**Plymouth City Council**

**Children, Young People and Families Services**

**Safer Me Assessment Tool**

A green and white logo

Description automatically generated

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| **Practitioner Details** | |
| Name |  |
| Agency |  |
| Role |  |
| Email |  |
| Telephone |  |
| Date of Assessment |  |

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| **Child’s Details** | | | |
| Name |  | | |
| Date of Birth / Age |  | | |
| Address |  | | |
| Type of accommodation |  | | |
| Telephone Number |  | | |
| Disability (please state) |  | | |
| Gender recorded at birth |  | | |
| Parents/ carers name |  | | |
| How does the child describe their: | | | |
| Gender |  | | |
| Religion/beliefs |  | | |
| Ethnicity |  | | |
| Sexual orientation |  | | |
| Language spoken |  | | |
| Agencies currently supporting the child and / or family: |  | | |
| Status and level of support | ☐ No services involved | | |
| ☐ Early Help | | |
| ☐ Child in Need | | |
| ☐ Child Protection | | |
| ☐ Child in Care – Plymouth | | |
| ☐ Child in Care – Child from other Local Authority | | |
| ☐ Care Leaver | | |
| ☐ Unknown | | |
| Education/Training/Employment Status | ☐ In full time education | | |
| ☐ Post 16 training | | |
| ☐ Electively home educated | | |
| ☐ International student | | |
| ☐ Reduced timetable  ☐ Not on school roll/NEET | | |
| ☐ Alternative provision | | |
| ☐ Employment | | |
| Education, training provider or employer |  | | |
| Meeting age related expectations? | Yes / No | | |
| Attendance (%) if known |  | | |
| Any exclusions? If yes, please give context |  | | |
| Police / Youth Justice Service involvement | Current | Previous | None |
| If current or previous, please give details |  | | |

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| **Consent and views** | |
| **Have you sought consent from the child to complete this assessment?**  You should advise the child that you are concerned about them and may be sharing the information with other agencies. | Yes / No  Date: |
| **Please record the views of the child**  Include whether the child agrees with all the information in the assessment, what their views are on the concerns being raised, what they feel would help them to be safer and anything else they feel is important for people working with them to know |  |
| **Have you sought consent from the parent / carer to complete this assessment?**  You should advise the parents/carers that you are concerned about their child and may be sharing the information with other agencies. | Yes / No |
| **Please record the views of the parents/carers**  Include whether the parents/carers agree with all the information in the assessment, what their views are on the concerns being raised, what they feel would help the child to be safer and anything else they feel is important for people working with the child to know |  |

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| **Strengths** | |
| **Please provide details of the child’s strengths, and of any strengths in their families, friendships and wider networks.** Please explain the impact these strengths have on the young person’s safety and include the name of any specific individuals who have a trusted relationship with them. | |
| **Strength** | **Details** |
| Child |  |
| Parents/carers and family network |  |
| Friendships and peer networks |  |
| Environment, including home, education and community settings |  |
| Professional/voluntary agencies working with the young person a |  |
| Online relationships and support e.g. groups / forums |  |

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| **Vulnerabilities**  Please outline any vulnerabilities that could increase the risk of exploitation or other forms of extra familial harm to the child. However, remember thatexploitation can occur without any of the vulnerabilities being present. | |
|  | Behaviour | ☐ Missing or episodes of absence from home (if yes, please also complete ‘Missing from home or care’ section )  ☐ Displaying harmful sexual behaviour  ☐ Substance misuse, including frequency, which substances and locations where used  ☐ Increased interest in making money  ☐ Drug debt  ☐ Use of, or exposure to social media and digital technology which is of concern  (If yes, please also complete ‘Digital Behaviours’ section) |
|  | Familial/care and living circumstances | ☐ Family involvement in crime or anti-social behaviour  ☐ Homelessness or unstable accommodation or care arrangements  ☐ Young carer  ☐ Lack of parental/carer involvement or oversight  ☐ Parental substance or alcohol misuse |
|  | Experiences | ☐ Social isolation or social difficulties (including lone children from outside the area)  ☐ Victim of sexual crime or harm  ☐ Victim of violent crime or harm  ☐ Migrant / refugee / asylum seeker  ☐ Bereavement or significant loss  ☐ Child has been exposed to, or has been victim of domestic abuse |
|  | Peers/associations | ☐ Antisocial behaviour within peer group  ☐ Connection with others who are being exploited, or concerns regarding gang-association  (If yes to either of the above, please also complete ‘Peer Groups and Wider Associations’ section) |
|  | Physical and emotional health | ☐ Poor emotional well-being such as low mood and self-confidence or diagnosed mental illness  ☐ Suicidal ideation (current or historic) and / or self-harm or overdose  ☐ Ongoing physical health issues  ☐ Learning and/or communication disabilities / difficulties  ☐ Physical (including non-visible) disabilities |
|  | Sexuality / Gender Identity | ☐ Child is experiencing challenges around their sexuality / gender identity  ☐ Absence of safe environment to explore sexuality and gender identity |
|  | Education | ☐ Not in Education, employment or training  ☐ Multiple school moves  ☐ Suspension or permanent exclusion from school |
|  | Other | ☐ Other (please specify) |
| **Please use the space below to provide further detail and context to the vulnerabilities identified. Please include the child’s own views on their vulnerability where possible:** | |
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| **Indicators and wider presentation concerns that could suggest exploitation** | |
| Possessions: | ☐ Money from unknown sources  ☐ Multiple mobile phones or sim cards  ☐ Clothing, shoes, trainers, make-up, large quantities of vapes etc. without plausible explanation  ☐ In receipt of services from an unknown source, such as funding for the gym, bus tickets  ☐ Found with quantities of drugs or items related to the supply of substances e.g. scales, baggies, etc  ☐ Found with weapons |
| Behaviours | ☐ Gang-association  ☐ Isolation from peers/social networks  ☐ Leaving home/care without explanation  ☐ Persistently going missing or returning late  ☐ Returning home under the influence of drugs/alcohol  ☐ Excessive receipt of texts/phone calls (from known or unknown peers or adults)  ☐ Relationships with controlling or older individuals or groups  ☐ Increasing secretiveness around behaviours  ☐ Change in presentation such as becoming withdrawn or becoming increasingly challenging  ☐ Criminal offending behaviour  ☐ Beginning to act older than their age, particularly with respect to relationships  ☐ Unknown or suspicious persons coming and going from the house, or other settings the young person is at  ☐ Making allegations or disclosures which are then retracted  ☐ Suspect/accused possession of substances with intent to supply  ☐ Intelligence firearms/ knife  ☐ Suspect/ accused of sexual/ serious violence  ☐ Suspect/ accused of other crime  ☐ County lines intelligence  ☐ County lines arrest  ☐ Secretive around finances  ☐ Quantities of unexplained money in bank account, or being moved from bank account  ☐ Not having access to own bank account, or multiple bank accounts |
| Education | ☐ Changes in attainment  ☐ Changes in attendance  ☐ Temporary or permanent exclusions from school  ☐ Unexplained absences from school, college or work |
| Appearance | ☐ Appearing well cared for after periods of absence  ☐ Attempting to make themselves appear older than they are, e.g. by changing, hair, clothes or make up  ☐ Weight loss or neglect of self-care  ☐ Wearing particular brands of clothing or ‘colours’ that suggest affiliation with a particular group or gang |
| Health | ☐ Increased frequency of accessing sexual health / contraception, particularly condoms  ☐ Repeated use of emergency contraception  ☐ Sexualised behaviour that is not in line with age and stage of development  ☐ Sexually transmitted infections  ☐ Repeat pregnancy testing and/or pregnancy (termination or pregnancy progressing)  ☐ Evidence or indicators of physical or sexual assault (sometimes followed by a withdrawal of allegation)  ☐ Expressed suicidal thoughts, planned suicide or attempted suicide  ☐ Self-harm or significant changes in emotional well-being  ☐ Evidence of/suspicions of concealment of drugs within the body e.g. Vaseline, laxatives  ☐ Injury from a weapon e.g. knife wound |
| Movement/travel  (if any ticked, please provide further detail in trafficking section) | ☐ Being driven around by adults  ☐ Travelling outside of the local area without plausible explanation  ☐ Attending or being found at hotels or Air B&B’s  ☐ Attending or being found at a ‘trap house’ / or addresses known to be linked to criminal activity |
| **Please provide further information regarding the indicators you have identified. Please include the young person’s own views on the indicators identified where possible:** | |
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| **Missing from home or care** |
|  | **Does the child go missing? Yes** ☐ No ☐ |
|  | Describe the child’s missing patterns: how often do they go missing? Has this escalated? Are there any other patterns? |
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|  | Who/What/Where is the child running from and to? (Push and Pull factors) |
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| **☐** | There is no reliable or confirmed information about what the child does or where they go ☐ |
| **☐** | Child disappears from supportive networks (friends, school, agencies) for extended periods ☐ |
| **☐** | There are missing episodes not being reported to police, if yes include details below ☐ |
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| **Digital Wellbeing** |
| **☐** | **Are you concerned about the way the child is accessing, or is exposed to digital technology and social media, including gaming?** Yes No |
| ☐ Use of online devices and phone is secretive  ☐ Child has multiple profiles or usernames  ☐ Child has more than one mobile phone (including ‘Burner phone’), or SIM  ☐ Child is receiving online gifts such as vouchers from unexplained sources  ☐ High levels of distress or aggression when phone or internet access is restricted  ☐ Excessive receipt of texts/phone calls (from known or unknown peers or adults)  ☐ Concerns regarding parent / carer oversight of the young person’s digital activity |
|  | Describe the child’s digital use and experiences. How do they use social media? What platforms are they accessing? Public or encrypted? Are there any patterns of notable changes? Is their online life positive or negative (e.g. bullying, threats, harassment, exploitation)? |
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| **Peer Groups or wider associations** |
| **Are you concerned about the child’s peer group, or wider associations? Yes ☐ No ☐** |
| If yes, who are the peers or associates you are concerned about? |
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| Why are you concerned? What is the presentation / activities of the child’s peers or associates? |
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| Do your concerns warrant consideration of either a Complex Strategy Meeting or Peer Group Conference referral to focus on opportunities for intervention with any identified persons of concern or peer group? Yes ☐ No ☐ Unsure ☐If yes or unsure, please refer to Complex Strategy or Peer Group Conference Guidance for further information |

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| **Locations and neighbourhood / community** |
| **Are you concerned about the child’s links to specific locations? Yes ☐ No ☐** |
| If yes, what are the spaces and places you are concerned about? |
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| Why are you concerned? What are the risks associated with the spaces and places you have identified |
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| Do you concerns warrant consideration of either a MACE or Neighbourhood Conference referral to focus on opportunities for intervention with any identified spaces and places? Yes ☐ No ☐ Unsure ☐ If yes, or unsure, please refer to Neighbourhood Conference Guidance |

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| **Analysis of Risk and Safety** | | | |
| [**Current Level of Risk**](#guidance)**/ Harm for child** | | | Please indicate by ticking one of the boxes below: |
| **Low Risk**  Evidence of vulnerability to risks from outside the family home and/or some concerns about behaviours or associations identified that indicate slightly increased exploitation. The child’s behaviours, associations suggest they are not currently being exploited but extra support may be needed.  Needs can be addressed by a single agency to prevent escalation of risk. | | | ☐ |
| **Medium Risk**  Evidence of vulnerability to exploitation or concerns about behaviours or associations that could develop into exploitative situations without a change in circumstance. The child’s behaviours, associations or changes in presentation suggest they need support and advice to ensure their safety, health and development.  Needs require a multi-agency response to address concerns and reduce risk. | | | ☐ |
| **High Risk**  Evidence of exploitation or significant concerns about behaviours or associations that suggest the young person could be at any point. For example, due to known contact with persons or locations of concern. The child’s behaviours, associations or changes in presentation suggest they are at risk of or are experiencing significant harm.  Needs are complex and require multi-agency child protection action. | | | ☐ |
| **Please indicate the primary exploitation risk:**  CSE ☐ Gangs/youth violence ☐ Radicalisation/Extremism ☐ CCE – drug supply (e.g. county lines) ☐ CCE-other (e.g. forced into burglary) ☐ Financial Exploitation ☐ | | |  |
| **Please indicate if there is a secondary exploitation risk:**  CSE ☐ Gangs/youth violence ☐ Radicalisation/Extremism ☐ CCE – drug supply (e.g. county lines) ☐ CCE-other (e.g. forced into burglary) ☐ Financial Exploitation ☐ | | |  |
| **Has the child previously been a victim of exploitation?** | | | Yes/No |
| **Is the child actively being exploited now?** | | | Yes/No |
| **Are there concerns that as part of the exploitation they are being trafficked?** Yes ☐ No ☐ Unsure ☐  **If yes or unsure, provide details below, including how the young person may be moving around and refer to National Referral Mechanism guidance (**[Report modern slavery – GOV.UK](https://www.modernslavery.gov.uk/start)**)** | | | |
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| **Assessment analysis – including both the child’s and parent / carer’s experiences and views of risk.** | | | |
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| **What are the next steps? What is needed to reduce risk, increase safety and promote positive outcomes for the child? Set out who will complete the actions, and by when.** | | | |
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| **Is a Safer Me Plan required?** | **Yes / No** | | |
| **Date of Review of Safer Me Assessment** | |  | |