**

**EALING SAFEGUARDING CHILDREN BOARD**

**Multi-Agency**

**Vulnerabilities Screening Tool**

**VULNERABILITES SCREENING TOOL**

**Guidance Notes: To be read before completing – for further guidance please see last page of this document**

This is intended as a screening tool only, to be used to help clarify thinking and open discussion with a young person, their family and/or other professionals. This tool is NOT intended to replace professional judgement

When to use the tool:

If you are concerned about the safety of a child where the primary risk is outside of the family home, the Vulnerabilities Screening tool should be completed. Examples of concerns may be (but are not limited to): CSE; missing from home or care; involvement in gangs/county lines/serious youth violence; victim of trafficking; radicalization; or exhibiting Harmful Sexual Behaviours

Prior to Completing:

* Advice and/or consultation can be sought from the Contextual Safeguarding Coordinator or the Partnership Leads for Vulnerable Adolescents
* Consider if it would be helpful to complete this with the young person, their family or other professionals who know/work with the child.

To Complete:

* All sections need to be completed. If there are no positive answers in a particular section, please continue to the next
* Sections are cumulative and should not be read in isolation
* Where possible include dates
* Evidence your answers with known information

Once Completed:

* FOR CHILDREN’S SERVICES STAFF
	+ Send completed form to vulnerabilitiestool@ealing.gov.uk and a Partnership Lead for Vulnerable Adolescents will review and provide a case consultation
	+ Screening tool should be updated whenever a significant incident occurs and a minimum of 8 weekly
	+ Completed form should be uploaded to FWi and a case note of the date it was completed and signposting to the document should be completed
* FOR PARTNERSHIP STAFF
	+ If you wish you can gain advice/consultation from the Contextual Safeguarding Coordinator or Partnership Leads for Vulnerable Adolescents.
	+ If you a making a referral to ECIRS please attach this screening tool to the written referral
	+ Save a copy of the completed tool on the young person’s file (as is appropriate to your organisation’s data protection guidance)

**Step 1: Identify Vulnerability Factors / Risk Indicators**

Date completed: Name of person completing form:

Name of child/young person: DOB: FWi number:

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| **Vulnerability Factors (tick all that apply)**  | **Yes/No and Description** |
| Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality) | *Please describe* |
| History of abuse (including familial child sexual abuse, risk of forced marriage, risk of ‘honour’ based violence, physical and emotional abuse and neglect)  | *Describe including timescale* |
| Recent bereavement or loss –  | *Who, nature/strength of relationship and when* |
| Gang association either through relatives, peers or intimate relationships  | *Describe incl. known or suspected* |
| Family members have strong links with proscribed groups | *Describe incl. known or suspected* |
| Connections to individuals or groups known to have extremist views | *Describe incl. known or suspected* |
| Attending school with young people who are exploited  | *If yes, please state school* |
| Learning disabilities  | *Describe nature and severity incl. if diagnosed* |
| Unsure about their sexual orientation or unable to disclose sexual orientation to their families | *Please provide information* |
| Friends with young people who are sexually exploited  | *If yes, please list* |
| Older sibling for whom there were CSE/gangs/county lines concerns | *If yes please provide details*  |
| Homeless/ sofa surfing | *If yes, please state where if known* |
| Living in a gang neighbourhood | *If yes, please state where* |
| Living in residential care *or* hostel *or* bed and breakfast *or* a foyer | *If yes, please state where* |
| Living in hostel, bed and breakfast accommodation or a foyer | *If yes, please state where* |
| Young carer | *If yes, for whom* |
| Missing from home or care (including short periods of time) | *Frequency* |
| Physical injuries | *Please describe* |
| Drug or alcohol misuse | *Please describe including frequency, type and if known or suspected* |
| Involvement in offending | *Please describe* |
| Repeat sexually-transmitted infections, pregnancy and/or terminations/fathering a child or repeat visits to sexual health services | *Please describe including most recent episode* |
| Absent from school | *Please describe nature/frequency* |
| Change in physical appearance | *Please describe* |
| Evidence of sexual bullying/ radicalisation and/or vulnerability through the internet and/or social networking sites | *Please describe* |
| Receipt of gifts from unknown sources | *Please describe* |
| Recruiting others into exploitative situations | *Please describe* |
| Poor mental health (including eating disorder) | *Please describe* |
| Self-harm | *Please describe including timescale* |
| Thoughts of or attempts at suicide | *Please describe including timescale* |

**STEP 2: EXPLOITATION RISKS:**

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| **RISK LEVEL – LOW** Low risk cases usually managed through EHAP or SAFE plans but may include children on CIN plans. The indicators are intended as a guide to assist with the assessment of risk. The screening tool should not replace professional judgement. |
| **Concern** | **Current** | **Suspected** | **Historic** | **Description** |
| Regularly coming home late or going missing |  |  |  |  |
| Reduced contact with family/friends |  |  |  |  |
| Experimenting with drugs/alcohol |  |  |  |  |
| Poor self-image/low self esteem |  |  |  |  |
| New unknown associates (children or adults) |  |  |  |  |
| Unaccounted for money/goods/drugs/alcohol etc. |  |  |  |  |
| Significant change in appearance |  |  |  |  |
| Non-school attendance/exclusion from school |  |  |  |  |
| Sexually transmitted infection |  |  |  |  |
| Connection to new/unknown area with no explanation |  |  |  |  |
| Espousing extremist and intolerance views |  |  |  |  |
| Risk taking including on the internet (promoting gangs/drugs/extremist ideologies etc., publishing personal information)  |  |  |  |  |
| Unknown/secret internet usage |  |  |  |  |
| **Required Actions:*** Discuss with manager/safeguarding leads
* Forward to Partnership Lead for Vulnerable Adolescents for further consultation
* Keep detailed records of incidents/risks including chronologies
* **FOR CHILDRENS SERVICES:** If missing, ensure that RHIs are being completed
 | **Considerations:*** No child under 13 can be considered as low risk
* No child with a learning disability/additional needs can be considered low risk
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| **RISK LEVEL – MEDIUM** In relation to the medium level indicators, should professional judgement determine that there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm requiring investigation under S47 of the Children Act, then the procedures detailed under the higher level of risk should be followed |
| **Concern** | **Current** | **Suspected** | **Historic** | **Description** |
| Sexualised risk taking including on the internet (including being groomed on the internet)  |  |  |  |  |
| Viewing and receiving of extremist content online including being groomed on the internet |  |  |  |  |
| Repeat STIs/attendance at GUM clinic |  |  |  |  |
| Repeat pregnancies/terminations/fathering children  |  |  |  |  |
| Disclosure of physical/sexual assault, followed by withdrawal of complaint |  |  |  | *Incl. where assault took place (geography and venue), relationship of suspect etc.* |
| Reports of involvement in areas of concern  |  |  |  | *Where* |
| Taken to demonstrations or marches where violent, extremist and/or age inappropriate imagery or language is used.  |  |  |  |  |
| Getting into cars with unknown people/known subjects of concern  |  |  |  |  |
| Concerns about a boyfriend/girlfriend |  |  |  |  |
| Staying out overnight with no explanation |  |  |  |  |
| Self-harm requiring medical assistance |  |  |  |  |
| Repeat offending |  |  |  |  |
| Gang association |  |  |  |  |
| Involvement with police and/or criminal behavior |  |  |  | *Incl. arrests as well as come to notice* |
| Carrying a knife or other weapon |  |  |  |  |
| Young person is dealing drugs |  |  |  | *Incl. for their benefit or someone else’s etc.* |
| Breakdown of placements  |  |  |  |  |
| **Required Actions:**As above for low risk level plus:* Referral into ECIRS (if not an allocated case) -Strategy meeting -Refer to MACE/MILVUS/Channel
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| **RISK LEVEL – HIGH** Cases should be managed under CP or LAC procedures |
| **Concern** | **Current** | **Suspected** | **Historic** | **Description** |
| Child under 13 engaging in sexual activity |  |  |  |  |
| Clipping i.e. offering to have sex with the intention of robbing the victim, then running before sexual activity |  |  |  |  |
| Pattern of street homelessness and staying with an adult believed to be exploiting them |  |  |  |  |
| Removed from red light districts/known drug houses etc. by professionals |  |  |  |  |
| Child under 16 meeting different adults for sex |  |  |  |  |
| Being taken to clubs/hotels for sex |  |  |  |  |
| Abduction and forced imprisonment |  |  |  |  |
| Charged with possession/possession with intent of Class A Drugs |  |  |  |  |
| Disappearing from the system with no contact with support |  |  |  |  |
| Being bought/sold/ trafficked |  |  |  |  |
| Receiving a reward for recruiting other young people to a similar situation |  |  |  |  |
| Attempted suicide/chronic self-harm requiring medical attention |  |  |  |  |
| Committed a serious assault/sexual assault |  |  |  |  |
| Chronic alcohol/substance misuse |  |  |  |  |
| Supports others to travel to conflict zones or has intent to go abroad for extremist or terrorist purposes |  |  |  |  |
| Has returned from a conflict zone where parents or relatives are known to be associated with extremist or terrorist activities |  |  |  |  |
| Expresses views people should be killed because they are from a different cultural background or hold different views. |  |  |  |  |
| **Required Actions:**As above for medium risk level plus:* Discuss with Manager - Strategy / CP conference -Joint investigation with the Police and Social Care
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**ESCB Vulnerabilities Screening Tool – Briefing for Partners July 2018**

Purpose

There is an increasing recognition that significant risk of harm can occur outside the family home. Particularly as young people move towards adolescent the influence that their parents/carers/families exert on them decreases and the influence of peers becomes increasingly important.

The Vulnerabilities Screening Tool was designed to help professionals from across the partnership consider risk to young people outside of the home environment. The Vulnerabilities Screening Tool is to aide, not replace, professional judgement.

When to use:

The Vulnerabilities Screening Tool should be completed when there is a concern that a child may be at risk of harm outside of the family home. Such forms of harm may include, but are not limited to: Child Sexual Exploitation (CSE); Harmful Sexual Behaviours; Missing from Home or Care; Trafficking; Gangs; Serious Youth Violence; County Lines; Radicalisation.

How to use:

The Vulnerabilities Screening Tool is primarily a professional’s tool and should be completed by a professional who has a good understanding of/relationship with the young person. In some instances, it may be beneficial to complete the tool with the young person (if they are willing to do so) or with their parent or carer.

Any completed Screening Tool should be stored on your agencies record keeping system. The Screening Tool is intended to be a live document and should be updated regularly.

If a referral to ECIRS is required, please attach the Vulnerabilities Screening Tool to the referral so as to help assist the referral process.

Additional Support:

For support or to answer any questions regarding the Vulnerabilities Screening Tool please contact:

Partnership Leads for Vulnerable Adolescents:

Catherine Imobeke Cat White

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Contextual Safeguarding Coordinator:

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