

Procedure and Processes for reducing the risk of children being harmed through sexual exploitation

Version 6

December 2018

Keeping children safe is everyone's responsibility

1 Contents

2	Introduction	4
3	Summary of response to information to suggest a child is a risk of child sexual exploitation.....	5
4	Guidance on the use of Screening and Risk Assessment frameworks:	6
5	Assessing risk and making referrals: Child Sexual Exploitation Pathways	9
6	Possible Disruption Strategies:.....	13
	Appendix 1 – messages from children who were involved in Operation Brooke – April 2016.....	14
	Appendix 2: Useful websites and sources of information for young people, parents, family members and professionals.	16
	Appendix 3: Missing and Criminal Exploitation Forum (MACE).....	18

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 this document is to enable professionals to be clear about how they can work together to protect children from 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 procedure.

3 Summary of response to information to suggest a child is a risk of child sexual exploitation

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

Protecting children from CSE depends upon a timely and appropriate response from the adults around the child. The screening tool should be used whenever CSE is considered. Where it leads to a person to consider a child maybe a risk of CSE then a referral to the MASH should be made.

	Assessment	Possible Intervention Pathways
Low Risk	Screening Tool used as part of ongoing work with young person	Referral to Targeted Support Panel (with parental consent, via Early Help Assessment form) See link in Appendix 2
Medium Risk	If screening indicates medium then refer to MASH and if agreed then risk assessment tool completed as part of Single assessment	Following a completed risk assessment tool then a referral to the CSE intervention service as part of the plan to reduce risk and prevent future harm
High Risk	If screening indicates high indicators then refer to MASH and if agreed then risk assessment tool completed as part of S47/Single assessment	Following a completed risk assessment tool then a referral to the CSE intervention service as part of the plan to reduce risk and prevent future harm

Co-ordination

All referrals to Children's Social Care relating to CSE 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 Criminal Exploitation Group (MACE) to inform wider discussions.

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

Where a screening or risk assessment identifies people of concern or locations of concern then a referral should be made to the MACE forum so that a co-ordinated approach can be made to disruption and prosecution. The terms of reference is included in Appendix 3 and the referral pathway is at <http://torbaysafeguarding.org.uk/workers/missing-cse/>

4 Guidance on the use of Screening and Risk Assessment frameworks:

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

Completing the Screening tool and Risk Assessment

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.

The Screening tool should be used to identify possible areas of concern and assist in what to do next

Completion of the Risk Assessment is led by a qualified social worker and 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.

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. If the child is assessed as medium or high then a risk assessment should be carried out **at least every three months** as part of a child in need meeting, core group or if the child is looked after through a risk management meeting.

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.

This document should be read in conjunction with the CSE Disruption toolkit (see <http://torbaysafeguarding.org.uk/workers/missing-cse/>)

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 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 Social Care (CSC).

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 working with a child or young person that concerns you,

The screening tool should be used as the framework for collating information to inform your decision making

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

If through the completion of the screening tool you identify medium or high risk factors relating to a child or young person not open to CSC and judge that a referral to CSC for a full multi agency risk assessment is required, please ensure that you have

1. Discussed your concerns and gained consent for discussion from the parents / young person.
2. Recorded 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.

Guidance when a screening tool identified low risk

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.

There may be a case for referring to the targeted help panel if having consulted the TSCB threshold guidance that the needs identified require a multi-agency response

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 as well as making a referral to MACE.

Process

1. As part of your ongoing work with the child or young person undertake a screening activity using the screening tool
2. Discuss young person with line manager / supervisor.
3. Identify what existing or additional interventions are required to reduce vulnerabilities or risk to escalation
4. If necessary undertake a Early Help assessment and refer to the Targeted support panel
5. Where people or locations of concern are identified complete a referral for to MACE

Guidance when a screening tool identifies medium risk

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

This child or young person requires a multi-agency assessment led by a qualified social worker to (a) ensure that all information is collated and understood (b) Needs can be identified and a plan to meet those needs developed.

It is anticipated that all children who following consultation with the MASH are identified as being a medium risk (i.e. at risk of CSE) should be the subject of a single assessment. . As par tof this single assessment a full risk assessment is undertaken involving all relevant and involved professionals so as to provide a basis to agree a plan of intervention

Process

1. As part of your ongoing work with the child or young person undertake a screening activity using the screening tool
2. Discuss young person with line manager / supervisor.
3. If it agreed that there are indicators that lead you to believe that the child or young person is at risk then a referral to the MASH should be completed. Please send a completed screening tool to the MASH as part of your referral. As part of the referral process a member of the MASH will discuss with you the screening tool and if at the end of that

conversation it is agreed that the child or young person is demonstrating indicators of medium risk then CSC will accept the referral and a single assessment will be commenced.

4. As part of the single assessment a social worker will complete a full risk assessment through meeting with the child, their parents and other significant adults as well as contacting involved professionals to ensure that all information is gathered to inform the analysis phase of the assessment. Ideally this may take place through a face to face meeting.
5. At the end of the assessment the social worker should share the outcome of the assessment including the findings of the CSE risk assessment and the proposed outcomes to all professionals involved in the assessment process.
6. If the risk assessment indicates that the child is at risk of CSE (medium or high) then discussions should take place with the child and their family seeking consent to refer to the CSE intervention service. This should be alongside other co-ordinated interventions
7. The outcome of the risk assessment should be communicated to the CSE administrator.
8. If the outcome is medium or high then there should be a repeated risk assessment undertaken at least every three months. These assessments should be undertaken following any significant events/ changes in the child's life and should capture any changes in the level of risk.
9. It is likely where a child is viewed at being at medium risk there will be people and/or locations of concern so in most cases at the completions of any risk assessment a referral to MASCE should be made so to ensure a co-ordinated approach to disruption and prosecution. This referral should not stop an immediate action being taken by the agencies on an individual bases i.e. issuing of Child Abduction Notices or the holding of a disruption meeting.

Guidance when a screening tool identifies high risk

Child or young person presenting with several indicators within the high risk indicators

Evidence of High risk indicators will require a S47/Single Assessment or a Single Assessment and coordinated intensive support of child/young person and family through Child In Need or Child Protection Plans.

Process

1. As part of your ongoing work with the child or young person undertake a screening activity using the screening tool
2. Discuss young person with line manager / supervisor.
3. If it agreed that there are indicators that lead you to believe that the child or young person is at risk/suffering significant harm then a referral to the MASH should be completed. Please send a completed screening tool to the MASH as part of your referral. As part of the referral process a member of the MASH will discuss with you the screening tool and if at the end of that conversation it is agreed that the child or young person is demonstrating indicators of high risk then CSC will accept the referral and a single assessment will be commenced.
4. In situations where the risk is considered imminent or there is need for a interim safety plan to be put in place as soon as possible then it is likely that a strategy meeting will be held as set down in the TSCB Child Protection procedures

5. The outcome of the strategy discussions is likely to be either that a s47/Single assessment is undertaken or a Single assessment will be completed.
6. As part of the single assessment a social worker will complete a full risk assessment through meeting with the child, their parents and other significant adults as well as contacting involved professionals to ensure that all information is gathered to inform the analysis phase of the assessment. Ideally this may take place through a face to face meeting.
7. At the end of the assessment the social worker should share the outcome of the assessment including the findings of the CSE risk assessment and the proposed outcomes to all professionals involved in the assessment process.
8. If the risk assessment indicates that the child is at risk of CSE (medium or high) then discussions should take place with the child and their family seeking consent to refer to the CSE intervention service. This should be alongside other co-ordinated interventions
9. The outcome of the risk assessment should be communicated to the CSE administrator.
10. If the outcome is medium or high then there should be a repeated risk assessment undertaken at least every three months. These assessments should be undertaken following any significant events/ changes in the child's life and should capture any changes in the level of risk.
11. It is likely where a child is viewed at being at medium risk there will be people and/or locations of concern so in most cases at the completions of any risk assessment a referral to MASCE should be made so to ensure a co-ordinated approach to disruption and prosecution. This referral should not stop an immediate action being taken by the agencies on an individual bases i.e. issuing of Child Abduction Notices or the holding of a disruption meeting.

Linkage with the MACE Forum

The terms of reference of the MACE are contained in Appendix 3

All screening activity and assessments including return to home interviews and missing reports need to consider a referral to MACE to highlight locations and people(s) of concern to the MACE.

6 Possible Disruption Strategies:

Potential strategies are outlined below and can be used in conjunction with the 'Disrupting Child Sexual Exploitation Legal Toolkit (2018)'

<http://torbaysafeguarding.org.uk/workers/missing-cse/>

- 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

- 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

MACE Referral Form

<http://torbaysafeguarding.org.uk/workers/missing-cse/>

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

Think you Know

www.thinkyounow.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.

Appendix 3: Missing and Criminal Exploitation Forum (MACE)

Key Purpose

Purpose of the forums is to safeguarding children by developing and maintaining effective multi-agency responses to the incidences and risk of children sexual exploitation alongside other forms of exploitation.

Main Responsibilities and Functions

1. Sharing information on high risk individuals and networks, identify local circumstances and context.
2. Take relevant action and develop strategies to safeguard young people.
3. Provide monthly updates from core member organisations on the nature and extent of Missing, CSE, and NRM referrals and related on-going work and investigations.
4. Capture and analyse multi-agency qualitative and quantitative data in relation to missing young people and exploitation including child sexual exploitation.
5. Provide quarterly reports to the TSCB strategic sub group based upon the SW Peninsula minimum data set and locally identified criteria.
6. Share and improve practice locally through a process of collaboration, learning and innovation.

The above may change in accordance with the functionality of the Forum and the needs of the local community and will be reviewed on an annual basis.

Membership

Core membership of the forum will include Torbay Children's Services, Devon and Cornwall Constabulary, Checkpoint Runaway Service, Education and the NHS.

Frequency

Monthly Meetings

Quorate

In order that the meeting is quorate, wither the chair or vice-chair must be in attendance, plus 50% of other member's representing a minimum of three agencies. In cases of absence all members shall provide one consistent nominated deputy. Members of their nominated deputy are expected to attend a minimum of 75% of meetings in any single year.