

Risk indicator toolkit - children abused through sexual exploitation

Version 4.1 October 2017

Keeping children safe is everyone's responsibility

Torbay Council Children's Services ■ Police ■ Health ■ Careers South West
Youth Offending Team ■ Probation ■ CAFCASS ■ Safer Communities ■ Fire Service
Schools ■ Community & Voluntary Sector

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Professionals should read this guidance in conjunction with:

- The South West Child Protection Procedures (SWCPP).
- Torbay Council Child Protection Procedures
- Torbay's Child Journey Threshold Document
- The South West Peninsula CSE Strategy and Protocol
- Torbay Council Missing/Absent Children's Policies
- Disrupting Child Sexual Exploitation – legal toolkit
- DfE Child sexual exploitation: definition and guide for practitioners

Statutory definition of child sexual exploitation - 2017 Child sexual exploitation: definition and guide for practitioners:

'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.'

2 Introduction

Child Sexual Exploitation (CSE) is occurring in Torbay and will not go away; it is a form of abuse that leaves significant trauma for all who experience it, and for those who work to protect children and young people from it.

Our responses to it need to be clear, robust and ready to respond to children and their families who may be at risk.

We also need to be prepared to work with our colleagues in statutory, voluntary and charity organisations to protect and support children and their families, and disrupt those who groom and perpetrate.

The purpose of the Risk Indicator Toolkit is to enable professionals to assess a child or young person's level of risk of CSE in a consistent manner and take action or seek support to reduce the identified risks and vulnerabilities.

Children and young people under the age of 18 (Children Act 1989) are considered under the scope of this guidance and toolkit.

'The Sexual Exploitation of Children; it couldn't happen here could it?' Ofsted, November 2014; was a thematic inspection into how local authorities are responding to CSE. The following comment is a stark reminder of how victims and those at risk need to be identified and safeguarded.

"As Professor Jay made clear, faced with this type of offending pattern, senior leaders must show political and moral courage. They must never allow misguided fears about offending cultural sensitivities to get in the way of confronting child sexual exploitation wherever it occurs. However, child sexual exploitation takes on many forms. It is not just confined to particular ethnic groups or parts of the country. It is inherently dangerous for any child protection agency to assume that they need not worry about this type of child abuse because the stereotypical offender or victim profile does not match their own local demographics. As others have pointed out, the sexual exploitation of children can take place anywhere."

In January 2016, OFSTED wrote about Torbay Council:

"Arrangements to identify and monitor children at risk of sexual exploitation are beginning to provide effective support to young people and to reduce the risks to which they are exposed. Tackling child sexual exploitation is a high priority for the local authority and its partners. Improved systems for tracking and sharing information are in place. 'Missing Monday' meetings take place, which are attended by police, children's social care, education, health and the voluntary sector and provide a good forum for information sharing and action planning to safeguard children. Missing and child sexual exploitation meetings take place and there is some evidence of mapping of intelligence and disruption activity. There is an increasing understanding of the local profile, which informs planning and helps services to be targeted more effectively.

The partnership has found that very few boys are identified as at risk of child sexual exploitation and, as a result, plans are in place to raise awareness. While social workers are aware of the risks of child sexual exploitation, the quality of practice is still variable and risk assessments and

robust plans are not consistently in place. Some interventions are not sufficiently effective in reducing risks to children.”

In May 2016, Bristol Safeguarding Children Board published a Serious Case Review in relation to Operation Brooke:

<https://www.bristol.gov.uk/documents/20182/34760/Serious+Case+Review+Operation+Brooke+Overview+Report/3c2008c4-2728-4958-a8ed-8505826551a3>

This report (again) outlined the importance of liaison between professionals within, and between different authorities about vulnerability and risk. It also highlighted the harmful impact that ‘non action’ can have on victims and their families; and emphasised the need to listen to children and their parents when they ask for help or are worried.

See Annexe A for further information about the children’s views as they were expressed during this investigation and serious case review process.

3 Who is this toolkit for?

This toolkit is for **all professionals** who work with children and young people who are at risk of or being sexually exploited.

If you are completing this toolkit as a professional in statutory or voluntary agency which IS NOT children’s services to make a referral, please use the CSE referral pathways:

Low Risk	Referral to the MACSE forum (with parental consent, via a MACSE referral form) See link in Appendix 2
Medium risk	Referral to Early Help Service (with parental consent, via Early Help Assessment form) See link in Appendix 2
High risk	Referral to MASH (using a MASH referral form unless the matter is urgent and you are advised otherwise by the MASH) See link in Appendix 2

If you are a social care professional within children’s services completing this toolkit on a child who is open to your service, consideration will be needed about how the risk assessment and actions required will be incorporated into the child’s plan.

Important points to remember when assessing CSE:

- Both girls and boys can be victims of CSE and can be equally vulnerable.
- 16 and 17 year olds can also be victims of sexual exploitation; although can give consent to sexual activity and relationships, **THEY CANNOT CONSENT TO EXPLOITATION OR ABUSE.**
- The groomers and perpetrators can be adult or children themselves; and can be either male or female.
- CSE is not a 'class' issue, and can occur in all types of family.
- Children do not have to be 'missing' from home or care to be exploited (locally only 50% of those identified at risk of CSE have had missing episodes – April 2016)
- Sexuality and gender identity are fluid issues for young people, and must not influence our views of them as children first.
- Parents/carers usually want to protect their own children and will want assistance to improve their child's situation. However, some may be involved in the sexual exploitation of their children, or fail to prevent/protect them from it. If this is the case, statutory safeguarding will need to be considered.
- Groups of children and young people and multiple perpetrators may be involved (organised abuse).
- Children and young people with additional needs require special consideration into their adult years.
- Cultural and religious beliefs and values need to be acknowledged and listened to, however cannot be used to justify child abuse or child exploitation.
- Be aware: disclosure of information by the young person may take time and evident risks may only emerge during ongoing assessment, support and interventions with the young person and/or their family. **THE CHILD CANNOT BE EXPECTED TO TELL EVERYTHING FROM THE BEGINNING TO NEW PROFESSIONALS ENTERING THEIR LIVES, OR REPEAT WHAT THEY SAY TO MULTIPLE PROFESSIONALS.**
- It should be recognised that young people assessed at risk of CSE may be reluctant to work with professionals, particularly if they are in 'love' with or if they fear the perpetrator/s. The level of coercion used to groom and abuse young people should never be underestimated.
- The following should also be gathered and recorded when considering CSE risk; this information becomes very relevant when mapping hotspots and groups (this is not an exhaustive list):
 - Names of associations (adult and peer associations)
 - Locations where the child frequents
 - Details of any social media accounts, including user names
 - Nicknames or alias re: any of the above

- Dates and times
- Child's physical presentation

4 Guidance on the use of the toolkit:

These indicators are a guide and should assist the exercise of professional judgment when looking at the risk assessment.

This is not a quantitative exercise, but one that must be undertaken alongside professional experience, understanding and analysis.

Completion of the Risk Indicator Toolkit should involve liaison with other agencies to ensure that there is multi-agency information sharing and support.

Where possible, the young person's questionnaire should be used to assess their own understanding of risk.

The views of children, parents and carers must be recorded and considered.

If a child or young person presents with one indicator, action is required. The earlier the intervention, the better the chances of success.

One indicator is unlikely to require Social Care or specialist services intervention unless it is a high risk category, however disruption of identified risks and reduction of vulnerability should be considered by any agencies.

Professional 'sense' needs to be used to identify that if a child presents with multiple vulnerabilities and multiple low risk factors, this is not actually likely to be a 'low' outcome. Similarly, if a child presents with limited vulnerability factors, and one or two high risk factors, this will be a 'high' risk.

A record must be kept of any case discussions, decision making and interventions in the young person's file.

Young people can move very quickly between the risk categories, therefore regular assessment/review should be undertaken. Any escalation of risk should be dealt with immediately through the processes outlined below and recorded in the young person's file.

Where risk has escalated or reduced a new risk assessment form should be completed and attached to individual files.

When young people have suffered abuse they often want to focus on practical things rather than the abuse. Supporting those at risk and those who are victims is long term work, with no quick fixes. The intensive work should be carried out alongside positive activities to build self esteem. The engagement of the young person is crucial to achieving the best outcome.

There should be a strong focus on the disruption and prosecution of perpetrators. The Torbay Safeguarding Children Board (TSCB) recognises that sexually exploited young people are victims of abuse regardless of their reluctance to engage. To aid this understanding and reaffirm the

TSCB's stance, where possible, professionals should reinforce the nature of the crimes against young people with the child/ young person, their parents/carers and siblings.

5 Child Sexual Exploitation Risk Indicator Matrix

Please complete providing as much details as possible

Name of Young Person:	DOB and Age:
Any other name that the child may be known by (including nicknames):	
Gender:	Ethnicity:
Child's Legal Status:	
Child's address:	Accommodation Type:
School / education arrangements:	
Name of person completing:	Date:
<p>Consider the vulnerability factors which may have impacted on the child's life to date, or factors which are currently having an impact:</p> <p>Notes:</p> <ul style="list-style-type: none"> • Children under 13 years old CANNOT CONSENT to any sexual activity; a safeguarding referral needs to be made if this is disclosed to you. • Children with learning difficulties or disabilities are likely to be at a medium or high risk, unless there are significant and robust protective factors in place. • 16 and 17 year olds can also be vulnerable, whilst they can consent to sexual activity, they CANNOT consent to sexual exploitation or abuse in any form. • Consider any additional communication needs that the child may have. 	

Underlying Vulnerability Factors	✓	Notes/Comments
Witnessing and/or experiencing domestic violence		<i>Provide brief overview</i>
Children and young people 'Looked After'		<i>Provide brief overview</i>
Patterns of abuse and/or neglect in family		<i>Brief overview: who, what type of abuse, where are the perpetrators now?</i>
Homelessness/sofa surfing		<i>Has a referral been made to the youth homelessness route? Who is the child/young person staying with? Is this of concern?</i>
Substance misuse by parents/carers/child		<i>What type, length of use, impact on health and/or development?</i>
Learning disabilities, special needs or mental health issues		<i>Any diagnosis? EHCP in place? Any specific identified communication needs?</i>
Extreme/discriminatory views		<i>Consider vulnerability to grooming by extremist groups?</i>

Breaks in adult relationships		<i>Who? When?</i>
Death, loss or illness of a significant person in the child's life		<i>Who? When?</i>
Financially unsupported		<i>Provide brief overview</i>
Some form of family conflict		<i>Provide brief overview</i>
Lack of love and security		<i>Provide brief overview</i>
Adult soliciting (prostitution)		<i>Who, when, was the child exposed to or involved in this?</i>
Migrant/refugee/ asylum seeker		<i>Overview of current legal status and support being offered about this?</i> <i>Consider human trafficking.</i>
Other, please specify		

Level 1 Indicators	✓	Notes/Comments
Regularly coming home late or going missing		<i>Overview of any patterns emerging</i>
Significant change in appearance (i.e. wearing lots of layers, wearing less clothing, looking unkempt, more makeup)		<i>Summary of when, what changes have been observed?</i>
Sexualised risk taking including on internet		<i>Which social media sites are being used? Username? Which parental monitoring in place?</i>
Unaccounted for monies or goods		<i>What? When? Consider second mobile phone.</i>
Associating with unknown adults		<i>Who? When? Where? Has the adult been referred to the MACSE forum as a 'person of concern'?</i>
Association with other young people at risk of CSE or who are being sexually exploited		<i>Who? When? Where?</i>
Reduced contact with family and friends and		<i>Provide brief overview</i>

other support networks		
Sexually transmitted infections		<i>When? Ensure access or make referral to sexual medicine service.</i>
Experimenting with drugs and/or alcohol		<i>What substances? When? Where? With whom? Referral to Checkpoint Substance Misuse Service?</i>
Poor self-image or indicators of low self esteem		<i>Provide brief overview</i>
Eating disorders		<i>Provide brief overview</i>
Superficial self-harm		<i>Provide brief overview</i>
<i>Note any significant changes in patterns of behaviour, attitude, presentation, peer groups:</i>		

Level 2 Indicators	✓	Notes/Comments
Getting into unknown cars with adults/other young people		<i>What time of day/night? Pick up/drop off points? Car make/model/colour/registration? Has this information been referred into the MACSE forum?</i>
Associating with known CSE adults		<i>Who? Where?</i>
Being groomed on the internet Being asked to meet unknown people from the internet Being asked to send or receiving sexual images		<i>Provide brief overview</i>
Disclosure of a physical assault with no substantiating evidence to warrant a S47 enquiry, then refusing to make or withdrawing a complaint		<i>Provide Brief overview</i>
Being involved in CSE through being seen in hotspots i.e. known houses or locations		<i>Where?</i>

Travelling outside of Torbay to socialise in neighbouring towns		<i>Where?</i>
Having an older boyfriend/girlfriend		<i>Who? What age? Parental consent?</i>
Non school attendance or excluded		<i>Provide brief overview</i>
Staying out overnight with no explanation		<i>Consider whether the child is 'hidden missing' if not being reported to the police</i>
Breakdown of placements within family networks or the care systems due to 'behaviour' or 'attitude'		<i>Provide brief overview</i>
Unaccounted for money or goods including mobile phones, drugs and alcohol, clothing		<i>What? When?</i>
Multiple sexually transmitted infections		<i>Provide brief overview. Ensure access or make referral to sexual medicine service.</i>
Self-harming that requires medical treatment		<i>Provide brief overview. CAMHS/Counselling referral made?</i>

Repeat offending		<i>Name of YOT Officer and type of sentence?</i>
Considers themselves to be a member of a local group or 'gang'		<i>Which group? Nicknames/aliases? What does this mean for the young person?</i>
<i>Any further notes regarding Level 2 indicators:</i>		

Level 3 Indicators	✓	Notes/Comments
Child under 13 engaging in direct contact sexual activity, sending/receiving indecent images, engaging in sexual activity online		<i>Provide brief overview. Has a safeguarding referral been made?</i>
Pattern of missing/absent episodes or street homeless and staying with an adult believed to be sexually exploiting them		<i>Who? Where? Consideration of disruption?</i>
Child under 16 meeting different adults and exchanging or selling sexual activity		<i>How is this being organised? Who? Where?</i>
Being taken to clubs and hotels by adults and engaging in sexual activity		<i>How is this being organised? Who? Where?</i>
Disclosure of serious sexual assault and then withdrawal of statement		<i>Provide brief overview</i>
Abduction and forced imprisonment		<i>Provide brief overview</i>

Being moved around for sexual activity		<i>Who? Where? How? Consider trafficking and human slavery.</i>
Disappearing from the 'system' with no contact or support		<i>Details of appointments being offered, missed and reasons given?</i>
Regularly going missing, sometimes for several days or more		<i>Overview of any identified patterns?</i>
Being bought/sold/trafficked		<i>Who? Where? How? Consider trafficking and human slavery</i>
Multiple miscarriages or terminations		<i>Details of medical and emotional support being offered.</i>
Indicators of CSE in conjunction with chronic alcohol and drug use		<i>What substances? Where? How are they paying for it?</i>
Indicators of CSE alongside serious self-harming		<i>Details of medical support and emotional support being offered</i>
Indicators that the young person has moved from victim to perpetrator and is now engaged in grooming other children/young people for an offender or group		<i>Provide brief overview</i>

(i.e. arranging meetings for offenders and other young people, providing phone numbers and social media profiles, encouraging sexual activity of children)

FOR GUIDANCE ONLY

Child's Views/Perception of risk:

Parents Views/Perception of risk:

FOR GUIDANCE ONLY

Views of any other significant person (family or professional):

Analysis (include protective and vulnerability factors to draw conclusion about level of risk):

Risk Outcome:

	TICK RELEVANT BOX
Low	
Medium	
High	

Low Risk	Referral to the MACSE forum (with parental consent, via a MACSE referral form)
Medium risk	Referral to Early Help Service (with parental consent, via Early Help Assessment form)
High risk	Referral to MASH (using a MASH referral form unless the matter is urgent and you are advised otherwise by the MASH)
Child already open to children's services	Consideration will be needed about how the risk assessment and actions required will be incorporated into the child's plan.

Action Plan to reduce risk: (Include direct work with the child and their family, alongside disruption activity to the potential perpetrators/persons of concern)			
Outcome required: (i.e. Further assessment, increase knowledge and understanding of risk, direct work with child, review parenting boundaries at home, increase engagement with school or supportive professionals)	Actions required: (i.e. Section 47 enquiry/ strategy meeting or ICPC/information and education for child and/or carers, referral for direct work/perpetrator disruption)	Who is responsible: (professionals, family members, carers or child)	Timescale: (need to be SMART)

Has this plan been discussed and agreed with Practice Manager and/or CSE Co-Coordinator? YES ☐ NO ☐

Please place this plan on PARIS and ensure it is regularly reviewed.

6 Assessing risk and making referrals: Child Sexual Exploitation Pathways

The level of intervention required depends on the presenting indicators.

To achieve the best outcomes, **additional vulnerability factors** need to be addressed. Each recognised factor should be included in the action plan and have specific actions to remove or reduce the risk or impact of that issue.

If the child is already open to children's services, the identified vulnerabilities and risk factors will need to be incorporated into the child's plan (whether this be Child In Need, Child Protection or Child Looked After).

If you are making a new referral, Before following the appropriate referral process for the child / young person, please ensure that you have discussed your concerns and gained consent for discussion from the parents / young person. Please record the views of the child / young person and parental / carer views on referrals.

The only time a referral can be made without consent is where there is information to suggest that the child is at risk of significant harm, and the child will be placed at greater risk if the parents/carers are notified. Please liaise with the Torbay Multi-Agency Safeguarding Hub (MASH) or allocated social worker if you are unsure about this.

If parents / young person refuse to discuss / provide consent, consideration is required about whether this warrants safeguarding procedures, and therefore a discussion with MASH needs to take place.

If the child / young person has an allocated social worker, please send them the risk indicator toolkit and request case discussion rather than new referrals.

All CSE referrals and their outcomes will be monitored and logged by the CSE/Misper Administrator on the minimum data set and this information fed into the Missing and CSE (MACSE) forum to inform wider discussions.

The CSE data set will be collated by CSE/Misper Administrator and MACSE chair and reported to the TSCB Missing, Exploited and Trafficked subgroup and the SW Peninsula LSCB CSE steering group on a six-weekly basis.

Low Risk Referrals

Child or Young Person presenting with a small number of low risk factors

This child or young person requires intervention by any professional, parent or carer who has a good relationship with them to carry out healthy relationships and rights work. Depending on the indicators they present with, they will also require some basic awareness raising work on grooming, sexual health, risk taking behaviours and consequences. If there is a person/s posing a risk to them, ensure that this contact is disrupted and information about them recorded and passed to the appropriate persons.

This can be achieved through a Single agency approach, or through a low level multi agency approach agreed at the MACSE forum.

Procedure - low risk cases get referred to MACSE Forum

- Discuss young person with line manager / supervisor. Make contact with CSE Coordinator for consultation / advice if needed.
- CSE referral form and risk indicator to be completed and sent to police administrator for the MACSE (Missing and Child Sexual Exploitation) forum; with consent of the young person and or parent / carer at least 1 week prior to the forum.
- 3 days prior to the MACSE forum all names referred will be distributed to all agencies attending the forum. (This document will be password protected).
- There is an expectation that all staff attending the forum look at the names and bring any information that they may hold within their agency to enable good information to be gathered.
- If new information gathered at the MACSE forum raises concerns to the point where the level of risk is heightened then procedures for medium or high level cases should be followed, and referrals will be made into Early Help or MASH for further consideration.
- Police to record information from MACSE forum and decide which agency to feedback to young person and/or parent/carers.
- Feedback to referrer to be completed within 7 working days of MACSE forum.
- The child or young person is to be assessed for changes to risk status every 4-6 weeks using the risk matrix until the child or young person is safe or the risk is removed.
- Carry out interventions to reduce risk and support individual as appropriate.
- PARIS ID numbers to cross reference against CSE referral number on minimum data set (for internal purposes only).

Medium Risk Referrals

Child or young person presenting with multiple low indicators or low and some medium indicators

This child or young person requires additional support and assessment under Level 2 of The Child's Journey. This may be single agency or multi agency.

Procedure – medium risk cases get referred to Early Help services

- Medium risk cases identified through the CSE checklist should be referred to the Early Help service with a completed checklist and Early Help assessment form (consent required)
- Early Help Service to log on PARIS and notify CSE Coordinator.

- The case will be heard at Early Help Panel - note that this may take a couple of weeks to be heard - Early Help Panels occur weekly but there is a cut off date the week prior to Panel.
- If considered to be a low risk, the case will be sent back to MACSE to be discussed as a low level intervention.
- If the information is considered to move the child into a high risk category, the referral may be re-directed to the Multi Agency Safeguarding Hub (MASH) and may progress for a Single Assessment under Child In Need or Child Protection (every case will be judged on the information present).
- The outcome of the Early Help Panel for children assessed at a medium risk of CSE will be a Child Sexual Exploitation Team Around The Family meeting (CSE TAF); also known as a Level 2 meeting or Early Help meeting. This will be arranged with the parents, young person and any involved professional to develop and agree an Early Help support plan. Police, Checkpoint and other services who could offer support may also be invited to this meeting.
- The Early Help plan will require regular reviews with the young person, relevant family members and the agencies involved.
- If at any point, safeguarding issues are identified, the case will be escalated to the Multi Agency Safeguarding Hub (MASH)

High Risk

Child or young person presenting with several indicators from all categories and 1 or more high risk indicator.

Evidence of High risk indicators are likely to require a Single Assessment and coordinated intensive support of child/young person and family through Child In Need or Child Protection Plans.

Procedure – high risk cases get referred into the Multi Agency Safeguarding Hub (MASH)

These children / young people will need to be referred directly into Torbay MASH for multi agency screening and decision making; a completed SHEF will need to follow if requested.

If appropriate, use the young persons' questionnaire to accompany the completed risk indicators, but do not delay on the referral if there is an urgent safeguarding need.

Outcomes of a high risk referral may include;

- S47 Joint Social Care / Police investigation.
- Strategy meeting to be convened, which may be followed by Child Protection Conference, Child Looked After Review or Child In Need planning.
- Regular review under Child Protection or Children in Need until child is protected from abuse.
- Police to liaise with Crown Prosecution Service for evidential thresholds for prosecution.

7 Possible Disruption Strategies:

Potential strategies are outlined below and can be used in conjunction with the 'Disrupting Child Sexual Exploitation Legal Toolkit (2016)'

<http://torbaysafeguarding.org.uk/>

- Positive relationships are key to the child/young person feeling able to discuss their relationships with adults - fewer numbers of quality relationships work better than lots of adults who the young person doesn't speak to.
- Consistent messages about what a healthy and safe relationship looks like are vital to providing the young person with a balanced view (especially if they have been groomed into a violent or exploitative relationship) - ensure that all parents/carers and professionals are saying the same thing
- Disrupting the young person's relationship/s with other young people suspected of introducing them to adults involved in violence, Substance misuse, sexual activity, Or criminal behaviours. Encourage a change of coming in time, more time away from the local area (i.e. on family activities).
- Gather, record and share information and intelligence relating to social/peer groups and associations, locations or addresses of concern and adults of concern to assist prosecution and disruption of adults or other young people suspected of being involved in violence, gang activity, drugs and sexual exploitation. Always include nicknames, alias names or social media user names.
- Promote positive relationships with family, friends and carers; focus on resolving any difficult family relationships so that the child feels loved and cared for.
- Promote children looking after each other, especially in a social/peer group. Listen, record and share information of concern which is shared by young people about each other.
- Empower the parent/carer/ foster carer to feel confident in putting boundaries around social relationships, coming in times, and internet use (Even when the child challenges these). Remember they are a key partner in protecting the child or young person and gathering information to disrupt perpetrators.
- Problem solve any issues/worries about school to promote school attendance.
- Be confident in challenging young people and their parents/carers if you have a reason to believe that they are not being truthful.
- Ask, ask and ask again if you believe that a young person is being groomed or exploited (They are unlikely to tell you the first time, or give the full account on their first disclosure).
- Encourage and plan positive activities through local youth provision, school or with the family.
- Empower professionals, members of the public and any family members you come into contact with to report information, people or locations that they are worried about.

Appendix 1 – messages from children who were involved in Operation Brooke – April 2016

<https://www.bristol.gov.uk/documents/20182/34760/Serious+Case+Review+Operation+Brooke+Overview+Report/3c2008c4-2728-4958-a8ed-8505826551a3>

- Recognise that it is very hard for us to see ourselves as victims and therefore to have any insight into what help we need. When we are displaying difficult and challenging behaviour, we want professionals from all agencies to have a greater awareness of this, especially schools. "Don't just exclude us for not wearing the right uniform, help us if we are being bullied" We also want schools to know how to work better with parents especially when you are being bullied or having trouble making friends.
- Know it is really embarrassing to talk about sexual things to adults, especially if those sexual experiences have hurt you. We want professionals, including sexual health nurses and GPs to ask us better questions, be more inquisitive and if necessary to examine us when we ask for morning after pills, or seem very young for contraception. We may have hidden bruises and marks, so do not take everything we say at face value. Don't get so hung up on confidentiality, sometimes you do need to share what we have said.
- Understand that if we do talk about sex it is really important that you must not look embarrassed or go red, this just shuts us up. Your embarrassment stops children talking.
- Some people became really important to us leading up to court and when the trial is over we miss them.
- Be clear that it is so hard to say what is happening and we really worry it will get back to our families; we are also worried that we may get hurt by some of the people who did this if they found out I/we had told (an attempt to tell resulted in one child being gang raped).
- It is difficult to trust teachers, as soon as you speak we worry they will ring our family and this will get back to the perpetrators. However we want teachers to notice behaviour changes, to try and talk to us and notice our unhappiness. Do not blame us or ignore us, but explore behavioural changes with us and sensitively involve our parents understanding risks for us.
- Having BASE (Barnardo's CSE project) there was really good, we met others in the same situation and workers are kind and listened to us but also we did stuff, like cooking and making things, at CAMHS they just want us to talk about the past and that is too difficult. If you want us to share, do stuff with us; find places that are comfortable out of your offices, though not just McDonalds. The Barnardo's healthy relationships and risk awareness project was very good. All children at risk need a safe refuge to go to like BASE; this is very important.

- If we go missing our families need advice quickly on what to do. If you don't trust us or don't believe what we say, follow us and check it out. Parents should not get angry if we go missing but try and make us feel loved and that we can tell them anything.
- Think about whether social workers could be called something else as it does not describe their job very well. One child said social workers are, "suffocated by rules and professionalism". We wanted social workers to listen better, build relationships and find ways to connect with us. They wanted agencies to employ the right people. Also understand we are really scared of being taken into care, please support us better at home. Our Mums' need a separate social worker not the same one.
- The public need to be aware of what can happen and report what they see, if children are in a hotel with a group of older males this is not normal, ring and tell the police.
- Have services available on demand and at night, this is when we really need you, when you need support it can be really lonely at night. We need help over a long period of time as it takes time to build trust and confidence. Once we are over 18 we will still need help, and BASE are not allowed to stay with us: we may not be ready for adult services.
- Passing on information makes us very anxious, so a lot of stuff does not get said. We know you need to do it, but it puts us in very risky situations if it gets passed around the community"

Appendix 2: Useful websites and sources of information for young people, parents, family members and professionals.

Torbay Safeguarding Children Board

www.torbaysafeguarding.org.uk

MASH Referral Form

www.torbaysafeguarding.org.uk/workers/hub

Early Help Assessment Form

www.torbay.gov.uk/children-and-families/services-and-support/early-help

MACSE Referral Form

www.torbaysafeguarding.org.uk/workers/missing-cse

Information, publications, policies and practice guidance for professionals, young people and their families.

Think you Know

www.thinkyouknow.co.uk

Information about online safety and how to protect children and young people.

Torbay V Safe

www.torbayvirtuallysafe.co.uk

Information about online safety and how to protect children and young people.

PACE (Parents against child sexual exploitation)

www.paceuk.info

Information aimed directly at parents and carers – simple and easy to use.

NSPCC

www.nspcc.org.uk

Information and advice about all types of child abuse.

Barnardos

www.barnardos.org.uk

Information and advice about all types of child abuse.

Children's Society

www.childrenssociety.org.uk

Information and advice about all types of child abuse.

CEOP (Child Exploitation Online Protection)

www.ceop.police.uk

Information about online safety and how to protect children and young people.

National Working Group for Child Sexual Exploitation.

www.nwgnetwork.org

Provides a wide range of resources/up to date information and research/signposting/campaigns.

