Vulnerable Adolescents Risk Factor Matrix

CONFIDENTIAL

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| Child’s Information: |
| Name: |  | D.O.B: |  | Date Referred to Panel: |  | Date of Completion: |  |
| Address: |  | Primary Risk (CSE/CCE/Other): | Choose an item. |
| Legal Status: |  | Other involved agencies (please ensure you name allocated workers in this section): |  |
| Details of professional completing the form: |
| Name: |  | Contact telephone number: |  |
| Email address: |  | Date form completed: |  |
| Child’s Information: |
| Ethnicity: |  | Nationality: |  | Gender: |  |
| Sexual Identity: |  | Disability(if any): |  |
| Current Living Situation: | Choose an item. | Education / Employment / Training: | Choose an item. | Education / Training / Employment Setting: |  |
| Primary Service Involvement: | Choose an item. | Secondary Service Involvement: | Choose an item. | Tertiary Service Involvement: | Choose an item. |
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| Outline of Current Concern: |
| **Strengths** (what’s working well) and **protective factors** (parenting capacity; supportive family and environmental factors; positive social networks; developmental needs being met) | **Links** with other **children, associates, perpetrators** and **locations the child frequents.** Please provide names (including nick names), descriptions of possible adult / peer perpetrators and known details such as address, date of birth etc. |
|  |  |
| From the indicators on the next pages, Mark an (X) by either 0,1,2,3 or 4 on each of the categories which best describes the current situation for the child. The score for each section should be recorded at the end of the indicators and added to the score you give for professional judgment which will give an overall total to assist in identifying threshold. Both the scoring and multi-agency evidence that will be considered and not the scoring system alone |
| **When completing the Risk Factor Matrix:*** Complete the RFM as soon as risk is identified, ideally with the child present and engaged.
* Consider utilising the Case Consultation Toolkit - Vulnerable Adolescent Case Consultations are an opportunity for practitioners to have time to reflect and consider aspects of their cases they may not have otherwise. The structure and format of the meetings will differ between practitioners and managers. The consultation is a meeting to discuss a case, it is not a strategy meeting.
* Give as much detail as possible around why indicators have been selected in the comment’s 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.
* It is recommended that the form is completed electronically for ease of review.
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| 1. Episodes of missing from home/care/school
 | X | Multi-agency Evidence |
| --- | --- | --- |
| 0 | * No missing episodes.
 |  | Consider the number of times missing? Where do they go? Who are they with? What are they doing? Why do they go? Is parent/carer aware of missing episodes/whereabouts? Does the parent/carer report child as missing? Are they with people of concern, any child warning abduction notices served?  |
| 1 | * Stays out late, no missing episodes.
 |  |  |
| 2 | * Occasionally goes missing, whether for short or prolonged episodes
 |  |
| 3 | * Frequent and short missing episodes
 |  |
| 4 | * Frequent and prolonged missing episodes
 |  |
| 1. Action/Employment/Training Attendance:
 | X | Multi-agency Evidence |
| 0 | * Engaged / re-engaged in education or training
* In work or actively seeking employment
* Child has not been identified as having a learning need or SEND & Parent/Carer actively supports child
 |  | Any current or previous prosecution for school attendance? What is their attendance? Any change in attitude to attending education? Details of SEND or EHCP? Is support in place? Any fixed term/permanent exclusions? Also consider any multiple schools moves as a possible vulnerability. |
| 1 | * Is participating in education but attendance is a concern
* Parent/Carer engaging to improve attendance.
* Concerns raised by professionals and consideration being made to assess learning need /SEND
* Parent/Carer actively supports child’s learning need
 |  |  |
| 2 | * Is on a reduced timetable, or is persistently absent
* Sudden noticeable change in attendance, performance or behaviour at school. Parent/Carer’s engagement with services to improve attendance but no evidence of improvement.
* Child undergoing pathway/diagnosed with SEND
 |  |
| 3 | * Child is not attending school or is a NEET, child is showing an interest in accessing opportunities
* Parent/carer showing limited engagement
* Child undergoing pathway/ diagnosed with SEND or receiving support
 |  |
| 4 | * Child is not attending school or is a NEET
* Shows no interest in accessing educational or training opportunities / No engagement from parent/carer.
* Child diagnosed with SEND or not receiving/accepting support
 |  |
| 1. Social Media/Internet Usage
 | X | Multi-agency Evidence |
| 0 | * No concerns around internet usage
 |  | Details of any Apps used? Has the child got multiple accounts online? Are passwords hidden? Consider if they have been requested to send/receive any inappropriate content such as sexualised images.  |
| 1 | * Some understanding of online safety but not able to apply knowledge to keep themselves safe
 |  |  |
| 2 | * Young person receives texts / calls from unknown or concerning people. Young person has become more secretive about internet usage. In possession of a mobile phone which parent / carer have no or only limited knowledge of.
 |  |
| 3 | * Young person targeted online for exploitation
 |  |
| 4 | * Young person has been exploited online. Young person plans to meet face to face person they know online. Multiple phone/regular changing phones
 |  |
| 1. Accommodation & Home Relationships:
 | X | Multi-agency Evidence |
| 0 | * Child is satisfied with accommodation / home / No concerns from professionals
* Positive relationships and good communication
* Age appropriate boundaries & routines set & adhered to
 |  | Who does the young person reside with? Housing provider? Extent of overcrowding? Arrears? Any financial difficulties? Any known / suspected domestic abuse? Any recent deaths in the family? |
| 1 | * Child is generally satisfied with accommodation / home /Meets most of the child’s needs - Some concerns about longer term stability
* Some mutual understanding and positive relationships.
* Age appropriate boundaries & routines set but not always adhered to
 |  |  |
| 2 | * Unstable or unsuitable accommodation.
* Sudden negative change in quality of relationship, poor communication, strained relationship
* Parent/Carer starting to show signs of not having capacity to input & maintain boundaries / consequences and challenge behaviour
 |  |
| 3 | * Frequent placement changes
* Poor or negative communication with young person not responding to boundaries, routines or consequences
* Historic abuse / neglect in family / Family Disorganisation
* Lack of positive role model
 |  |
| 4 | * Homeless / unknown whereabouts
* Current / suspected abuse / neglect in the family
* Poor communication, limited warmth, attachment or trust.
* Age appropriate boundaries not implemented and negative behaviour not recognised – parent/carer does not have the capacity to respond
 |  |
|  |
| 1. Peer/Adult Association:
 | X | Multi-agency Evidence |
| 0 | * Engaged in positive activities/positive role models
* May have some contact with vulnerable peers but has other positive networks
 |  | Are they associating with older friends/ adults who may be exposing them to activities of concerns, or activities too old for their age?  |
| 1 | * Some awareness of criminal activity in their area
* Surrounds self with mostly age appropriate and positive peers but starting to disengage
 |  |  |
| 2 | * Starting to associate with problematic peer group
* Coming to the attention of services, low level ASB
 |  |
| 3 | * Is engaging in ASB and is known to services
* Peers who are using substances / known by criminal justice agencies or equally, secrecy around peers
 |  |
| 4 | * Associating with known criminal / gun crime nominals or people who pose a risk to children, links to Organised Crime
* Child is or is suspected to be involved in a gang/group
 |  |
| 1. Misuse of substances:
 | X | Multi-agency Evidence |
| 0 | * No concerns
 |  | Where do they use substances? How do they fund it? Who with? Type / class of substance? Concerns around peer influences? |
| 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, unclear how this is financed
* Sporadic engagement with support services
 |  |
| 4 | * Child is dependent on alcohol / drugs
* Found in possession of class A substances
* Suspected of the movement & selling of drugs
* Obtains drugs from older peers / family members
* Not engaging with support services
 |  |
| 1. Ability to identify exploitive behaviour:
 | X | Multi-agency Evidence |
| 0 | * Child has a good understanding of exploitative behaviour and can use it to keep themselves safe
 |  | Evidence of understanding and young person’s ability to keep themselves safe, for example the completion of interventions. |
| 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
* Child’s carer cannot identify or recognise the risk of exploitation
 |  |
| 1. Further evidence of exploitation
 | X | Multi-agency Evidence |
| 0 | * No concerns raised
 |  | What are the concerns? What support is in place?  |
| 1 | * Offences committed
* Evidence of inappropriate sexualised behaviour and language
* Items have gone missing from the home
* Unevidenced concerns of potential for grooming
 |  |  |
| 2 | * Frequenting known locations that have concerns of Child Exploitation
* Knowledge of towns/cities they have no previous connection with
* Multiple callers (unknown adults/older young people)
* Child having extra money or new items that cannot be legitimately be accounted for
* Concerns of grooming
 |  |
| 3 | * Other things unusual for the child previous Child Exploitation concerns
* Associating / relationship with adults who encourage emotional dependence, loyalty and isolation from safe relationship
* Concerns regarding Trafficking for the purposes of exploitation
 |  |
| 4 | * People demanding money for drug debts - Affiliation with a group or gang family or young person has had to move or leave their home
* Evidence that s/he is coerced to recruit other children
* Young person may be carrying a weapon or hiding a weapon or connection with firearms
* Injuries – Physical or Sexual Sudden change in behaviour/ appearance. Possession of hotel/addresses - keys / cards
* Reports of being taken to hotels, nightclubs or out of the area by unknown adults. Entering / leaving vehicles with adults
 |  |
|  |
| 1. Mental Health / Physical Health Concerns
 | X | Multi-agency Evidence |
| 0 | * No known physical or mental health needs identified via assessment process/disclosure/professional knowledge
 |  | Evidence of self-harm and mental health? Services being offered? |
| 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/carer engaging
 |  |
| 3 | * Frequent use of health services
* Decline in physical and mental health wellbeing
* Sporadically accessing support services – parent/carer not fully engaged
 |  |
| 4 | * Diagnosed illness or mental health condition
* Missed appointments/ support services not accessed
* Parent/carer not engaging with services
* Regular hospital admissions/treatments
 |  |
| 1. Risk to Others
 | X | Multi-agency Evidence |
| 0 | * No concerns about placing others at risk.
 |  | What are the risks? Risk of serious harm to others? |
| 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.
 |  |
|  |
| 1. Sexual Health
 | X | Multi-agency Evidence |
| 0 | * No concerns re: sexual health
 |  | Have there been any disclosures made by the child/associates? Have any concerns been reported to health/police? Have CP Medicals been considered? |
| 1 | * Is sexually active and in an equal consensual relationship with a peer.
 |  |  |
| 2 | * Some sexual health concerns and engaging with sexual health services, past pregnancy scares
 |  |
| 3 | * Sexually active but is not engaging with any sexual health services. Pregnancy/terminations
 |  |
| 4 | * Sex is non-consensual. Child feels pressured to have sex or to perform sexual acts in exchange for status/protection, possessions, or substances or affection. Child has many sexual partners /many tests for STIs or pregnancy. Child is under the age of 13 and cannot consent.
 |  |
| 1. Ability to Safeguard – Parent/Carer
 | X | Multi-agency Evidence |
| 0 | * Parent/carer recognises risks and will report young person as missing. They have a good knowledge of exploitation.
 |  |  |
| 1 | * Parent/carer will mostly report young person as missing
* Parent/carer has some knowledge of exploitation
 |  |  |
| 2 | * Parent/carer needs to be prompted to report young person as missing
* Parent/carer has limited understanding of exploitation
* Parent/carer is engaging or asking for support from services
 |  |
| 3 | * Parent/carer fails to report young person as missing
* Parent/carer struggles to understand the risk around missing and exploitation
* Sporadic or limited engagement with services
 |  |
| 4 | * Parent/carer doesn’t have knowledge of exploitation
* Parent /carer fails to report young person as missing and to recognise the risk of missing episodes
* Disengagement from services
 |  |
| 1. Substance Use, Physical & Mental Health and Criminality in Parents/Carers/Family
 | X | Multi-agency Evidence |
| 0 | * No concerns
 |  | Is there Domestic Violence? Where do they use substances? How do they fund it? Type / class of substance? How do they fund it? Type / class of substance? What are the health concerns? Further details of criminality? How do these factors impact upon young person |
| 1 | * Parent/carer acknowledges concerns and are addressing the concerns
 |  |  |
| 2 | * Parent/carers acknowledge concerns but refuse to seek treatment or support
 |  |
| 3 | * Parent/carers do not acknowledge concerns and refuse to seek treatment or support
 |  |
| 4 | * Evidence suggests parental involvement in guns, gangs or drugs supply or historical/current exploitation of others
* Parent/carer involved in the exploitation of a child
 |  |
| 1. Parent/Carer engagement with appropriate services
 | X | Multi-agency Evidence |
| 0 | * Good engagement
 |  | Disguised compliance? Highly resistant family? |
| 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
 |  |
| Child’s Comments (Please consider any wishes/feelings or the child’s perception of risk) |
| Is the child aware of this form being completed? YES/NO (Delete as appropriate)Are parents aware? YES/NO (Delete as appropriate)If the answer above is no, please state why: |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Indicator | Score | Review Score | 2nd Review Score |  |  | Indicator | Score | Review Score | 2nd Review Score |
| 1 | Episodes of missing from home / care / school |  |  |  |  | 8 | Further Evidence of Exploitation |  |  |  |
| 2 | Education / Employment / Training Attendance |  |  |  |  | 9 | Mental Health / Physical Health Concerns |  |  |  |
| 3 | Social Media / Internet Usage |  |  |  |  | 10 | Risk to Others |  |  |  |
| 4 | Accommodation & Home Relationships |  |  |  |  | 11 | Sexual Health  |  |  |  |
| 5 | Peer/Adult Association |  |  |  |  | 12 | Ability to Safeguard – Parent/Carer |  |  |  |
| 6 | Misuse of Substances |  |  |  |  | 13 | Substance Use, Physical and Mental Health and Criminality – Parent/Carers/Family |  |  |  |
| 7 | Ability to Identify Exploitive Behaviour |  |  |  |  | 14 | Parent/Carers Engagement |  |  |  |
|  |  |  |
|  | Total Indicator score: |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Score | 1st Review Score | 2nd Review Score |  | Score | 1st Review Score | 2nd Review Score |
| Assessment Score: |  |  |  | Overall Score: |  |  |  |

|  |  |  |
| --- | --- | --- |
| RAG Rating | Threshold | X |
| Low – risk of Exploitation is Possible | 0-24 |[ ]
| Medium – Risk of exploitation is likely – signs but no evidence of exploitation | 25-40 |[ ]
| High – risk of exploitation is very likely – signs and clear evidence of exploitation. | 40+ |[ ]

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| Professional Judgement (Scoring section) |
| Once you have completed all the sections above – please consider if you think the level indicated by the scores matches your concerns based on Professional judgement. If you feel there is a lack of evidence however the risk may be higher/lower than indicated by the scoring sections for Low/Medium/High, detail below whether you agree with the score or whether you will override this.  |
| Low | Yes/No (Delete as appropriate) |
| Medium | Yes/No (Delete as appropriate) |
| High | Yes/No (Delete as appropriate) |

All children who score Medium/High must be referred to a Vulnerable Adolescent Multi-Agency Panel.

Referrals should be made securely to the Families First CSE Coordinators at the below email address:

CSEinbox@Staffordshire.gov.uk

Information relating to actual or suspected Child Exploitation may be shared when it is reasonable to believe that doing so will prevent a crime and or safeguard children. To assure a co-ordinated response that fully addresses safeguarding concerns relating to child exploitation, and ensure appropriate support and interventions can be accessed, all relevant data should be shared and considered, as permitted within the stipulations of the Data Protection Act