**WISE Increasing safety, well-being, and stability in responding to exploitation concerns**

|  |  |
| --- | --- |
| Young person’s detailsName:Age: Date of Birth:Ethnicity: | Worker completing assessment: Assessment start date:Date assessment completed:Reason for assessment:  |

**Introduction**

|  |
| --- |
| Positive statement about the young person |
|  |
| Reason for Complex Safeguarding Team involvement  |
|  |

**Young Person’s Views, Identity and Needs**

|  |
| --- |
| Summary of Young Persons views (including what they are willing to share from ‘About Me’ Appendix 1) |
|  |
| **Young person’s identity and previous experiences** |
|  |
| Young Person’s needs including their strengths and protective factors |
|  |
| Reflection on response to need |
|  |

**Relationships and contexts**

In this section, it is important that parents / carers are included and supported in creating safety and stability for the young person. This section requires explicit details of parents and carers involvement in the safety planning.

Part 2

|  |
| --- |
| Relationships with parent/carers, peers, professionals, and other significant adults |
|  |
| **Parents/carer’s views including their relationships with professionals** |
|  |
| Context and Stability |
|  |

**Context of harm and/or risk**

|  |
| --- |
| What do we know about the source of harm / risk? |
|  |
| What is currently being done to identify and disrupt the source of harm / risk and by whom?  |
|  |
| Places and Peer Groups (known associates) |
|  |
| What don’t we know about the person(s) and environment/context posing the risk and how might this influence interventions? |
|  |

**Analysis**

|  |
| --- |
| Analysis: what do we need to consider and/or do to promote the young person’s safety, stability, and wellbeing? |
|  |
| As an indicator of safety and stability, please tick which statement below best describes the level of safety and stability the young person is currently experiencing. |
| Indicators of Safety  |
| From the information available, the young person’s safety appears stable[ ]  | There is not enough information to say whether the young person is at risk of exploitation. I am worried about the young person[ ]  | The young person is at risk of exploitation and without support the likelihood of being exploited will increase [ ]  | The young person is being exploited and abused, immediate action and decision making is required[ ]  |
| Indicators of Stability  |
| From the information available, the young person appears to be experiencing high levels of stability[ ]  | The young person is experiencing reasonable stability. Support is needed to maintain current levels of stability[ ]   | It is likely that without support the young person’s level of stability in their education / home life / peer group / professional relationship will be undermined[ ]  | The young person is experiencing instability in their education / home life / peer group / professional relationship(s). Support is needed.[ ]  |

**Recommendations and agreed priorities**

This section sets out the recommendations of the assessment, taking into consideration the current plan for the young person, and any additional action required to increase their safety and stability and reduce harm. The recommendations and agreed priorities should be included within the child’s central plan.

|  |
| --- |
| Desired outcomes and recommendations  |
|  |
| Agreed Priorities  |
|  |
|  |
|  |
| Management comments and oversight |
|  |



|  |
| --- |
| Sources of information  |
| Agency | Name | Role |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Appendix 1

**Data Questions**

|  |
| --- |
| Re-referral  |
| Previous involvement with Complex Safeguarding Team within last 12 months | Y/N |
| Exploitation Type |
| Child criminal exploitation |  |
| Child sexual exploitation |  |
| Other |  |
| CCE and CSE |  |
| Multiple exploitation - other |  |
| Exploitation concern is: |
| Known |  |
| Suspected |  |
| Vulnerable to |  |
| Historic (non-recent) |  |
| Exploitation is online (grooming / targeting online via social media or apps) |  |
| Gender |
| Male |  |
| Female |  |
| Trans Female |  |
| Trans Male |  |
| Non-binary |  |
| Unknown to services |  |
| Sexual Orientation |
| Bisexual |  |
| Gay |  |
| Heterosexual |  |
| Lesbian |  |
| Other |  |
| Unknown to services |  |
| Current accommodation setting |
| With family |  |
| Foster care in GM |  |
| Foster care outside GM |  |
| Residential care in GM |  |
| Residential care outside GM |  |
| Adult own accommodation |  |
| Other LA Provision |  |
| Other accommodation setting |  |
| Duration open to Complex Safeguarding |
| 0-6 months |  |
| 6-12months |  |
| 1-2yrs |  |
| 2+yrs |  |
| Additional needs, SEN, learning disability |  |
| Speech and Language needs |  |
| Engaging in education, training or employment |  |
| Registered for alternative provision or pupil referral unit |  |
| Accessing mental health support |  |
| Parents/carers are accessing other parenting support regarding exploitation |  |
| National Referral Mechanisms submitted |
| Reasonable grounds |  |
| Conclusive grounds |  |
| Inconclusive |  |
| Missing episode within the last 12 months |  |
| Currently open to Youth Justice Services |  |
| Substance Misuse is an issue |  |
| Number currently receiving support for substance misuse from:  |
| Complex Safeguarding |  |
| Specialist Provision |  |
| Other Early Help |  |
| Source of harm |
| Lone offender (Online) |  |
| Lone offender (In person) |  |
| Lone offender (Both - online & in person) |  |
| Multiple offenders (Network or Organised: Online) |  |
| Multiple offenders (Network or Organised: In person) |  |
| Multiple offenders (Network or Organised: Both online and in person) |  |
| Multiple offenders (Not linked: Online) |  |
| Multiple offenders (Not linked: In person) |  |
| Multiple offenders (Not linked: Both online and in person) |  |
| Non-adult(s) or peer(s) |  |
| Unknown |  |

Appendix 2

**About Me**

It is important to us that you feel listened to and valued. That’s why your voice and experiences are central to our work together. This document should be completed with you and the person you have the best relationship with. Your views should be gathered during conversations, creative sessions or you can type into the document directly, whatever is best for you! The information written in this document will be shared with the professionals in your life unless you state otherwise.

Part 1

|  |  |  |
| --- | --- | --- |
| Your details  | Name  |  |
| DoB |  |
| Ethnicity |  |
| Disabilities  |  |
| Health information  |   |
| Phone number |  |
| About MeIt is important that the professionals around you have an understanding of who you are, what you like doing and things that are important to you, please also share any plans or goals you would like to achieve. You can share as much or as little as you wish. |
|   |
| Please tick this box if you do not agree to the above information being shared [ ]  |
| Tell us what works for you!Please tell us what works best for you. How would you like teachers, social workers and anyone else to work alongside you? We can also share this with any new professionals that you may meet so you are not required to repeat yourself or feel uncomfortable. (How would you prefer to be contacted? Where would you prefer visits to take place? Is there a worker/teacher you really like? Tell us what it is you like about them. |
|  |
| Please tick this box if you do not agree to the above information being shared [ ]  |
| Why are people worried about you?Your worker will have a chat with you about any worries that your family/friends/teacher/social worker etc may have. It is very important that you share your thoughts about why people are worried about you. You can tell us whether you agree, disagree, or do not understand professionals’ concerns. Please share the reasons behind your views. |
|  |
| Please tick this box if you do not agree to the above information being shared [ ]  |
| People who are important to me.We know how important friendships and relationships outside of our families are as we get older. Who is important to you and why? Is there anything you would change or improve about the people you have mentioned? |
|  |
| Please tick this box if you do not agree to the above information being shared [ ]  |
| Important dates Thinking about the next three months, are there any dates that stand out as important? This could be birthdays (yours/family/friends), events, upcoming changes, school/college dates and anniversaries. How do you think these times will make you feel? Is there anything we should consider and plan for?  |
|  |
| Please tick this box if you do not agree to the above information being shared [ ]  |
| Offline places and online spaces I visit or spend timeWe know that young people often have lots of friends in many different places and spaces. This is an opportunity to reflect on the places and online spaces you visit and how these make you feel. Do you feel relaxed and happy? Do some spaces make you feel worried or uneasy? Together we can think of ways to improve this. Sometimes it can be hard to share everything at once, so please remember you can talk to your worker at any time. |
|  |
| Please tick this box if you do not agree to the above information being shared [ ]  |

Thank you for completing this document. Your social worker will only share what you have agreed. Your social worker will type what you have shared and will provide a copy for you to keep.

****Appendix 3

**In an emergency**

This section is to share with other agencies in case of an emergency. This is to help professionals know what to do if things go wrong or there is an emergency. We want to make sure that people know the best way to work with you, and if you have needs that we need to support with. This section should be completed with the input of the young person and carers if possible.

|  |
| --- |
| Who is the young person, why they are open to services and an up-to-date brief summary of strengths and worries which may be useful in an emergency.  |
| Date updated:  |
|  |

|  |
| --- |
| In an emergency: |
| Where might they be:  | Who are we worried about?  | Who can help in an emergency and how? (relatives/friends who they might be able to stay with etc.) |
|  |  |  |
| Are there any triggers for the young person we need to be aware of? (e.g., do they react badly to male police officers/being seen in their bedroom) | What is the best way to communicate with the young person? (e.g., do they need a text introduction before a call/visual plans)  | Where are we worried about? (any places which are unsafe for the young person) |
|  |  |  |
| Any health needs we need to be aware of? (medication/autism etc) | Numbers & details of people important to the young person: |
|  |  |

Appendix 4

**Reflective supervision**

This section has been designed to promote and facilitate and reflective thinking. This section can be used independently as a practitioner tool. This can also be used as part of a formal or group supervision process.

|  |
| --- |
| Young person |
|   |
| Parents and carers  |
|  |
| Practice |
|  |