

MACE Screening Tool

The MACE Screening Tool is designed to support professionals in identifying, assessing, and responding to concerns related to child exploitation within Nottingham. It provides a structured framework for gathering and analysing information about potential victims, persons of concern, and locations associated with exploitation. The tool facilitates multi-agency collaboration by ensuring that relevant data is captured consistently and shared appropriately to inform safeguarding decisions and disruption activity.

This document is classified as **Official – Sensitive** and must be handled in accordance with each organisation's Information Governance policies. Any intention to share the information beyond the originating agency must be authorised by the MACE Chair.

Professionals completing this tool are expected to declare any conflicts of interest and must not undertake research or analysis where such conflicts exist. Additionally, disclosures of criminal offences or serious breaches of conduct must be reported in line with statutory obligations, particularly where Nottinghamshire Police are recipients of the information.

The screening tool is structured to capture:

- Detailed information about the child at risk.
- Known or suspected persons of concern.
- Relevant locations where exploitation may be occurring.
- The agency's research data and professional judgement regarding risk.
- The submitter's rationale for requesting a MACE discussion.

Completion of this tool is a critical step in the MACE process, ensuring that all relevant intelligence is considered and that appropriate safeguarding and disruption measures can be planned and implemented effectively.

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MACE Research Data

If your agency holds any additional information in relation to the questions posed in the first column, please enter your response in the third column under the heading “Agency Research Data:” However, if you don’t hold any information in relation to the individual questions, please leave the third column blank. You do not need to specifically state that the information you hold matches or that you don’t hold the information.

If the data you hold differs to the information provided by the referrer contained in the second column titled “Screening Tool Data,” please make this clear in the third column under the heading “Agency Research Data:”

If you hold any additional information relevant to Child Exploitation that does not fit under any of the categories provided, please include this in the “Other Information” box at the end of the form.

Agency completing research:

Date Submitted: [Click or tap here to enter text.](#)

Child/ Victim’s Details:	Screening Tool Data:	Agency Research Data:
Do you have any knowledge regarding any potential Victim’s:	Click or tap here to enter text.	
Are the Child/ family / carers aware that this form is being submitted: (If not, enter details within the “other” box)	Click or tap here to enter text.	
Child’s name: (If full name is not known, please state this in your answer)	Click or tap here to enter text.	
Any alias and/or nicknames for the child:	Click or tap here to enter text.	
Child’s date of birth:	Click or tap here to enter text.	
Child’s distinguishing features: (Tattoos/scars/features, school clothing worn, etc.)	Click or tap here to enter text.	
Child’s ethnicity:	Click or tap here to enter text.	
How does the Child identify / describe their gender:	Click or tap here to enter text.	
Child’s gender assigned at birth:	Click or tap here to enter text.	
Child’s current home address: (Include postcode if known)	Click or tap here to enter text.	
What is the Child’s current accommodation: (e.g., living with parents/ family/ friends/ residential/ secure/ custody/ unknown/ supported accommodation) (Please provide name of provider if in supported accommodation)	Click or tap here to enter text.	
Details of the Child’s family members within the same household: (Name, date of birth, relationship to child)	Click or tap here to enter text.	
How is the Child/ Victim being exploited:		
Is there anything about the Child’s current home situation that could be increasing risk or vulnerability:	Click or tap here to enter text.	
Is there any relevant information about the Child’s previous home situation/s that could have contributed towards increasing exploitation risk or vulnerability:	Click or tap here to enter text.	
What safety measures are already in place for the Child to mitigate any concerns identified above:	Click or tap here to enter text.	

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Child has health needs / learning needs / additional needs / physical health that could be exploited: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Child is known to use drugs and / or alcohol that could be exploited:(If yes; enter details within the "other" box)	Click or tap here to enter text.	
Does the Child have any caring responsibilities: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Is there any known information about the transport used by the Child that could be related to exploitation: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Is there any sudden change to child's appearance / dress style, for example – wearing revealing clothing, returning home in clothing that does not belong to them: (If yes; enter details with the "other" box)	Click or tap here to enter text.	
Have there been any recent changes, positive or negative, in the Child's behaviour: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Child has described sexual activity which may not have been consensual: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Child may have been coerced to take / share indecent images: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Child has been arrested/involved in criminal activity that could be related to exploitation: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Child has expressed some extreme views relating to specific ideologies and could be at risk of radicalisation: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Child display an interest in extreme violence which appears not be supported by any ideologies: (If yes; enter details within the "other" box)		
Child has described an intimate relationship but there are concerns about the person's age/ an imbalance of power/ offending: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Child is spending time with inappropriate or dangerous adults: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Child appears to be indebted to / acting on behalf of an individual or group in a criminal and / or sexual capacity: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
There have been reports of a physical assault related to the child: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Child has been carrying / concealing / using / threatened to use weapons: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Child has an excessive / increased / secretive use of mobile phones: (If yes; enter details within the "other" box)	Click or tap here to enter text.	

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Child's increased vulnerability through internet, social media/networking sites to include online gaming/gambling platforms: (If yes; enter details within the "other" box)		
Child has possession of money / clothes / other expensive items with no plausible explanation: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Child is forming relationships online with unknown individuals: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Child has gone missing from home or from care / spends significant periods of time away and there is information to suggest that this could be related to exploitation while missing: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Have there been any previous concerns of abuse or exploitation: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Child may pose a risk to others: (What actions and behaviours are being presented and what is the impact?) (If yes; enter details within the "other" box)	Click or tap here to enter text.	
What is the Child's voice in relation to the exploitation concerns: (Consider what the Child's responses are when concerns are raised) (If yes; enter details within the "other" box)	Click or tap here to enter text.	
What is the family's voice in relation to the exploitation concerns: (Consider and include the individual family members where their voice is different) (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Summary of what is working well for this child, including any protective factors: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Child/ Victim's Peers Details:		
Names and dates of birth of Child's peers:	Click or tap here to enter text.	
What concerns do you have about the Child's peer group or associations: (How does the group relate to other contexts like school or community?)	Click or tap here to enter text.	
Is anything already being done to reduce the risks and needs within the Child's peer group:	Click or tap here to enter text.	
Child/ Victim's Education, Training, Employment Details:		
Name of Child's Education Provision: (Provision name and type)	Click or tap here to enter text.	
Year group:	Click or tap here to enter text.	
Is the education provision full time:	Click or tap here to enter text.	
What is the Child's attendance %:	Click or tap here to enter text.	
Is the Child at risk of exclusion:	Click or tap here to enter text.	

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(If yes; enter details within the "other" box)		
Is the Child on the Special Educational Needs register: (Do they have an Educational Health Care Plan in place)	Click or tap here to enter text.	
Is the Child's academic functioning within age-related expectations:	Click or tap here to enter text.	
What is the Child's Post 16 aspirations regarding Education/Employment/Training plans:	Click or tap here to enter text.	
Details of any known employment for the child: (Current and historical for the past 12 months)	Click or tap here to enter text.	
Do you have any concerns about the Child's employment:	Click or tap here to enter text.	
Is anything already being done to address these concerns for the child: (Referral to Pupil Reintegration Team / Behaviour Outreach Support Service (BOSS), Emotionally Based School Avoidance (EBSA) Ladder of support, Early Help Assessment (EHA))	Click or tap here to enter text.	
Child/ Victim's Risk Level:		
Based on the information available to you, what, in your professional judgement, is the level of risk:	Click or tap here to enter text.	
Persons of Concern Details:		
Do you have any knowledge regarding any potential perpetrator / persons of concern:	Click or tap here to enter text.	
Person of concerns name: (If full name is not known, please state this in your answer)	Click or tap here to enter text.	
Any alias and/or nicknames of the person of concern:	Click or tap here to enter text.	
Person of concerns date of birth or estimated age:	Click or tap here to enter text.	
Person of concerns distinguishing features: (Tattoos/scars/features, clothing worn, etc.)	Click or tap here to enter text.	
Person of concerns ethnicity:	Click or tap here to enter text.	
How does the person of concern identify / describe their gender:	Click or tap here to enter text.	
Person of concerns gender assigned at birth:	Click or tap here to enter text.	
Person of concerns health needs/learning needs/additional needs/physical health/substance misuse/dependency:	Click or tap here to enter text.	
Person of concerns vehicle details or transport method: (Make, model, registration, colour, electric scooters, taxis, hire cars etc.)	Click or tap here to enter text.	
Person of concerns current home address: (Provide any details you hold, locality, area, street, homeless etc.)	Click or tap here to enter text.	
What is the person of concerns current accommodation: (e.g., living with parents/ family/ friends/ residential/ secure / custody/ unknown/ supported accommodation) (Please provide name of provider if in supported accommodation)	Click or tap here to enter text.	
Person of concerns known home addresses for the past 12 months: (If different to the above)	Click or tap here to enter text.	
Does the person of concern have any caring responsibilities: (If yes; enter details within the "other" box)	Click or tap here to enter text.	

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If there is more than one person, please use the space below to provide further details: (Use the prompts above as a guide)	Click or tap here to enter text.	
How is the Persons of Concern exploiting others:		
Is there anything about the person of concern's current home situation that could be increasing risk or vulnerability to those living with them:	Click or tap here to enter text.	
Has described sexual activity which may not have been consensual: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
May have coerced others to take/share indecent images: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Person of concern has been arrested/involved in criminal activity that could be related to exploitation: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Person of concern has been arrested/involved in activity that could be related to extremism/radicalisation: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Person of concern has been arrested/involved in activity related to an interest in extreme violence, which appears not be supported by an ideology: (If yes; enter details within the "other" box)		
Person of concern has described an intimate relationship but there are concerns about the person's age, an imbalance of power, or offending: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Is spending time with inappropriate or dangerous individuals: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Person of concern is gaining access to the Child via internet, social media/networking sites to include online gaming/gambling platforms: (If yes; enter details within the "other" box)		
Person of concern appears to be acting on behalf of an individual or group in a criminal capacity: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
There have been reports of a physical assault committed by the person of concern: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Person of concern has been carrying / concealing / using / threaten to use weapons: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Have there been any previous concerns of the person of concern presenting a risk to others: (If yes; enter details within the "other" box)	Click or tap here to enter text.	
Are you aware of anything already being done to reduce the risk: (i.e., arrests, bail conditions, Child Abduction Warning Notices (CAWNs), prevention orders, etc.)	Click or tap here to enter text.	

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(If yes; enter details within the "other" box)		
Persons of Concern Peers Details:		
Names and dates of birth of person of concern's peers:	Click or tap here to enter text.	
What concerns do you have about the person of concern's peer group or associations: (How does the group relate to other contexts like school or community?)	Click or tap here to enter text.	
Is anything already being done to reduce risks and needs within the person of concern's peer group:	Click or tap here to enter text.	
Persons of Concern Education / Employment Details:		
Name of the person of concerns Education Provision: (Provision name and type)	Click or tap here to enter text.	
Do you have any details about the person of concerns education experience:	Click or tap here to enter text.	
Details of any known employment for the person of concern: (Current and historical for the past 12 months)	Click or tap here to enter text.	
Is anything already being done to address these concerns for the person of concern:	Click or tap here to enter text.	
Locations of Concern Details:		
Do you have any knowledge regarding any potential locations of concern:	Click or tap here to enter text.	
Name / Address: (Full postal address if known)	Click or tap here to enter text.	
Using the link below, provide the "What 3 Words" for this location: https://what3words.com	Click or tap here to enter text.	
Description of the location:	Click or tap here to enter text.	
What assumed activities are causing you concerns about this location: (Under aged being sold alcohol, anti-social behaviour, taking/sharing indecent images, physical or sexual assault, weapons are carried/concealed etc.)	Click or tap here to enter text.	
How are you aware of these activities:	Click or tap here to enter text.	
Are there specific hot spots of activity: (Days of the week / times of the day / periods of the year)	Click or tap here to enter text.	
What do you believe may be influencing / encouraging activity at this location: (Streetlights out, lack of CCTV, local events etc.)	Click or tap here to enter text.	
What is the impact / who is being affected:	Click or tap here to enter text.	
Is anything already being done to reduce risks and needs within the area:	Click or tap here to enter text.	
If there is more than one location, use the space below to provide further details: (Use the above questions as prompts)	Click or tap here to enter text.	

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Screening Tool Submitters Details:	Response:
Name:	Click or tap here to enter text.
Which Agency are you completing this form on behalf of:	Click or tap here to enter text.
Contact details:	Click or tap here to enter text.
(Include agency name, job title, e-mail, phone number)	Click or tap here to enter text.
Relationship to child:	Click or tap here to enter text.
Why is your team currently involved:	Click or tap here to enter text.
Name of Manager:	Click or tap here to enter text.
Managers contact details:	Click or tap here to enter text.
Screening Tool Submitters Risk Assessment:	
What risks did your screening identify that you wish MACE to discuss:	Click or tap here to enter text.
What will a MACE discussion add that has not already been achieved through the established single or multi-agency working arrangements already in place/available outside of MACE:	Click or tap here to enter text.

Agencies Additional Comments / Research	
Agency:	Comments:
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