis
* Diagnosed with a mental health condition that has a significant impact on their wellbeing and day-to-day functioning
* Evidence of significant self-harm; suicidal ideation; eating disorders; attempted overdose
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| **12. Physical and Sexual Health**  | **Multi-agency evidence** |
| 0 | * No known physical needs identified via assessment process/disclosure/professional knowledge
 |  *Are there physical health needs that might impact on their daily life and wellbeing?**Have they been physically harmed as part of the exploitation?*  |
| 1 | * Universal health/support services accessed
* Accessing sexual health services for support
 |
| 2 | * Some physical health concerns
* Targeted health services support needed and parent and young person engaging
* Struggling to access sexual health services
* Not always taken to appointments
 |
| 3 | * Decline in physical health
* Sporadically accessing support services, regularly not taken to appointments
* Frequently in need of sexual health services for recurring STIs
* Some A&E attendance for concerns that could be linked to exploitation
 |
| 4 | * Significant physical health concerns
* Not taken to appointments
* Recurring STIs
* Pregnancy or terminations and not always accessing support for this
* Regular hospital admissions/treatments
* Seen with injuries, wounds, bruising
* Injuries linked to exploitation/known to be caused by exploitation
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| **13. Risk to Others:** | **Multi-agency evidence** |
| 0 | * No concerns about young person being threatened, groomed or coerced into involving other young people in sexual/criminal exploitation
 | *With consideration of grooming, threats, coercion, abuse and harm, is the other young person being coerced, threatened or groomed into harming other people?* *Is there an adult perpetrator identified? If so, what is in place to disrupt them?**Are violent trauma responses a concern?* |
| 1 | * Some early concerns that the young person may be being groomed or coerced into involving other people into exploitation
 |
| 2 | * Some concerns raised about the young person is being exploited to involve other young people/their peer group in their exploitation (sexual, criminal, other)
* May carry a weapon
 |
| 3 | * Frequent concerns raised that young person may be being exploited to exploit/harm others
* Concerns they carry a weapon/use intimidation
* Young person talks about only feeling safe if carrying a weapon or with others who carry weapons
 |
| 4 | * Clear evidence that the young person is being exploited to involve their peers/other young people in their exploitation (criminal, sexual or other)
* Known to carry and use weapons and to not feel safe without one
* Known to sexually harm other young people
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**Carers and Family Section**

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| **14. Ability to Safeguard** | **Multi-agency evidence** |
| 0 | If with parents:* Parent recognises risks and will report young person as missing
* Parent has a good knowledge of exploitation

If not in care of parents but have regular contact with parents:* Parents and carers have a good understanding of exploitation and missing
* Carers report young person as missing
* Carers have accessed training around understanding exploitation

If not in care of parents and has no contact with parents* Carers recognise risks and have a good understanding of exploitation and missing and report the young person missing
 | *Is the carer effective in their attempts to safeguard? Do they fully recognise the concerns and are acting appropriately? Are they being given support to understand exploitation and meet their child’s needs?* |
| 1 | If with parents:* Parent will mostly report young person as missing
* Parent has some knowledge of exploitation
* Parent is engaging or asking for support from services

If not in care of parents but have regular contact with parents:* Carer will mostly report young person as missing
* Carer has some knowledge of exploitation or is accessing training around this
* And/or Parents sometimes undermine carer’s efforts to safeguard the young person from exploitation

If not in care of parents and has no contact with parents * Carer will mostly report young person as missing
* Carer has some knowledge of exploitation or is accessing training around this
 |
| 2 | If with parents:* Parent needs to be prompted to report young person as missing
* Parent has limited understanding of exploitation

If not in care of parents but have regular contact with parents:* Carers need to be prompted to report young person missing
* Carers have limited understanding of exploitation
* AND/OR Parents regularly undermine efforts of carers to safeguard young person

If not in care of parents and has no contact with parents * Carers need to be prompted to report young person missing
* Carers have limited understanding of exploitation
 |
| 3 | If with parents:* Parent fails to report young person as missing
* Parent struggles to understand the risk around missing and exploitation
* Sporadic or limited engagement with services

If not in care of parents but have regular contact with parents:* Carers fail to report young person as missing
* Carers do not understand the risk around missing and exploitation and are not accessing training around this
* And/or parent regularly undermines the carers’ efforts to safeguard young person and this is having a significant impact on the safety of the young person

If not in care of parents and has no contact with parents * Carers fail to report young person as missing
* Carers do not understand the risk around missing and exploitation and are not accessing training around this
 |
| 4 | If with parents: * Parent doesn’t have knowledge of exploitation
* Parent fails to report young person as missing and to recognise the risk of missing episodes
* Disengagement from services
* Parent suspected of being involved in the exploitation of their child

If not in care of parents but have regular contact with parents:* Carer doesn’t have knowledge of exploitation
* Carer fails to report young person
* Need to move child’s placement due to concerns around carer’s ability to safeguard child. Professional strategy meeting needs to be considered

And/or parent is suspected of being involved in the continuing exploitation of their child, despite the child being in care * If not in care of parents and has no contact with parents
* Carer doesn’t have knowledge of exploitation
* Carer fails to report young person
* Need to move child’s placement due to concerns around carer’s ability to safeguard child. Professional strategy meeting needs to be considered
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| **15. Substance Use in Family/carer that either directly or indirectly impacts on the child**  | **Multi-agency evidence** |
| 0 | * No concerns
 | *Where do they use substances? Frequency and amount consumed? How do they fund it? Type / class of substance?*  |
| 1 | If in care of parents:* Some concerns regarding possible use of substances by parent/significant family members
* Historic concerns around substance use but these have been addressed and managed via support services

If not in care of parents, but have regular contact:* Some concerns regarding possible substance use by parents/significant family members which impacts on contact/family time
* Concerns around substance use of parents when child was at home and this having impacted on the care they afforded their child

If not in care of parents and have no contact:* Concerns around substance use of parents when child was at home and this having impacted on the care they afforded their child
 |
| 2 | If in care of parents:* Suspected problematic substance use
* Parent recognises potential impact on family and has agreed to access support services

If not in care of parents, but have regular contact:* Suspected substance use of carer
* Concerns regarding possible substance use by parents/significant family members which impacts on contact/family time
* Concerns around substance use of parents when child was at home and this having impacted on the care they afforded their child and the child having normalised substance use

If not in care of parents and have no contact * Suspected substance use of carer
* Concerns around substance use of parents when child was at home and this having impacted on the care they afforded their child and the child having normalised substance use
 |
| 3 | If with parents:* 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
* Substance use normalised at home
* Parent struggles to respond to emotional needs, safeguarding and exploitation concerns due to substance use

If not in care of parents, but have regular contact * Substance use of carer known, they show some insight into this and are accessing support
* Substance use by parents/significant family members which significantly impacts on contact/family time
* Substance use of parents when child was at home and this having impacted on the care they afforded their child and the child having normalised substance use and involvement in related criminal activity

If not in care of parents and have no contact:* Substance use of carer known, they show some insight into this and are accessing support
* Substance use of parents when child was at home and this having impacted on the care they afforded their child and the child having normalised substance use and involvement in related criminal activity
 |
| 4 | If in care of parents:* Parent is dependent on substances
* Support services not being accessed/disengaged
* Parent normalises/encourages substance use
* Parent unable to respond to emotional needs, safeguarding and exploitation concerns due to substance use

If not in care of parents and have regular contact with parents:* Substance use of carer known, and this means young person is unsafe in their care and is facing a change of placement/carer
* Substance use by parents/significant family members which significantly impacts on contact/family time and the wellbeing and safety of the young person
* Substance use of parents when child was at home and this having impacted on the care they afforded their child and the child having normalised substance use and involvement in related criminal activity. Carer is unable to manage or address this

If not in care of parents and do not have contact with parents * Substance use of carer known, and this means young person is unsafe in their care and is facing a change of placement/carer
* Substance use of parents when child was at home and this having impacted on the care they afforded their child and the child having normalised substance use and involvement in related criminal activity. Carer is unable to manage or address this
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| **16. Physical Health for family/carer that directly or indirectly impacts on child**  | **Multi-agency evidence** |
| 0 | * No known physical health needs identified for parents or carers
 | *What are the health concerns? How do they impact on the young person’s life? Does this mean they need* *family (e.g. availability, functioning, ability to carry out caring duties etc.)? Is there evidence to suggest the child is a young carer?**Evidence the impact of this on risk of exploitation.*  |
| 1 | * Some low level concerns regarding physical health of the main caregivers of young person (whether parents or carers)
 |
| 2 | * Some concerns regarding health of the main caregivers of the young person (whether parents or carers) but this is managed though support and/or medication
* The child has historically been a young carer/is a young carer but this is managed well
* There is a protective adult figure in the child’s life who is able to help mitigate some of the impact of the main care giver’s physical health needs
 |
| 3 | * Physical health concerns impact on main care giver (parent or carer) ability to meet care needs of young person and safeguard them
* Limited engagement or limited impact of support services
 |
| 4 | * Chronic illness –impacting on parent or carer’s parenting capacity and ability to safeguard young person
* Regular hospital admissions/treatments impact on parental capacity
* Young carer responsibilities impacting on young person’s wellbeing
* The above is meaning the young person is more vulnerable to exploitaiton
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| **17. Mental Health and emotional wellbeing in Carers/Family that directly or indirectly impacts on child** | **Multi-agency evidence** |
| 0 | * No known mental health needs identified in parents or carers
 | *What are mental health and emotional wellbeing concerns for the parents/carers?* *How do they impact on the young person / family (e.g. availability, functioning, ability to carry out caring duties etc.)?**Is there evidence to suggest the child is a young carer?**Has the parent experienced trauma and ACES themselves?* |
| 1 | * Some low level concerns regarding mental health of the main caregivers of young person (whether parents or carers)
* Child has historically been exposed to inconsistent parenting and emotional support due to care givers’ mental health, this is not currently a concern
 |
| 2 | * Some concerns regarding mental health of the main caregivers of the young person (whether parents or carers) but this is managed though support and/or medication
* Child has historically been exposed to inconsistent parenting and emotional support due to care givers’ mental health, and this has had a lasting impact (trauma)
* There is a protective adult figure in the child’s life who does not suffer from mental health problems
 |
| 3 | * Some concerns regarding mental health of the main caregivers of the young person (whether parents or carers) and this is not being well managed.
* There may be a protective adult figure in the child’s life who does not suffer from mental health problems
* Mental health of adults the young person spends time with is having an impact on the young person’s emotional wellbeing too, and adults around the young person are unable to priories the emotional needs of the young person due to their own needs. The young person is not responded to consistently and supportively
* Child has historically been exposed to inconsistent parenting and emotional support due to care givers’ mental health, and this has had a significant lasting impact (trauma)
 |
| 4 | * Significant concerns regarding mental health of the main caregivers of the young person (whether parents or carers) and support is not accessed around this
* Mental health of adults the young person spends time with is having an impact on the young person’s emotional wellbeing too, and adults around the young person are unable to priories the emotional needs of the young person due to their own needs. The young person is not responded to consistently and supportively and this is having a significant impact on their safety, as they are seeking affection from unsafe places/people
* Child has historically been exposed to inconsistent parenting and emotional support due to care givers’ mental health, and this has had a significant lasting impact (trauma)Young carers responsibilities impacting on child’s wellbeing
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| **18. Criminality in Carers/Family that directly or indirectly impacts on child**  | **Multi-agency evidence** |
| 0 | * No concerns
 | *Levels and type of criminality? Child involved in family criminality? Criminal behaviour normalised within the family?* |
| 1 | * Historically known to probation. No current concerns
* No information to suggest that family members or carers are engaged in criminal activity or ASB
* There is a protective carer or family member that is able to provide a positive role model to the young person
 |
| 2 | * Parents or carers historically known to probation but concerns around possible re-offending/ASB
* Historic criminality of parents/carers linked to exploitation (weapons, gangs and drugs supply)
* There is a protective carer or family member that is able to provide a positive role model to the young person
 |
| 3 | * Open to probation and engaging in support services to address re-offending behaviour linked to exploitation or violence (criminal, sexual, other exploitation)
* A key carer or family member is in custody but child still has a main care giver
* Young person minimises or is starting to glorify family involvement in criminality
 |
| 4 | * Carer/family member known nominal to services
* Concerns around parents’ suspected or known involvement in exploitation (sexual, weapons, drugs, OCGs, other)
* More than one significant family member or care giver is in custody
* Carer/family member open to probation but not engaging
* Child has had to enter local authority care due to parents’ criminal activity and young person is aware of this
* Child glorifies family members involvement in criminal activity and wants to replicate this
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| **19. Domestic abuse in Carers/Family that directly or indirectly impacts on child** | **Multi-agency evidence** |
| 0 | * No concerns
 | *Evidence of domestic abuse – current or historic, and how did this impact on the child (were they witness to incidents? Were they directly involved/intervened during incidents etc.)?* *Does the domestic abuse mean the child is seeking safety/affection elsewhere, meaning they are vulnerable to exploitation?**Is this impacting on the young persons’ understanding of healthy relationships and safety?* |
| 1 | * The child’s parents and/or carers have historically been in relationship(s) that have featured controlling or coercive patterns. The young person has historically witnessed domestic abuse
* Parents or carers are accessing domestic abuse support
 |
| 2 | * The young person has historically experienced and witnessed domestic abuse
* If the child lives with or has contact with parents, it is suspected that a parent is in a relationship that involves domestic abuse, and the young person is aware of this
* Safeguards and professional expectations to keep child safe are being adhered to by parents/carer
 |
| 3 | * Significant adults that the child sees regularly and/or care givers for the child are currently in an abusive relationship
* Family members minimise the impact of domestic abuse on the child
* Child is seeking affection from elsewhere, or seeking for others to keep them safe, these people are not actually safe trusted adults
* Abusive patterns are becoming apparent in the young person’s own romantic relationships
 |
| 4 | * A parent or carer or significant adult the child sees regularly/provides care for the child is in an abusive relationship and the young person is aware of this and is witness and victim to the domestic abuse too
* Parent in prison or has been in prison as a result of domestic abuse and the young person is aware of this
* Parent will not adhere to any safeguards to protect child from domestic abuse. If child is not in care of their parents, their carer does not safeguard them from this either
* Child is seeking affection from elsewhere, or seeking for others to keep them safe, these people are not actually safe trusted adults and they are coming to harm because of this
* Abusive patterns are apparent in the young person’s own romantic relationships
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| **20. Carer’s engagement with appropriate services to keep child safe** | **Multi-agency evidence** |
| 0 | * No need for support services identified
* Parents or carers are working well with professionals and proactively accessing support services
 | *Level of engagement and patterns of engagement. Evidence of disguised compliance? If there are concerns or difficulties around engagement, how have agencies tried to change the way that they work so parents/carers are able to engage and make sure the work is effective? What are the barriers to engagement?* |
| 1 | If with parents * Professionals are building relationships with parents and starting to access support services

If not with parents, but regular contact with parents:* Both carers and parents are building relationships with professionals and starting to access support services

If not with parents, and no contact with parents:* Carers are building relationships with professionals and starting to access relevant training and support
 |
| 2 | If with parents * Parents are working with support services, but engagement can be sporadic and is showing limited impact

If not with parents, but regular contact with parents:* Both parents and carers are working with support services, but engagement from one or other can be sporadic and is showing limited impact

If not with parents, and no contact with parents:* Carers are starting to access relevant training and support, this has a limited impact
 |
| 3 | If with parents * Parents are only occasionally working with/meaningfully engaging with support services, and this is showing limited impact on their ability to understand and safeguard the young person. This is also undermining the young person’s ability to engage with support

If not with parents, but regular contact with parents:* Carers or parents are not engaging with support services, meaning that the efforts of one can undermine the other
* Lack of impact of support meaning that the young person remains unsafe

If not with parents, and no contact with parents:* Carers are not always working with other professionals constructively and the support and training is having limited impact so the young person remains unsafe
 |
| 4 | If with parents * Parents are not working with/meaningfully engaging with support services, meaning they have no insight into exploitation of their child and are unable to safeguard. This is also undermining the young person’s ability to engage with support

If not with parents, but regular contact with parents:* Both carers and parents are not working with/meaningfully engaging with support services, meaning they have no insight into exploitation of their child and are unable to safeguard. This is also undermining the young person’s ability to engage with support

If not with parents, and no contact with parents:* Carers are not working with/meaningfully engaging with support services, meaning they have no insight into exploitation of their child and are unable to safeguard. This is also undermining the young person’s ability to engage with support
* Change of placement for the child likely due to carer’s lack of insight and understanding
 |

**Additional Considerations**

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| --- | --- |
|  **National Referral Mechanism (NRM)** | **Multi-agency evidence** |
| A. | There **is not** at this time sufficient information/evidence of exploitation to support the submission of an NRM or ICTG referral | *Discussion regarding the submission of an NRM. Any submission to be recorded as an agreed action.**The NRM submission should be completed by way of multi-agency collaboration.* *An ICTG (Barnardo’s Independent Child Trafficking Guardians) referral* ***must*** *be made alongside an NRM referral*[*https://www.barnardos.org.uk/what-we-do/protecting-children/trafficked-children/ICTG-service-referral-form*](https://www.barnardos.org.uk/what-we-do/protecting-children/trafficked-children/ICTG-service-referral-form) |
| B. | Further information is required in order to determine whether or not an NRM should be submitted. ICTG referral to be considered |
| C. | There **is** sufficient information/evidence of exploitation to support the submission of an NRM and ICTG referral |

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| **20. Further areas of risk**  | **Multi-agency evidence** |
| Med (3) | Previous exploitations concerns identified (i.e. previously open to this process or previous referrals due to exploitation concerns) | *Evidence within the past 6 months* |
| Med (3) | Young Person feels indebted to an individual or group |
| Med (3) | Unusual use of public transport or hire car |
| Med (3) | Frequenting homes of vulnerable adults “cuckooing” (consider a vulnerable adult referral for adults involved) |
| Med (3) | Reserved or something to hide (Isolated from peers/social networks): |
| Med (3) | Child Aged 14yrs – 16yrs Sexually Active (consensual sex with peers) |
| High (4) | Child Aged 14-16 yrs who has been/is believed to have been raped or sexually assaulted (including if they believe it to have been consensual sex with an adult) |
| High (4) | Child Aged under 13 years who has been/is believed to have been raped or sexually assaulted (under 13 cannot consent to sexual activity) |
| High (4) | Entering / leaving vehicles with unknown adults. Association with taxi firms or takeaway delivery drivers/owners who may be involved in exploitation  |
| High (4) | Further evidence of exploitation i.e. Found in Cannabis farm, drug den, etc. |
| High (4) | Positive Conclusive Grounds NRM or significant delay in obtaining NRM decision |
| High (4) | Found / travelling out of City (details) and or Knowledge of towns/cities they have no previous connection with |
| High (4) | Associating / relationship with adults who encourage emotional dependence, loyalty and isolation from safe relationships (coercion and control model) |
| High(4) | Injuries – Physical or Sexual (Debt Bondage to be considered) |
| High (4) | Child is **Under** 13 years of age |

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| **Professional Judgement: 0-4 scoring (0 being no concerns 4 being at immediate risk of significant harm)**  |
| *Use this section to provide an analysis of what the information you have from all agencies is telling you about the young person and their life and make a judgement about the level of harm the young person is experiencing due to exploitation.*  |
| **Professional Score: /4** |

**Total Score: /138**

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| --- | --- | --- |
| **SCORE** | **Harm Level** | **Response** |
| 0-29 | Emerging | Level 1: Universal Support is recommended consider Op Quartz |
| 30-53 | Medium | Level 2: Services either at statutory or non-statutory level consider Op Quartz |
| 54+ | Significant | Level 3: Statutory Level and Op Quartz |

**Part 3: Planning for Safety**

**What are the areas of strength?**

*What are the protective factors? Where have they scored low in this toolkit?*

1.

2.

3.

**What is the harm**

*Where have they scored high in this toolkit?*

1.

2.

3.

**What are the unmet needs?**

*What is causing/sustaining/contributing to their risk of exploitation? What need does exploitation meet in an unsafe way? What is missing in the care of the young person?*

1.

2.

3.

|  |  |  |
| --- | --- | --- |
| **Actions to be taken to increase safety and wellbeing**  | **Person/** **Service Responsible** | **By when?** |
|  |  |  |

**Date of review:\_\_\_\_\_\_\_\_**

**Toolkit minutes approved by manager? Yes/ No Name:\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**

**Toolkit minutes sent out to attendees? Yes/No**

**Date Toolkit minutes sent to attendees: \_\_\_\_\_\_\_**