# **Multi-Agency Child Exploitation Protocol**

# **Appendix 2 - Multi-agency risk assessment and plan**

***NB. To be considered in conjunction with Child Exploitation Indicator Tool and NRM***

**Child’s Details**

|  |  |
| --- | --- |
| **Child’s name:** |  |
| **Date of birth:** |  |
| **Ethnicity:** |  |
| **School / College:**  |  |
| **Is this child looked after?** | Yes c No c |
|  **Do they live in residential care?** | Yes c No c |
|  **Are they placed at a distance?** | Yes c No c |

**Professional Presenting;**

|  |  |
| --- | --- |
| **Name** |  |
| **Job title** |  |
| **Contact details** |  |
| **Date presented** |  |

|  |  |
| --- | --- |
| What are the risks? |  |
| Are these imminent or future risks? |  |
| Who are “of concern” to professionals in terms of associates / peers? |  |
| What strengths exist? |  |
| Who does the child have a meaningful relationship with? |  |
| What do we know about push and pull factors?*Pull factors*, are factors which can *pull* a child towards exploitation. This can be children performing tasks for others resulting in them gaining things such as, accommodation, food, gifts, status or a sense of safety, money or drugs. Often the hook is through the perpetrator supplying Class B drugs such as cannabis to the child or young person. *Push factors* are factors which *push* a child away from their environment and closer towards exploiters. Children escaping from situations where their needs are neglected and there is exposure to unsafe individuals, where there is high family conflict or the absence of a primary attachment figure.  |  |

|  |  |
| --- | --- |
| What current plans are in place to manage the presenting risks / vulnerabilities?  |  |
| What additional support / plan is needed? |  |
| What can partner do / are doing to disrupt activity?  |  |
| What else might be going on we need to be mindful of? Community / police intelligence? |  |
| Any other specific actions required?  |  |
| If child is no longer going to be heard at panel, please note here rationale for decision.  |  |
| When review will be held and why?  |  |

**Review meeting date:**

|  |  |
| --- | --- |
| Review actions  |  |
| Have risks reduced / increased and why?  |  |
| Additional support / measures to be considered? |  |

***Remember a child can be re-referred into MACE should concerns arise or further support is needed from the partnership***