Before completing this tool, read the guidance that supports you on the regional pages, or if you would like to speak to a practitioner on duty within the exploitation team, please email us on the address below. Please complete and send to the **Walsall Council Exploitation Team**: missingexploitedchildren@walsall.gov.uk Please note this email address is for both children and adult victims. This referral route is for victims of exploitation only. We may ask you for a MASH referral or referral into Adult Social Care following further discussion.

**If this is an emergency, please contact 999** before completing this form, or if you know a crime has been committed, or is due to take place, please contact West Midlands Police on 101.

1. **Who is this assessment about?**

Full name of person being assessed: Click or tap here to enter text.

Also known as or alias: Click or tap here to enter text. Date of Birth: Click or tap to enter a date.

Current address, including postcode: Click or tap here to enter text.

Contact number: Click or tap here to enter text.

Does this person have any additional needs, either diagnosed or otherwise? Do they have care and support in place? Click or tap here to enter text.

Is this person currently accessing education, training, or employment? If so, where? Click or tap here to enter text.

Has an NRM (National Referral Mechanism) been completed? : Choose an item.

If no, why? (For example are you awaiting result from triage): Click or tap here to enter text.

Outcome and date received: Click or tap here to enter text.

NRM reference number: Click or tap here to enter text.

What is the Victim’s family composition or support network? (Who do they reside with, who provides regular support, family relationships?) Parent/guardian full name/dob/contact:

Click or tap here to enter text.

1. **Person referring and consent**

Best practice suggests we get the consent of the person/family we are referring; however, we recognise this can be difficult when working with victims of exploitation.

If consent has not been gained, please share why, here: Click or tap here to enter text.

Have you consulted any other professionals during this assessment? Choose an item.

If yes who? Click or tap here to enter text.

**Referrers Name:**

Address: Click or tap here to enter text.

Contact Email and number: Click or tap here to enter text.

Date referral completed: Click or tap to enter a date.

Relationship to person you are referring in: Click or tap here to enter text.

Is the person aware you are making this referral? Choose an item.

1. **How is this person being exploited?**

Please think about why you are completing this form – what leads you to think this person is being exploited, or is at risk of exploitation? Are there any additional vulnerabilities that increase risk of exploitation? Please include any dates of importance or evidence you may have seen.

Click or tap here to enter text.

1. **What does the exploitation look like?**

Please use this space to share any names and or addresses of people you are concerned about exploiting this person. As well as locations of concern. Why do you think this person(s) is exploiting someone? Is it someone they know, a family member, friend, or associate? Please consider street names, any telephone numbers you have or car registration numbers. Has social media been used? Do you have any details of apps being used?

Click or tap here to enter text.

1. **Are you concerned about any locations?**

Where is the exploitation taking place or did take place? You may have more than one location, please use this space to highlight your concerns about any locations, either locally, or in other boroughs. Remember even partial addresses are useful, or even a description of the location can support our work.

Click or tap here to enter text.

1. **Is there any historical information you wish to share with the team that is relevant?**

Use this space to tell us any additional information you have about this person that you feel is important to share. Has this person been known to the exploitation team previously? Have they ever been a victim of domestic abuse, sexual assault or violence? Have you identified any potential trauma the victim is currently experiencing? What are the victim’s lived experiences i.e. family/significant relationships, childhood experiences including adverse childhood experiences?

Any additional information you wish to share? Consider any relevant social media.

Click or tap here to enter text.

1. **What is working well, what strengths or protective factors are you currently aware of?**

Use this space to tell us what is having a positive and/or support impact for this person. What strengths and protective factors are evident that support in meeting the identified needs of the victim?

What has already been done and what would you think needs to be done?

Click or tap here to enter text.

1. **Voice of the victim**

At this stage, have you spoken to the victim about your concerns? Is there anything they wish to share with us at this point? Has the person been involved in this this assessment? How do they describe their lived experience? Has the individual been visited in person? What has the victim said when visited and how have they presented?

Click or tap here to enter text.

1. **Voice of Parents or Carers**

How are the victim’s family or primary care giver being supported? Are they aware of your concerns? Is there anything they wish to tell us within this initial assessment? Do they feel they are able to protect the Victim from exploitation, if not, what support do they need to be able to help reduce the risks of exploitation identified?

Click or tap here to enter text.

1. **Does this person have friends or peers you are concerned about? Are they linked to a group or have any gang affiliation?**

Use this space to tell us any peers or friends this person has. Is this person linked to a group or gang? What evidence do you have of this?

Click or tap here to enter text.

1. **Exploitation Assessment – Please see guidance for support if needed**

[ ]  Evidence of vulnerability to exploitation (Low)

[ ]  Evidence of being groomed or targeted for the purposes of exploitation (Medium)

[ ]  Evidence that the person is being exploited (High)

1. **What is your rationale for your assessment?**

Use this space to tell us any additional information you have that supports your initial assessment about this person (low/medium/high). You can find more support about this question within the guidance.

Please use this space to provide rationale based on your professional opinion for the assessment you have made in relation to low, medium or high risk of exploitation. (Please be specific in why you have rated L/M/H)

Click or tap here to enter text.

1. **Additional information. No need to re-submit full assessment unless this is requested.**

**(Complete this section when you are submitting further information regarding exploitation risk that you wish to be considered within the hub/triage).**

Click or tap here to enter text.

**Date re submitted:** Click or tap to enter a date.

**Referrer name:** Click or tap here to enter text.

**Contact details:** Click or tap here to enter text.