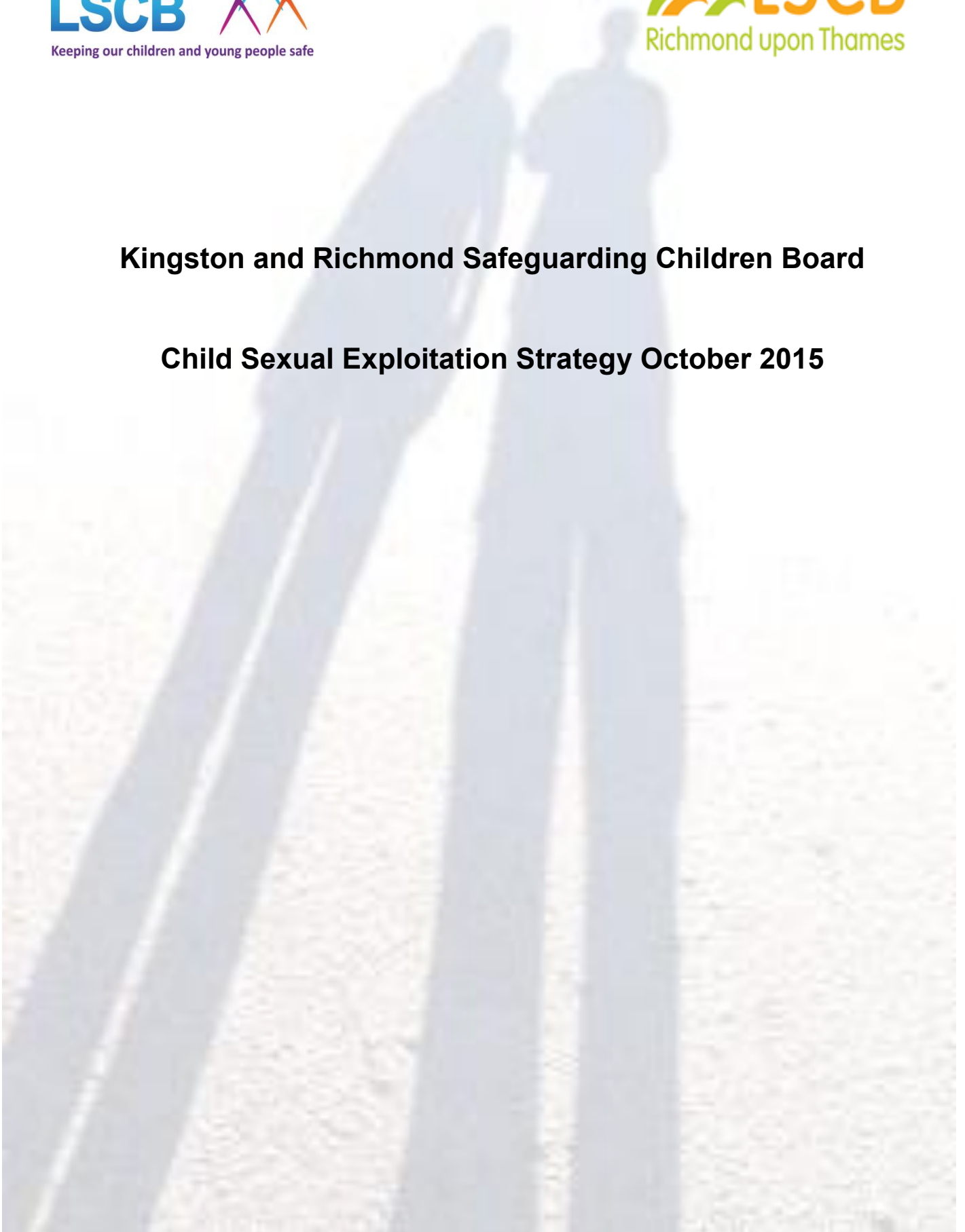




## **Kingston and Richmond Safeguarding Children Board**

### **Child Sexual Exploitation Strategy October 2015**



## CSE Information Collection and Risk Indicator

# Prevention of Child Sexual Exploitation Strategy 2015

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# CSE Information Collection and Risk Indicator

## 1. Introduction

This strategy sets out local multi-agency working arrangements as agreed by the both Kingston and Richmond Local Safeguarding Children's Boards. It promotes a coordinated approach to addressing CSE through better information sharing and consistent identification. The strategy also highlights the shared multi-agency responsibility to improve interventions, to protect those most at risk and ensure that appropriate action is taken against those who sexually exploit children.

## 2. Definition of Child Sexual Exploitation (CSE)

The sexual exploitation of children and young people (CSE) under-18 is defined as that which: *'involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability'* (Department for Education 2012)'.

## 3. Protocol

This strategy incorporates the local multi-agency protocol arrangements to support the most effective professional liaison in this work with a focus on improving outcomes for affected young people and their families.

The strategy includes local procedures in line with the guidance in 'Tackling Child Sexual Exploitation: Action Plan' (2011), which states the expectation that local authorities and their partners will:

- develop local prevention strategies
- identify those at risk of being sexually exploited
- take action to safeguard and promote the welfare of children and young people who are being, or may be, sexually exploited
- take action against those intent on abusing and exploiting children and young people in this way.
- 

It also incorporates the Pan London CSE Protocol 2015, including the governance structure.

## 4. Principles

The principles underpinning a multi-agency response to the sexual exploitation of children include:

- **A child-centred approach** - Action will be focussed on the child's needs, including consideration of children with particular vulnerabilities or sensitivities, and the fact that children do not always acknowledge what may be an exploitative or abusive situation. Sexually exploited children are children in need of services under the Children Act 1989 and 2004. They are also children in need of protection.
- **A proactive approach** - This should be focussed on prevention, early identification and intervention, as well as disruption activity and prosecuting perpetrators.
- **Parenting, family life, and services** - Action will take account of family circumstances when deciding how best to safeguard and promote the welfare of children and young people.
- **The rights of children and young people** - Children and young people are entitled to be safeguarded from sexual exploitation just as agencies have duties in respect of safeguarding and promoting welfare.

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- **Responsibility for criminal acts** - Sexually exploited children should be treated as victims of abuse, not as offenders. Sexual exploitation of children and young people should not be regarded as criminal behaviour on the part of the child or young person, but as child sexual abuse. The responsibility for the sexual exploitation of children lies with the abuser and the focus of police investigations should be on those who coerce, exploit and abuse children and young people.
- **An integrated approach** - Sexual exploitation requires a three-pronged approach tackling prevention, protection and prosecution.
- **A shared responsibility** – Multi-agency responsibility is underpinned by a strong commitment from managers, a shared understanding of the problem of sexual exploitation and effective coordination by the Local Safeguarding Children Board. A Multi-agency network or planning meeting/discussion should take place for all children considered at risk of sexual exploitation. Child Protection Procedures should be followed where:
  - a) The child is at immediate risk of significant harm and has other additional vulnerabilities.
  - b) There is concern that the sexual exploitation is being facilitated by the child's parent/carer.
  - c) There is concern that the sexual exploitation is facilitated by the child's parent/carer failing to protect.
  - d) There is concern that a related or unrelated adult in a position of trust or responsibility to the child is organising or encouraging the sexual exploitation.
- **Recognition** - Sexual exploitation includes sexual, physical and emotional abuse, as well as, in some cases, neglect.
- **Children under sixteen cannot consent to sexual activity** - Children do not make informed choices to enter or remain in sexually exploitative situations, but do so from coercion, enticement, manipulation or desperation. Section 5 of the Sexual Offences Act 2003 makes it an offence for a person intentionally to penetrate with his penis the vagina, anus or mouth of a child under the age of 13. Whether or not the child consented to this act is irrelevant.

### Section 5 of the Sexual Offences Act 2003

#### 5(1) A person commits an offence if:

- a) he intentionally penetrates the vagina, anus or mouth of another person with his penis,  
and
- b) the other person is under 13.

- **Child Sexual Exploitation covers a range of vulnerabilities** - These will need differing responses from a range of agencies; it is a multi-causal issue that needs to be addressed within a multi-agency filter. Many sexually exploited children have difficulty distinguishing between their own choices around sex and sexuality and the sexual activities they are coerced into.

## 5. Key Factors

This strategy describes a number of factors which may place children and young people at risk of sexual exploitation. These are sometimes referred to as 'push and pull' factors and may occur singularly or in combination.

The lists below are not exhaustive but are potentially significant influences on a young person's vulnerability to sexual exploitation, since sexual exploitation is often linked to other issues in the life of a child or young person.

### **Sexual Exploitation is often linked to other types of crime including:**

- child trafficking (into, out of and within the UK)

## CSE Information Collection and Risk Indicator

- domestic violence
- sexual violence in intimate relationships
- grooming (both online and offline)
- viewing, creating or distributing abusive images of children
- organised sexual abuse of children
- gang related activity
- immigration-related offences
- domestic servitude

### Warning signs for children and young people who may be at risk of sexual exploitation



#### **S**exual health and behaviour

Evidence of sexually transmitted infections, pregnancy and termination; inappropriate sexualised behaviour;



#### **A**bsent from school or repeatedly running away

Evidence of truancy or periods of being missing from home or care;



#### **F**amilial abuse and/or problems at home

Familial sexual abuse, physical abuse, emotional abuse, neglect, as well as risk of forced marriage or honour-based violence; domestic violence; substance misuse; parental mental health concerns; parental criminality; experience of homelessness; living in a care home or temporary accommodation;



#### **E**motional and physical condition

Thoughts of, or attempted, suicide or self-harming; low self-esteem or self-confidence; problems relating to sexual orientation; learning difficulties or poor mental health; unexplained injuries or changes in physical appearance;



#### **G**angs, older age groups and involvement in crime

Involvement in crime; direct involvement with gang members or living in a gang-afflicted community; involvement with older individuals or lacking friends from the same age group; contact with other individuals who are sexually exploited;



#### **U**se of technology and sexual bullying

Evidence of 'sexting', sexualised communication on-line or problematic use of the internet and social networking sites;



#### **A**lcohol and drug misuse

Problematic substance use;



#### **R**eceipt of unexplained gifts or money

Unexplained finances, including phone credit, clothes and money;



#### **D**istrust of authority figures

Resistance to communicating with parents, carers, teachers, social services, health, police and others.

### Identification

To support identification of children and young people who are at risk of/are being sexually exploited, all agencies should take steps to ensure that professionals and volunteers who work with children are aware of the possible signs and indicators of CSE.

## CSE Information Collection and Risk Indicator

The information collection and risk indicator tool at [Appendix 2](#) sets out key indicators of a child vulnerable to sexual exploitation as follows:

### **CAT 1 (At risk)**

A vulnerable child who is at risk of being targeted and groomed for sexual exploitation

- Poor self image
- Expressions of despair:
- Cutting
- Overdosing
- Eating difficulties
- Difficulties making or maintaining friendships with peers
- STIs
- Inappropriate sexual activity with peers
- Overt sexualised dress/ attire or sudden change in dress code
- Getting into stranger's (adult's) cars
- Meeting unknown people via internet
- Partner known to services
- Others have knowledge of sexual abuse history
- Truancy
- Losing interest in education
- Unaccounted for monies/goods
- Perceived friendship/affection
- Looked after child

Associating with:

- Unknown adults and/ or other sexually exploited children and /or missing children
- Gang members
- Manipulative peers
- Secretive about having a mobile phone/more than one phone
- Reduced contact with family/friends
- Late night phone/internet contact
- Experimenting with alcohol/drugs
- Cigarette smoking
- Regularly coming home late
- Absent without permission and returning late

### **CAT 2 (Medium risk)**

A child who is targeted for opportunistic abuse through the exchange of sex for attention, accommodation, food, gifts and drugs. The likelihood of control and coercion is significant.

- Chronic low self-esteem
- Limited contact with friends / family
- Bullying/threatening behaviour
- Violence/emotional outbursts
- Offending behaviour
- Multiple STIs/Miscarriages/ Terminations
- Pregnancies (whether stillbirth or carried to term)
- Meeting adults through the Internet
- Clipping (offering to have sex and then running upon payment)
- Older partner
- Reputation with peers and/or community for sexual promiscuity
- Getting into adult's cars
- Non school attender / excluded
- Regular breakdown of school placements due to behavioural problems
- Offers of protection

## CSE Information Collection and Risk Indicator

- Unaccounted for monies and goods especially jewellery & mobile phones
- Associating with unknown adults & / or other sexually exploited children
- Having access to premises not known to parent/carer
- Reliable sources suggesting involvement in sexual exploitation
- Seen in known districts/properties for selling of sex/drugs
- Member of a gang
- Extensive use of phone particularly late at night
- Disclosure of physical/sexual assault followed by withdrawal of allegations
- Physical injuries – external/internal
- Regular user of substances
- Concerns for drug dependency
- Frequently staying out overnight without permission
- Episodes of running away/going missing from home/placement
- Looking well cared for despite having no known base
- Regular breakdown of placements due to behavioural problems

### **CAT 3 (High risk)**

A child whose sexual exploitation is habitual, often self defined and where coercion and control is implicit.

- Chronic poor self image
- Has no appropriate/healthy friendships or family connections
- Known exploitative sexual activity
- Boyfriend's knowledge of having sex with other people
- Disclosure of selling/exchanging sex and/or being pimped
- Others having knowledge that sex can be exchanged for money and/or goods
- Non school attender / excluded
- Heavily entrenched in gang culture
- Picked up in red light district
- Abducted / forced imprisonment ('locked in')
- Disappear from system (no contact with support systems)
- Chronic dependence on alcohol/drugs particularly crack / cocaine
- Persistently running away/ going missing from home/placement
- Pattern of street homelessness

## CSE Information Collection and Risk Indicator

### Attitudes of Children and Young People

Young people may be sexually exploited for many reasons and commonly they may suffer with low self esteem. This can then make them vulnerable to unwittingly becoming involved in situations which ultimately exploit them. It is very common for children and young people not to recognise that they are being abused due to the grooming methods often used by the perpetrators.

The needs of children and particularly of young people aged 16 and 17 years may be overlooked for this reason. Although faced with limited choice, they may believe themselves to be acting voluntarily. It may take many weeks or months for practitioners who work with young people to build up their trust, and help them to recognise that they are being sexually exploited.

### Gangs

Gangs are defined as:

A relatively durable, predominantly street-based, social group of children, young people, and, not infrequently adults who see themselves and are seen by others, as affiliates of a discrete, named group who:

- engage in a range of criminal activities and violence
- identify or lay claim to territory
- have some form of identifying structural feature
- are in conflict with similar groups
- There is some evidence that girls affiliated with gangs are seen as sexual accessories and passed around as a rite of passage or to repay debts
- Girlfriends of gang members may be targeted and sexually and violently assaulted by rival gang members

### Groups

Child sexual exploitation by a group involves people who come together in person or online for the purpose of setting up, coordinating and/or taking part in the sexual exploitation of children in either an organized or opportunistic way.

## 6. Referral and Consultation Pathway

Professionals in all agencies should be alert to the possibility that a child/young person they are working with may be sexually exploited. The professional may already have concerns about the child/young person e.g. missing school, missing from home, self-harming.

If the child in question has a lead professional, they are the point of contact for concerns and **upon notification of concerns** will become responsible for undertaking a risk assessment (appendix 2). In the absence of a lead professional, the identifying professional must complete the risk assessment, with support from the SPA CSE lead. The BASH & Brook CSE proforma (appendix 3) is for health professionals to use as an additional referral tool, and for any agency in considering risk.

Risk must be reviewed regularly, particularly upon further incident.

All risk assessments must be logged with the SPA. A copy of the assessment will be forwarded by the SPA to the Multi-Agency Sexual Exploitation Group (MASE) administrator.

Discussion with the SPA CSE lead (The SPA team manager) will facilitate a decision around how work will progress. A flow chart of this process is at appendix 4.



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### Young people under 13 years of age

All cases of children under the age of 13 years believed to be engaged in any sexual activity must be referred to the SPA staff who will progress referral to Children's Social Care. This recognises the particular vulnerability of children of this age engaging in sexual behaviours, and that they are deemed in law to be too young to give consent to sexual activity.

### Young people aged 13-16

Although sexual activity with young people under the age of 16 years remains illegal, 13-16 year olds are considered competent to give consent, in certain circumstances.

Therefore, when making an assessment about risk for this age the professional should take into account:

- The age of the child/young person
- Level of understanding/maturity and ability to give consent
- Any key risk factors
- Behaviour of young person
- Any evidence of grooming
- Age of boyfriend/girlfriend or sexual partner
- Parent / carer's ability to protect and support relationship and any sexual health issues

### Young people aged 16-17

Although a young person is 16 or 17 years old and has reached the legal age of being able to consent to sexual activity this does not mean that they are no longer at risk of sexual exploitation. They are still defined as children under the Children Act 1989 and 2004 and can still suffer significant harm as a result of sexual exploitation. They have the right to appropriate support and protection from harm. In considering the vulnerability of a 16-17 year old, thought needs to be given to their ability to give informed consent to sexual activity. The Mental Capacity Act (2005) includes provision for assessing 16-17 year olds' capacity to consent. It is important to recognise that adults can be sexually exploited, particularly adults at risk, and concerns about a young person of 18 or over should be referred to adult safeguarding.

## **7. Referral and Multi-Agency Response**

On receipt of a referral the SPA manager will identify the appropriate lead professional to coordinate a multi-agency response and complete any further assessment. The flow chart at Appendix 2 sets out the stages of this process.

If the case involves a suspect within the child or young person's family, or is a carer or person in a position of trust, then the Form 87A should be directed to the Police Child Abuse Investigation Team. The referring social worker must always check that the email has been received. All such communications should be through secure emails.

## **8. The role of the Multi-Agency Panel meeting and Network Meetings**

These MAP/Strategy panels will be convened by the Lead Agency, often Children's Services, as specified by the London Child Protection Procedures. The panel will also include those professionals who are working with the individual victims to coordinate and deliver a child in need or child protection plan. Cross-borough meetings for Looked After children that are placed out of borough should also be established where required. The CSE lead in Children's Services should have an overview of these cases and ensure adequate information is shared with the MASE panel.

## CSE Information Collection and Risk Indicator

[London Safeguarding Children Board Sexual Exploitation procedures](#) state “A professional or agency view that a child is at risk of harm (category 1) may be inaccurate. Sharing information about the child with other agencies may reveal the child to be at medium or high risk – and in need of immediate protection”.

Chapter 4 of the Procedures clarifies the process for Multi-agency network meetings and MAP meetings as follows:

### **Category 1: Multi-agency network meeting/discussion and diversion plans**

4.2.1 In cases where there are indications that a child is at risk of being groomed for abuse through sexual exploitation, professionals in any of the agencies may, after consultation with their agency’s nominated safeguarding children adviser, call a meeting or discussion of the network of agencies currently in contact with the child (Network meeting / discussion). The aim of the meeting / discussion should be to develop a diversion plan to enable the child to protect themselves, to recognise and avoid risky behaviours and people and to engage in positive activities and relationships.

4.2.2 Network meetings / discussions should be attended by / involve agencies currently providing services for the child - e.g. the child’s school and/or Education Welfare Officer, health services as appropriate (school nurse, sexual health professional, GP), LA children’s social care lead professional or equivalent; and any other agency which is in a position to contribute significantly to the development of a diversion plan for the child.

4.2.3 Where appropriate, the child and their family should be made aware of the concerns, engaged in developing the diversion plan and involved in all subsequent network meetings to review the plan. However, engaging the child and family and alerting them to the risks should be approached with a high level of sensitivity to avoid compounding risks or furthering alienation. There are circumstances where a child’s parent/carer may not be invited to attend a network meeting - these are set out in *italics* in the last bullet point, paragraph 4.3.5 below.

4.2.4 The meeting / discussion should be minuted and the diversion plan should be shared with relevant professionals in the child’s professional network.

4.2.5 Agencies which have access to a family group conference service may wish to consider a conference as a way to formulate a diversion plan in partnership with the child and their family.

### **4.3 Categories 2 and 3: Multi-Agency planning meetings and safeguarding and support plans**

4.3.1 In cases where a child is considered to be at high or medium risk of sexual exploitation, this assessment should be reached by the professional in consultation with their agency’s nominated safeguarding children adviser. The professional and/or the nominated adviser should make a referral to their local LA children’s social care service in line with Part A. *Referral and Assessment, London Child Protection Procedures (London Board, 2015)*.

4.3.2 As in all cases of suspected abuse and neglect, LA children’s social care will respond in one of three ways and will advise the referrer of which plan is in place:

- An initial assessment will be undertaken to identify the child’s level of risk and need for service provision;
- The initial assessment may identify the child to be at risk of significant harm and in need of protection. This will necessitate a child protection enquiry and a core assessment of need under section 47 of the *Children Act 1989*; or
- Where no concerns are identified, there will be no further action. In these cases, LA children’s social care will advise the referrer verbally and in writing as to why the agency is to take this position.

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4.3.3 In cases where an LA children's social care initial assessment confirms that a child is at risk of significant harm, they must convene a multi-agency planning meeting (MAP) or equivalent, in order to determine whether child protection enquiries should be made in line with *Part A. Child Protection Enquiries, London Child Protection Procedures, (London Board, 2015)*.

4.3.4 MAP meetings should be chaired by a LA children's social care child protection manager / team manager or lead professional. The Chair should always inform the lead professional, if there is one, that a meeting is taking place.

4.3.5 Attendance at the meeting should include:

- The referrer, if a professional;
- Lead officers from education and health services (sections 8 and 9 give more specific information for education and health);
- Social worker if allocated;
- LA children's social care duty senior if not allocated;
- Any other relevant person (e.g. fostering link worker, residential key worker / manager YOT worker, voluntary agency worker, GP); and
- Identified police officer from the Child Abuse Investigation Command, Clubs and Vice or the Missing Person Unit.

4.3.6 Attendance at the meeting of the child and their family should only be considered if attendance will not compromise the child's safety or the progress of an investigation.

The final decision should be taken by the LA children's social care child protection manager or team manager for the child's case. This decision should be clearly recorded on the child's case file.

4.3.7 Criteria for deciding whether or not to invite the child and their family includes:

- The child's age and level of maturity, taking into account learning difficulties;
- The child's perception and interpretation of their involvement;
- Patterns and frequency of any behaviour causing concern;
- Identity and role of adults involved;
- Age and maturity of other participants;
- Nature of sexual activity, who is controlling the sexual activity, where it is taking place;
- The actual and potential physical and emotional effects;
- Whether any physical injuries have been caused;
- Existence of substance misuse and their significance for the child's behaviour;
- Likely reaction of parents/carers;
- Likely reaction of peers; and
- Likely reaction of other agencies.

4.3.8 The purpose of the meeting should be to:

- Share and clarify information;
- Establish exact nature of concerns;
- Establish risk for any other children, including siblings;
- Consider the likelihood of prosecution of relevant adults;
- Agree on action and make recommendations to address the concern;
- Develop a safeguarding and support plan for the child and parent/carer;
- Work towards a recovery strategy; and
- Identify the factors to be taken into account (these will include the indicators in the Risk Assessment Framework).

4.3.9 The outcome of meeting may be that:

- There is no need to proceed further at this point;
- There is a need to invoke child protection procedures;
- There is a need for further assessment;

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- There is a possibility of criminal action against an adult;
- Counselling is required to divert the child from involvement;
- There is justification for criminal action against the child;
- There is insufficient information at this stage, but concerns remain, and further work is required to clarify them;
- A referral to a voluntary project / organisation should be made; and/or
- A referral for a family group conference should be made.

4.3.10 The MAP meeting should be minuted, the safeguarding and support plan must specify who is responsible for undertaking the work, and a copy of the minutes should be retained / sent to the lead professional. Unless no further action is agreed, or child protection procedures are invoked, a date for a review meeting should be agreed, to take place no later than three months after the initial meeting. If the child's parent/carer has not been present, the meeting must consider what information to give at this point, and who should undertake this. Parents/carers should usually be notified of concerns regarding their children, and what action is being considered to address these.

4.3.11 As with all child sexual abuse, child sexual exploitation involves varying degrees of coercion, reward, secrecy and fear, which means that interventions to support and rehabilitate children may need to be long-term, and safeguarding and support plans should be progressed at the child's pace.

### **9. The role of the MASE Meeting**

MASE meetings are held monthly in each Borough. These meetings take place following the Children Missing from Home meeting to ensure effective cross-over between these separate but often interlinked issues. A strategic overview meeting will be held every quarter and an annual report prepared for submission to the LSCB.

The MASE maintains an overview of all CSE contacts, including their risk level at presentation, outcomes from MAP/Strategy/Network meetings and the effectiveness of interventions.

MASE meetings are attended by a core group of professionals from Children's Services and all relevant Sexual Exploitation Leads from Police and SC&05, Health, Education, Youth Services, Child and Adolescent Mental Health Services (CAMHS), Youth Justice Team (YOT) and key partners from the voluntary sector (e.g. Barnardos).

All follow-ups/reviews are to be scheduled into these meetings, which are normally chaired by the by the Police. A record of the meeting is completed and sent to all participants securely.

Cross-borough meetings for those children that are placed out of borough should also be established when required. Any intelligence should be fed through into the Police and LSCB by respective SPOCs.

## CSE Information Collection and Risk Indicator

### Purpose of MASE meeting

- Review all CSE assessments, including nature of concerns, protective factors, and risks to other children and young people.
- Review all multi-agency support plans for the child/young person and parent/carer
- Systematically gather information regarding links with known or suspected offenders and young people to support cross-referencing of associates and show relationships between groups of people on a borough wide and cross-borough basis
- Share and clarify information across all agencies
- Ensure coordination with the SPA
- Ensure close links with the Missing from Home and Care monthly tracking meetings
- Ensure there is effective cross border liaison with other LSCBs and CSE leads
- Ensure a focus on prosecution or disruption activity for perpetrators

### **10. The role of the Child Sexual Exploitation and Missing from Education sub group of the LSCB**

This group meets quarterly, with attendance consisting of senior managers from Children's Social Care, Prevention and Early Help, Police, Education, Health and the voluntary sector. CSE and Missing from home, care and education subgroup of the LSCB are interlinked at a strategic level to ensure that they are addressed independently but with reference to one another. The purpose of the group is to:

- Establish and review a local strategy, which includes a prevention strategy, measures for identifying outcomes for CSE and an agreed approach to obtain a dataset of CSE cases across Children's Services and other agencies
- Take on overview of, and scrutinize the MASE output data.
- Ensure that commissioning and planning activities address issues related to group or gang activity
- Ensure that the commissioning of bespoke services to support children and Young People at risk of CSE are effective
- Facilitate liaison across authorities where necessary
- Ensure consistency of practice
- Report quarterly to the LSCB

Please see the Terms of Reference for this group at Appendix 5.

### **11. Children Looked After**

The MASE and the CSE and Leaving Home and Care Strategic Group will ensure there is a focus on the particular vulnerability of Looked After Children.

The following factors should be taken into account when considering concerns about a looked after child:

- The risks to other children in placement
- Whether the child should remain in placement
- The feasibility of controlling the child's movements and whether the placement can keep him/her safe
- 

These principles should be followed:

- The child's parents should be informed. Any decision not to inform the parents must be recorded on the child's file with clear reasoning signed off by the manager
- Other children in the placement should be monitored to identify whether they are also at risk of harm or involved in sexual exploitation

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- Foster carers and residential care workers should be asked to take positive action to clarify and record suspicions and minimise the child's involvement in sexual exploitation
- If there is knowledge or suspicion that looked after children are involved in sexual exploitation together or are controlled by the same person there will need to be additional planning and consideration given to using child protection and /or organised abuse procedures
- Our approach is to work inclusively and in partnership with families and carers, acknowledging their concerns and stress factors
- For young people placed in Kingston or Richmond by a different Local Authority, any action to safeguard them must be led by the placing authority.

### **12. Working with Children and Young People**

Young people involved in or at risk of sexual exploitation often have chaotic lives and a history of poor relationships with the helping professions. Accessibility has to be more than just making a service available. Effort needs to be made to ensure that services are provided in a safe environment, flexible and responsive to young people's needs, by staff who take time to build a trusting relationship. Providing support to young people on their own terms is crucial, as is honesty about the boundaries of confidentiality.

Many sexually exploited young people have few, if any, concerned, attentive adults in their lives. With a history of abuse, family breakdown and poor parental relationships, often with a background of disruption in the care system, it is hardly surprising that young people are attracted to the attention offered by abusive, unsafe adults. Our services aim to provide a different kind of attention; attention that will 'hook' a young person out of unsafe relationships into safe and positive ones. This entails focusing on the issues that matter to the young person and persistence over time. Consistent and persistent attention from a specific worker enables the development of a protective, supportive relationship within which a young person feels safe enough to examine their lives and start to make changes. The steady persistence of workers may eventually be understood as being a genuine demonstration of concern and an indication of reliability. Such persistent engagement techniques are particularly important to counteract the influence of, often equally persistent, abusive adults.

### **13. Working with Parents / Carers**

Parents and carers play the most crucial role in safeguarding and promoting the welfare of their children. If a child or young person is suffering or at risk of suffering significant harm through sexual exploitation by someone outside the family, this may not necessarily be as a result of parents or carers having difficulties in meeting their child's needs. Involving parents/families early in interventions can be a significant way forward in protecting and supporting their children.

In some cases parents and carers will be complicit in the exploitation of their children and this would be a theme to explore in depth through the process of any assessment and plan to safeguard the young person.

## CSE Information Collection and Risk Indicator

### **14. The Role of Partner Agencies**

#### **Police**

There are various police teams who may become involved with a young person who is at risk of being sexually exploited. This includes CAIT, Sapphire Team, Missing Persons Unit, Public Protection Desk, C.I.D. and Safer Neighbourhood Teams. Police coordination of a Safeguarding/Disruption Plan towards targeted and identified individuals can be effective.

The [Pan-London Child Sexual Exploitation Operating Protocol](#) 2015 provides operational guidance on the processing CSE cases, including 'branch flags', liaison with SC&05 and Forensics. Operationally, Police will follow this response, with the exception that Children's Social Care, as opposed to Police, will lead on the MASE meeting, with co-chairing responsibility held by the Kingston / Richmond Police SPOC.

The MPS Sexual Offences, Exploitation and Child Abuse Investigation Command (SC&02/5) will have overall responsibility, within the police service, for all Child Sexual Exploitation Investigations. All initial category 1 suspicions/allegations will be managed by Borough Operational Command Units or Children's Services. The MPS Sexual Exploitation Team will monitor these suspicions/notifications to support Borough Operational Command Units and Children's Services to ensure timely interventions are made where appropriate. All category 2 and 3 allegations will be allocated to Sexual Exploitation Team who will decide upon the appropriate pathway to the police response.

#### **Health**

There are many health services that may work with young people at risk of sexual exploitation, such as school nursing, teenage pregnancy services and sexual health services, accident and emergency, community pharmacists, and GPs. For Looked After young people the role of the Looked After Nurse is especially important in ensuring their health needs are met and carers are made aware of concerns to look out for and where to seek help. All health professionals must be alert to the possibility of Child Sexual Exploitation.

#### **Education**

Transition and adolescence can be a difficult time for young people. Schools, through their PSHE and SRE programmes play a key role in raising awareness about healthy relationships and the healthy development of sexuality. Through a robust PSHE programme that includes work around understanding and managing risk, students are supported in developing their own strategies to keep themselves safe. Schools are most often best placed to see patterns of concern in a young person's behaviour.

School systems including Targeted Youth Support Panels (TYSP) highlight vulnerable students and ensure referrals to appropriate agencies.

Some schools have developed their practice in identifying students at risk of sexual exploitation and run groups with trained staff to support the most vulnerable. Staff coordinating these groups will require consultation time with mental health professionals to ensure that they are able to manage the strong and sometimes overwhelming feelings that working with these vulnerable students sometimes elicits.

Schools need to have a clear response to unknown adults collecting young people or arriving in school to make contact. This requires making sure all reception staff are aware of protocols.

## **CSE Information Collection and Risk Indicator**

### **Voluntary Organisations**

Kingston and Richmond are committed to working in partnership with voluntary organisations. Information, advice and support is available via the

children's safeguarding **Single Point of Access** (SPA) Team for the relevant borough, [spa@richmond.gov.uk](mailto:spa@richmond.gov.uk) or [spa@kingston.gov.uk](mailto:spa@kingston.gov.uk) .

### **15. Commitment to Best Practice and Service Development**

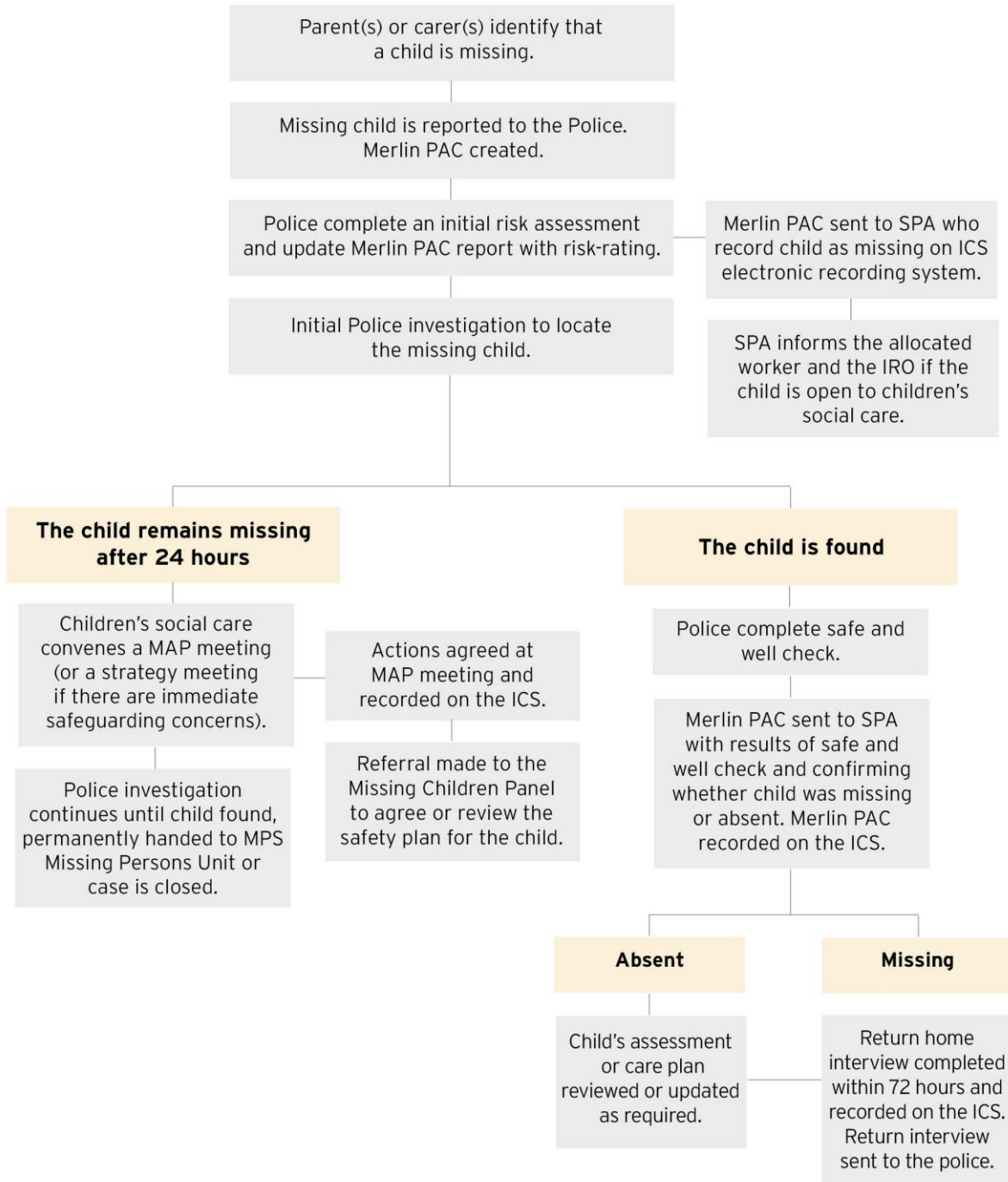
Kingston and Richmond are committed to developing its response to concerns of Child Sexual Exploitation in line with local, regional and national examples of Best Practice.



# CSE Information Collection and Risk Indicator

## Appendix 1 – Children Missing from Home and Care simplified flow chart

### Children missing from home and care: simplified flow diagram



## CSE Information Collection and Risk Indicator

### Appendix 2 - CSE Information Collection and Risk Indicator

This form should be completed online before being submitted to the SPA CSE Lead via [spa@richmond.gov.uk](mailto:spa@richmond.gov.uk) or [SPA@rbk.kingston.gov.uk](mailto:SPA@rbk.kingston.gov.uk)

Schools can use secure email USO-FX

Secure emails: Kingston: [safeguarding.service@rbk.kingston.gov.uk.cjsm.net](mailto:safeguarding.service@rbk.kingston.gov.uk.cjsm.net)

Richmond: [spa@richmond.gcsx.gov.uk](mailto:spa@richmond.gcsx.gov.uk)

A version of this form with tick boxes enabled is available - please email the above address for a copy.

Please see 7 golden rules of info sharing & essential foundations for good practice in tackling CSE in gangs (appendices 9 and 10)

**Each referral must have a 3 page risk indicator completed and attached**

<b>Name of Referrer:</b>		<b>Agency:</b>	
<b>Role:</b>			
<b>Date of Assessment:</b>		<b>Tel:</b>	
<b>Date of referral to SPA:</b>		<b>Email:</b>	

While it may be appropriate to complete the checklist with the child/family of the child, consideration should be made of whether engaging the child and family and alerting them to the risks may compound risk or further alienate the child. Please note if this checklist was completed in consultation with:

The child       The child's parent(s)

**If 'other' please specify in 'actions to date' below**

	Child	Person of interest <sup>1</sup> (please see the bottom of the page for guidance on persons of interest)
<b>Forename(s):</b>		
<b>Surname:</b>		(or alias)
<b>Address 1:</b>		

---

<sup>1</sup> A **person of interest** is someone who appears to be developing a friendship or relationship based on power over a child by virtue of their age, gender, intellect, physical strength and/or economic or other resources

## CSE Information Collection and Risk Indicator

<b>Address 2:</b>		
<b>Address 3:</b>		
<b>Postcode:</b>		
<b>Gender:</b>		
<b>Ethnicity:</b>		
<b>DoB:</b>		
<b>Language Spoken:</b>		
<b>Sexual orientation:</b>		
<b>Disability:</b>		
<b>School:</b>		<b>Person of interest description</b>
<b>Known to CSC since:</b>		
<b>Lead Practitioner:</b>		
<b>Locations of interest<sup>2</sup></b> (e.g. Youth Clubs, Parks, Taxi Ranks, Food Outlets):		
<b>'Gang' or 'group' affiliation:</b>		
<b>Summary of concerns:</b>		
<b>Actions to date:</b>		
<b>If other agencies are involved with either party, please provide detail here:</b>		
<b>Consent to share info Y/N:</b>		

Tick all risk indicators that apply on the next three pages of this form. Once completed, use professional judgement to assess the risk category. For definitions of the three levels of risk, please see the left hand column on the next three pages. Practitioner discretion is required; some risk indicators taken alone do not indicate CSE risk; however depending on age and vulnerability, several positive ticks may indicate high risk.

	CAT 1 (at risk)	Cat 2 (medium risk)	Cat 3 (high risk)
<b>Professional Judgement Risk Category</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>2</sup> If there are specific **locations** where a vulnerable child is spending time, please note it here.

## RISK MATRIX FOR CASES WHERE IT IS BELIEVED A CHILD/YOUNG PERSON IS OR MAY BE SEXUALLY EXPLOITED

The purpose of this guidance is to offer a clear and practical action plan for social workers and other practitioners in cases where there is suspected child/ Young person sexual exploitation. The guidance offers three categories of risk and the appropriate action to take. This should be read in conjunction with guidance on the definition and risk indicators of child sexual exploitation please refer to the London Child Sexual Exploitation Operating Protocol (*March 2015*), accessible at: [www.londonscb.gov.uk](http://www.londonscb.gov.uk). See also the *Sexual Offences Act 2003*: section 5.39 and Safeguarding Children and Young People from Sexual Exploitation; Supplementary guidance to working together to safeguard children; DCSF.

RISK CATEGORIES	INDICATORS	RESPONSE
<p><b>CAT 1 (At risk)</b></p> <p>A vulnerable child, where there are concerns they are being targeted and groomed and where any of the CSE warning signs have been identified. However, at this stage, there is no evidence of any offences.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Poor self image</li> <li><input type="checkbox"/> Cutting</li> <li><input type="checkbox"/> Overdosing</li> <li><input type="checkbox"/> Eating difficulties</li> <li><input type="checkbox"/> Difficulties making or maintaining friendships with peers</li> <li><input type="checkbox"/> STIs</li> <li><input type="checkbox"/> Inappropriate sexual activity with peers</li> <li><input type="checkbox"/> Overt sexualised dress/ attire or sudden change in dress code</li> <li><input type="checkbox"/> Getting into stranger's cars</li> <li><input type="checkbox"/> Meeting unknown people via internet</li> <li><input type="checkbox"/> Boyfriend known to services</li> <li><input type="checkbox"/> Others have knowledge of sexual abuse history</li> <li><input type="checkbox"/> Truancy</li> <li><input type="checkbox"/> Losing interest in education</li> <li><input type="checkbox"/> Unaccounted for monies/goods</li> <li><input type="checkbox"/> Perceived friendship/affection</li> <li><input type="checkbox"/> Looked after child</li> </ul> <p>Associating with:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Unknown adults and/ or other sexually exploited children and /or missing children</li> <li><input type="checkbox"/> Gang members</li> <li><input type="checkbox"/> Manipulative peers</li> <li><input type="checkbox"/> Secretive about having a mobile phone/more than one phone</li> <li><input type="checkbox"/> Reduced contact with family/friends</li> <li><input type="checkbox"/> Late night phone/internet contact</li> <li><input type="checkbox"/> Experimenting with alcohol/drugs</li> <li><input type="checkbox"/> Cigarette smoking</li> <li><input type="checkbox"/> Regularly coming home late</li> <li><input type="checkbox"/> Absent without permission and returning late</li> </ul>	<p><b>Telephone the SPA to check whether this case has an allocated social worker.</b></p> <p>Intervention may be based on preventative diversionary work i.e. CAF co-ordinated response from the following key agencies;</p> <ul style="list-style-type: none"> <li>• YOS</li> <li>• Youth Service</li> <li>• Education</li> <li>• Sexual Health worker</li> <li>• Young Persons Drug &amp; Alcohol Service</li> <li>• Housing</li> <li>• Voluntary sector</li> <li>• Faith based community support</li> </ul>

RISK CATEGORIES	INDICATORS	RESPONSE
<p><b>CAT 2 (Medium risk)</b></p> <p>A child who is targeted for opportunistic abuse through the exchange of sex for attention, accommodation, food, gifts and drugs. The likelihood of control and coercion is significant.</p>	<input type="checkbox"/> Chronic low self-esteem <input type="checkbox"/> Limited contact with friends / family External Intensive acting out: <input type="checkbox"/> Bullying/threatening behaviour <input type="checkbox"/> Violence/emotional outbursts <input type="checkbox"/> Offending behaviour <input type="checkbox"/> Multiple STIs <input type="checkbox"/> Miscarriages <input type="checkbox"/> Terminations <input type="checkbox"/> Pregnancies (whether stillbirth or carried to term) <input type="checkbox"/> Meeting adults through the Internet <input type="checkbox"/> Clipping (offering to have sex and then running upon payment) <input type="checkbox"/> Older partner <input type="checkbox"/> Reputation with peers and/or community for sexual promiscuity <input type="checkbox"/> Getting into getting stranger's cars <input type="checkbox"/> Non school attender / excluded <input type="checkbox"/> Regular breakdown of school placements due to behavioural problems <input type="checkbox"/> Rewarded by offers of protection <input type="checkbox"/> Unaccounted for monies / goods <input type="checkbox"/> Associating with unknown adults & / or other sexually exploited children <input type="checkbox"/> Having access to premises not known to parent/carer <input type="checkbox"/> Reliable sources suggesting involvement in sexual exploitation <input type="checkbox"/> Seen in known districts/properties for selling of sex/drugs <input type="checkbox"/> Member of a gang <input type="checkbox"/> Extensive use of phone particularly late at night <input type="checkbox"/> Limited contact with friends/family <input type="checkbox"/> Disclosure of physical/sexual assault followed by withdrawal of allegations <input type="checkbox"/> Physical injuries – external/internal <input type="checkbox"/> Regular user of substances <input type="checkbox"/> Concerns for drug/ alcohol dependency <input type="checkbox"/> Frequently staying out overnight without permission <input type="checkbox"/> Episodes of running away/going missing from home/placement <input type="checkbox"/> Looking well cared for despite having no known base <input type="checkbox"/> Regular breakdown of placements due to behavioural problems	<p><b>Telephone the SPA to check whether this case has an allocated social worker. Children's Social Care will lead on convening meetings as appropriate once notified.</b></p> <ul style="list-style-type: none"> <li>In cases where there are significant safeguarding concerns a strategy meeting should always be held.</li> <li>In very complex cases the concerns should be discussed with the senior lead Safeguarding Officer;</li> </ul> <p>Statutory intervention may be required to protect the child and a support package arranged to help them with exit strategies and recovery. If this is the case a CSE Strategy meeting / CSE Multiple Children and Young People Strategy meeting should be convened.</p> <ul style="list-style-type: none"> <li>The following core agencies should be invited; police, education, health and any other agencies involved with the family such as DAS, CAMHS, YOS. (Please see section 4.a below for list of nominated representatives for the key agencies).</li> <li>The meeting should follow along the same lines as a strategy meeting.</li> <li>The meeting is to be chaired by the Safeguarding Standards &amp; TS at IRO Operational or Service Manager level for the allocated social worker.</li> <li>The Strategy meeting should be recorded on ICS by downloading the appropriate Strategy meeting form. Information discussed at the meeting should not be shared with other agencies without the knowledge of the chair.</li> </ul> <p><b>The outcome of meeting may be that:</b></p> <ul style="list-style-type: none"> <li>There is no need to proceed further, using a CAF &amp; liaising with a CAF worker the young person can continue to be offered support through agencies listed in Level 1.</li> <li>There is a need to invoke Safeguarding Child Protection procedures.</li> <li>The child is defined as in need and therefore further assessment and intervention by Children Social Care is required.</li> <li>There is a possibility of criminal action against an adult (See Sexual Offences Act 2003 which provides the legal framework regarding the ages at which consent to sexual activity can be given and the circumstances where any consent given by the child / young person will be considered void because it has been obtained through duress or coercion).</li> <li>Direct work is required to divert the child from involvement.</li> </ul>

RISK CATEGORIES	INDICATORS	RESPONSE
		<ul style="list-style-type: none"> <li>• There is insufficient information at this stage, but concerns remain, and further work is required to clarify them</li> <li>• A referral is made to a voluntary project/organisation, e.g. Barnardos.</li> <li>• A referral is made for a Family Group Conference</li> </ul>
<p><b>CAT 3 (High risk)</b></p> <p>A child whose sexual exploitation is habitual, often self defined and where coercion and control is implicit.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Chronic poor self image</li> <li><input type="checkbox"/> Has no appropriate/healthy friendships or family connections</li> <li><input type="checkbox"/> Inappropriate/exploitative sexual activity with peers/adults</li> <li><input type="checkbox"/> Boyfriend's knowledge of having sex with other people</li> <li><input type="checkbox"/> Disclosure of selling/exchanging sex and/or being pimped</li> <li><input type="checkbox"/> Others having knowledge that sex can be exchanged for money and/or goods</li> <li><input type="checkbox"/> Heavily entrenched in gang culture</li> <li><input type="checkbox"/> Picked up in red light district</li> <li><input type="checkbox"/> Male or female grooming</li> <li><input type="checkbox"/> Abducted / forced imprisonment ('locked in')</li> <li><input type="checkbox"/> Disappear from system (no contact with support systems)</li> <li><input type="checkbox"/> Chronic dependence on alcohol/drugs</li> <li><input type="checkbox"/> Persistently running away/ going missing from home/placement</li> <li><input type="checkbox"/> Pattern of street homelessness</li> </ul>	<p><b>As above and also;</b></p> <ul style="list-style-type: none"> <li>• In very high risk cases a social worker can request funding for the Barnardos sexual exploitation project to support recovery through the Child Sexual Exploitation Operational group.</li> </ul>

**Key agencies that may be invited/ consulted when convening a CSE Strategy meeting**

Children's Social Care, Police, Health, Education, CAMHS, Housing, YOS, Drug & Alcohol Services, Voluntary agencies and others.

### Appendix 3 BASHH & Brook Child Sexual Exploitation (CSE) Proforma

'Spotting the Signs from [http://www.bashh.org/documents/Spotting-the-signs-CSE-proforma%20A4\\_Update.pdf](http://www.bashh.org/documents/Spotting-the-signs-CSE-proforma%20A4_Update.pdf)

## SPOTTING THE SIGNS: CHILD SEXUAL EXPLOITATION

<b>Visit number:</b> <input style="width: 30px; height: 20px;" type="text"/>			
Confidentiality discussed and understood:			
Age:		Gender:	Ethnicity:
<b>Education</b>			
Do you attend school/ education other than school/pupil referral unit/ college/training/ employment?	Do you attend regularly?	Do you enjoy it?	Is there anyone there who you can talk to?
<b>Family Relationships</b>			
Who do you live with?	How are things at home?	Do you feel like you can talk to someone at home about sex and relationships?	Young carer: Looked after child: Homeless: Runaway: Family bereavement: Learning or physical disability:
Are you involved with any other agencies or professionals such as social workers or mental health services?			
If so, would you be happy for us to contact them if we feel we need to?			
<b>Friendships</b>			
Do you have friends your own age who you can talk to?		Do your friends like and know the person you have sex with (if you are involved with or having sex with anyone)?	
<b>Relationships</b>			
Are you having sexual contact with anyone?	(If yes) Are you happy with the person you're going out with/the person you have sex with?	How old is the person you are having sex with?	How many people have you had sexual contact with in the past three months?
(If no) When was the last time you did?			In the past 12 months?
Where do you spend time together?		Where did you meet the person you have sex with?	

**Consent**

Have you ever been made to feel scared or uncomfortable by the person/s you have been having sexual contact with?

Have you ever been made to do something sexual that you didn't want to do, or been intimidated?

Do you feel you could say no to sex?

Has anyone ever given you something like gifts, money, drugs, alcohol or protection for sex?

Where do you have sex?

Who else is or was there when you have sex (or any other form of sexual contact)?

**Sexual Health**

What contraception do you use?

Do you feel like you can talk to the person you have sex with about using condoms or other forms of contraception?

Have you ever had an STI test?

Have you ever had an STI?  
If yes, which, and how many times?

Do you ever use drugs and/or alcohol?

Do you often drink or take drugs before having sex?

Do you suffer from feeling down/depression?

Have you ever tried to hurt yourself or self-harm?

Have you ever been involved in sending or receiving messages of a sexual nature? Does anyone have pictures of you of a sexual nature?

**Professional analysis**

Is there evidence of any of these within their relationship?

Coercion:

Overt aggression (physical or verbal):

Suspicion of sexual exploitation/grooming:

Sexual abuse:

Power imbalance:

Other vulnerabilities (please give details):

If you have identified risks or concerns please discuss with your CSE or Safeguarding Lead by \_\_\_\_\_ (date) and follow your own child protection policy and procedure.





Any additional information:

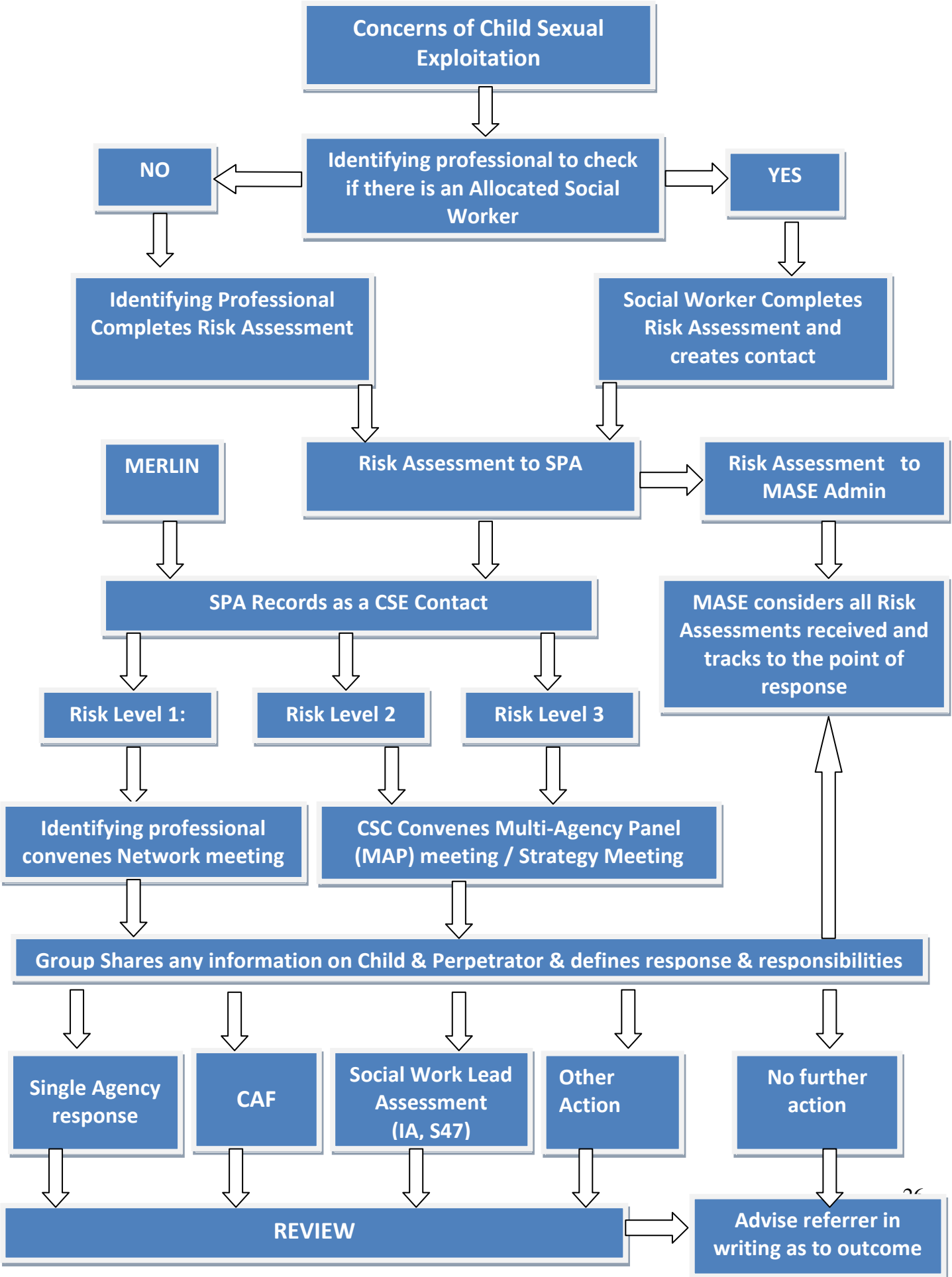
Large empty rectangular box for providing additional information.

Signed:	Printed:	
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<b>Fraser Guidelines</b>	<b>Yes</b>	<b>No</b>
<p>The young person understands the health professional's advice.</p> <p>The young person is aware that the health professional cannot inform his/her parents that he/she is seeking sexual health advice without consent, nor persuade the young person to inform his/her parents.</p> <p>The young person is very likely to begin having, or continue to have, intercourse with or without contraceptive/sexual health treatment.</p> <p>Unless he/she receives contraceptive advice or treatment the young person's physical or mental health, or both, are likely to suffer.</p> <p>The young person's best interests require the health professional to give contraceptive advice, treatment, or both without parental consent.</p>		

BASHI charity number: 1148136. Brook charity number: 700315.

**Appendix 4 – Concerns of Child Sexual Exploitation Flow Chart**





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## **Kingston and Richmond LSCB**

### **Child Sexual Exploitation and Children Missing from Home, Care and Education Subgroup**

#### **Terms of Reference**

##### **Purpose**

The joint Richmond and Kingston Local Safeguarding Children Boards (LSCBs) CSE & Missing Subgroup is a strategic subgroup that aims to:

- Provide clarity on how safeguarding is addressed within the specific priority areas of child sexual exploitation (CSE), and young people and agency responses to managing young people missing from home care or school;
- Have a clear understanding of the prevalence of CSE throughout Richmond and Kingston and incorporate national and local learning into the group's terms of reference and meeting agenda;
- Have a clear understanding of the local situation regarding children and young people missing from home, care or school and incorporate national learning and local learning into the subgroups terms of reference and meeting agenda;
- Be mindful of the increased risk of CSE for children privately fostered, trafficked and the impact of CSE on children subject to FGM and forced marriage.

##### **Roles and responsibilities**

- Implement statutory procedures;
- Put in place clear local practice and procedures;
- Ensure that all objectives are managed in line with statutory requirements and any agreed CSE & Missing Children protocols and ensure recommendations are made to the Independent Chair of the Local Safeguarding Children Boards (LSCB);
- Work with projects and initiatives, identify any gaps, devise action plans and implement actions;
- Ensure that lessons learnt from CSE & Missing Children processes are disseminated and acted upon;
- Disseminate learning throughout agencies and the public in Richmond and Kingston.

### 3. Membership

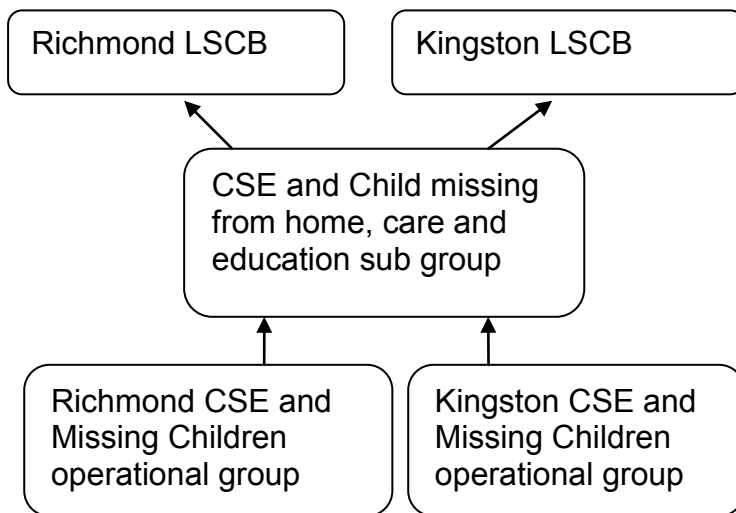
Membership of the CSE & Missing Subgroup will include representatives from:

- Richmond and Kingston Police
- West Region and Feltham CAIT
- Richmond and Kingston Children’s Services
- Named Nurses for Community Healthcare providers, Kingston and Richmond
- Kingston and Richmond Public Health
- Domestic Violence Co-ordinators
- Integrated Youth Support, Richmond and Kingston
- Kingston and Richmond Education Services
- Voluntary sector
- LSCB Business Support
- Designated Nurses

Representatives from the other partner agencies may be asked to join the group as required if additional needs are identified or specialist advice is required.

#### **Governance arrangements:**

**The CSE and Missing sub group is accountable to both LSCBs**



The CSE & Missing Subgroup sub group is accountable to both LSCBs

The CSE & Missing sub group is to be joint chaired by the Heads of Children’s Social Care for Kingston and Richmond (alternately). This arrangement will be reviewed annually.

Sub group meetings will take place four times per year.

At least 50% of agencies must be present to enable the meeting to proceed. Where an agency representative is not able to attend, they will identify a colleague to attend on their behalf.

**Attendance at sub group meetings will be monitored and information included in the Annual Reports for both LSCBs.**

**Meeting agenda will be circulated at least five working days before the meeting. Minutes will be distributed to the sub group within three weeks of the meeting.**

The Chair will report to the Richmond and Kingston LSCBs via a progress report at each Board meeting. They will also be responsible for delivering a work plan, drawn from the LSCB business plans.

The work plan will be reviewed at each sub group meeting.

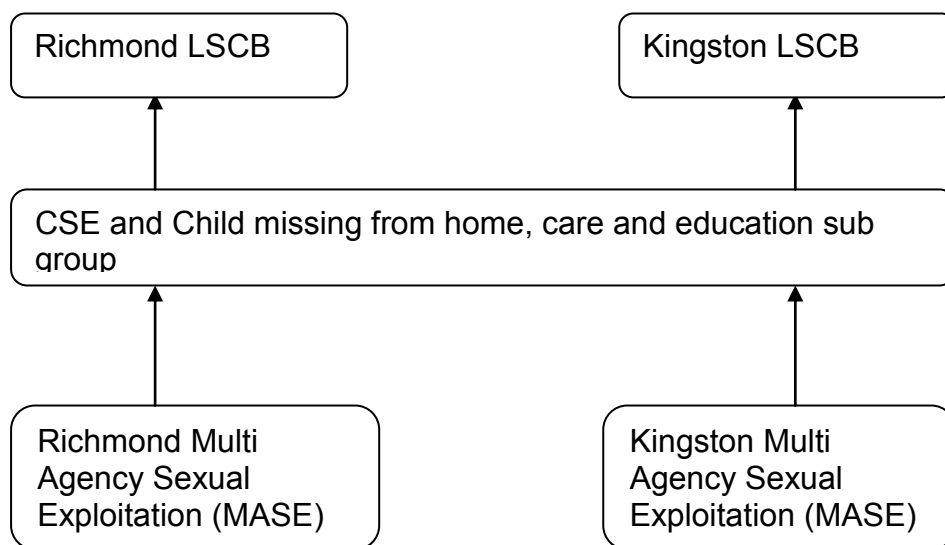
The Chair may set up time-limited tasks and finish groups as required to deliver its objectives.

**Review:**

The terms of reference and membership will be reviewed annually to ensure they reflect the needs of Kingston and Richmond LSCBs.

**Governance arrangements:**

The CSE and Missing sub group is accountable to both LSCBs.



The CSE and Missing sub-group is currently chaired by Director Children's Social Care and Detective Superintendent , Richmond upon Thames Borough

The Chair may set up time-limited tasks and finish groups as required to deliver its objectives.

## **Membership of Kingston and Richmond LSCB Child Sexual Exploitation and Children Missing from Home, Care & Education Subgroup**

Community Paediatrics RBK  
Youth Service RBK  
Adolescent Health, RBK  
Clinical Commissioning Group (Kingston)  
Disabled Children's Team, AfC  
Domestic Abuse & Hate Crime Co-ordinator, Richmond  
Family Support AFC  
GP Sexual Health Representation  
Head of Integrated Services for Children with Disabilities  
Hounslow & Richmond Community Healthcare (HRCH)  
Interim CSE Coordinator, AfC  
Kingston Police  
Kingston and Richmond Local Safeguarding Children's Board Business Support  
Participation and Engagement Officer for Children and Young People with Disabilities  
Public Health, London Boroughs of Richmond and Kingston  
Pupil Referral Units  
Quality Assurance, AfC  
Richmond & Kingston Children's Services (Protection & Early Help)  
Richmond Police  
Safeguarding Children, AFC  
Safeguarding Adults  
Safeguarding Adults Coordinator Richmond and Kingston Councils  
School Improvement, AFC  
School representation  
Special Educational Needs, AFC  
Sexual Health, RBK  
South West London and St George's Mental Health NHS Trust  
YOS , RBK & London Borough of Richmond  
Young People's Early Intervention Health Co-ordinator RBK  
Your HealthCare, Kingston

## **Appendix 6– Terms of Reference – MASE Panel (Pan London Protocol March 2015)**

### **MASE (Multi-Agency Sexual Exploitation) Panel TERMS OF REFERENCE**

#### **What is a Multi-Agency Sexual Exploitation Meeting (MASE)?**

The MASE meeting does not replace or supersede any current policy or procedure in relation to safeguarding nor does it singularly address exploitation of children and should be followed in conjunction with current safeguarding procedures. No agency should delay action against referrals whilst waiting for a discussion at the next MASE meeting. Action to protect children from CSE should be a priority for all agencies and the MASE meeting serves as a process to ensure that activity is taking place and is coordinated.

The monthly MASE meeting provides the framework to allow regular information sharing and action planning to tackle child sexual exploitation. The meeting discusses referrals of concern which have been received by the agencies at the meeting. Agencies not represented at the meeting may be required to submit information to the MASE meeting in relevant cases. In the case of each referral discussed at the meeting the Chair will check progress and ensure that an action plan has been developed.

The intelligence and information shared at the meeting will be recorded on police systems and also on the social service systems should the case be open to them. This will allow an analyst to identify themes, patterns and trends emerging from MASE meetings in relation to CSE. This may include the identification of serial perpetrators and the involvement of gangs/groups or premises/locations linked to CSE. Analysis developed as a result of this will be brought back to subsequent meetings and action plans developed.

#### **Governance of the MASE Meeting**

The MASE meeting should be chaired by the local borough police at a rank not below Inspector. There may be an agreement locally for the meeting to be jointly chaired by a manager from the local Children's Services. Police attendance however should always be at a senior level (DI/DCI). The MASE meeting should report to the LSCB sub-group on CSE or where this is not in place directly to the LSCB.

The MASE meeting should provide the LSCB (sub group) information on the following:

- Volume of cases.
- Communities effected, to allow awareness raising and targeted intervention.
- Patterns of CSE identified.
- Activity against perpetrators.
- Performance of individual agencies.

- Number and type of disruptions e.g. civil orders, charging of offenders, closure of premises etc.

### **MASE Meeting Aims**

A MASE meeting must not be used to refer cases for the first time. Agencies should always follow established referral routes for CSE cases. Cases to be discussed should therefore be circulated to those attending prior to the meeting; all attendees should be fully prepared to discuss cases from their agencies perspective. They should have a full knowledge of the cases. The MASE meeting should not have full case management discussions regarding the cases brought to the meeting; these should be held within Strategy or MAP meetings. The MASE meeting should have focused discussions for each case concentrating on the following;

- All possible powers and options are being utilised to protect the victim and disrupt the offenders(s).
- All agencies are working together.
- All agencies have recorded the relevant details of the case on their systems to ensure others have access to the information.
- Any actions taken co-ordinate with other processes such as MARAC and MAPPA.
- Links/patterns with any cases/locations/venues are identified.
- Above all else, agencies are working together to make a positive difference to those affected by CSE.

If grading systems are used, it is important that those cases that are considered low risk are not missed by the meeting. It has often proved the case that those considered a low risk in the first instance, in fact turn out to be linked to other cases/venues and prove to be far more concerning than at first thought. It is important that a record is kept of any decisions made and that these are recorded on each agencies relevant system.

### **Suggested MASE Agenda**

It is important to start a MASE meeting with a check on how many referrals each agency has received since the last meeting. The number of cases held by police and social services should be the same and if not there may be an issue with recording practices.

A typical agenda for a MASE meeting will include;

- Quality assures compliance as above. Have all agencies recorded and are aware of referrals.
- New cases - summary of information, agencies involved, proposed or identified case management.
- Review cases - progress of case and any issues in relation to this i.e. agencies not participating in case management. Strategic issues in relation to resources etc. (This is not a case management discussion and should be no more than an update from the lead agency and compliance against the key tactical options available).



- Children residing out of borough - information from liaison with local area, review of risks identified.
- Cross border Issues - identification of trends issues, review of contact/joined up working with neighbouring boroughs.
- Identified perpetrators - to ensure all control/disruption measures have been taken and perpetrators have access to support programmes.
- Problem locations and trends - issues identified from problem profile, progress against issues identified. Identification of other agencies/departments that may need to be involved.

**The Chair's role in each meeting will be to ensure that:**

1. All agencies are represented at the appropriate level and if not report back to the LSCB.
2. All members are given an opportunity to contribute to the meeting.
3. The information shared is done so in accordance with current guidance and is accurately recorded on each agencies system.
4. Actions are collated and addressed.
5. Ensure that the meeting is at the appropriate level and focused on achieving the aims within this document.

**Membership of the MASE Meeting**

Statutory membership should include:

- Police.
- Children's Social Care.
- Health.
- Education Representative.
- Agencies contracted by the borough to support victims of CSE.
- Youth Offending Service. A range of other agencies are encouraged to attend. This is essential when their agency has information which may be relevant to the meeting. These may include:
  - Housing Officers.
  - Probation Officers.
  - Mental health care providers.
  - Drugs/alcohol teams.
  - Other none contracted charities/support services working on the borough.
  - Care home providers. This includes statutory and non statutory providers.
  - Community Safety Managers.
  - Representatives from business community where a problem location has been identified.

## **Advice around risk assessment tools**

This document does not provide advice or guidance in relation to risk assessment tools. Boroughs especially with high numbers of children at risk of CSE will have their own tools to identify those most at risk that services can be targeted towards. Due to the complexities involved in and the 'hidden' nature of CSE care must be taken when using risk assessment tools in relation to referrals through the MASE meeting. It is important that information is shared at some level on all cases so that links can be made in the future and risk can be kept under review.

## **Tactical Options to be considered by the MASE Panel**

The most significant barrier to the success of CSE Investigations is the non-engagement of the victim. Consequently every effort should be made for any potential victim to have contact with Officers trained in Child Protection. The full range of special measures should be explained and every effort made to get the victim to engage with the Investigation. When a victim does elect to make a complaint, use of an intermediary during the subsequent video interview should be considered.

Intelligence and Flagging - One of the major functions of the MASE Meeting is to ensure intelligence/information is collated regarding CSE for analysis. It is important that referrals are recorded by each agency on their relevant systems and any intelligence submissions are categorised as being CSE related.

There are a number of disruptive and preventative activities that should be considered for each child at risk or being exploited. These include:

1. Has the child/victim got a PNC report on indicating they are at risk?
2. Has the suspected perpetrator got a PNC report indicating they pose a risk?
3. Have abduction warning notices been considered and if so served/recorded and everyone made aware.
4. Who is the lead agency/individual responsible for de-briefing the child following missing episodes is this being done and is the information being shared.
5. Is there a forensic strategy in place around the child/victim i.e. has there been discussion around the recovery of the child's clothing following missing episodes or contact with suspected perpetrators.
6. Have civil orders been considered e.g. Sexual Harm Prevention Orders, Sexual Risk Orders, Child Abduction Warning Notices, Anti-social Behaviour Orders and High Court Injunctions.
7. Is any other legislation relevant e.g. harassment act.
8. Does the child have a phone that has a tracker on and if so who has permission to track this?
9. Are all the people relevant to the child aware of the risk that they face/are putting themselves in i.e. consider disclosure to relevant people.
10. Is secure accommodation a possibility and if so have the police provided evidence to support this.
11. Have any victim of suspect vehicles been considered for ANPR to provide information on the following:
  - Activity outside children's homes or other venues.
  - Vehicles used to transport victims between towns.

- Vehicles roaming the streets looking for children.

12. Have CCTV staff been briefed to look for activity as under ANPR above.

13. Briefing sheets - Consider circulating pictures and details of potential victims and perpetrators along with vehicle details to all relevant people including Police, Local Wardens, other enforcement staff, CCTV operators etc.

14. Covert tactics where appropriate.

15. Source tasking may be an option.

16. DNA and other forensic examination - should be considered when there is some evidence that sexual activity has taken place. Items of clothing etc. should be seized and locations forensically examined even when a complaint is made. DNA may identify a significant number of perpetrators.

If you believe a child is at risk of sexual exploitation, a volunteer DNA sample can be taken and submitted for inclusion on the Vulnerable Person DNA database (VPDD). The DNA Bureau will seek authority from the DNA Strategy Board to use this sample for elimination purposes in all CSE cases where the donor is the suspected victim. When a child continually goes missing from care, efforts should be made to make direct contact with care home staff and arrangements made for the prompt recovery of evidence where sexual offences are suspected to have taken place. Taking possession of mobile telephones and clothing could be crucial to the success of any future victimless prosecution.

17. Financial Investigation - may assist in locating vulnerable children missing from home. If you suspect that children are being trafficked for sex and the perpetrators are profiting financially, you should liaise with financial investigators and agree an investigation strategy. This may also be relevant where the perpetrator is also believed to be involved in drug offences. Financial transactions may reveal spending information e.g. hotel stays that can be followed up or identify evidence of benefit fraud, for which suspected perpetrators can be prosecuted.

18. Home visits - if you believe that potential victims are frequenting a suspected perpetrator's address, particularly where an abduction warning has been given, it may be appropriate to arrange regular visits to the perpetrator's home address to ensure that children at risk are not present, and to reinforce previous advice.

19. Hotels - where CSE perpetrators frequent hotels and the management are failing to prevent this, you could consider liaising with Trading Standards regarding compliance with legislation.

Other options include:

- Routine high visibility visits
- Meeting with area and regional management
- Using abduction warnings for management and staff
- Seizing of CCTV and guest registers
- Forensic examination of rooms
- Obtaining payment details used by perpetrators
- Covert observations

- Sections 14 of the Sexual Offences Act 2003 may apply if hotel staff allow perpetrators to rent rooms in return for money and in the knowledge that they intend to commit such an offence.

20. Parks and City Centres - can be the location of initial contact between victim and perpetrator; or sexual offences. If a particular park or city centre location is identified then you may wish to consider working with the local authority to develop a joint action plan including:

- Briefing PCSO and neighbourhood policing teams and high visibility patrols.
- Briefing relevant staff from other agencies (Local Authority, Security Guards etc).
- Using CCTV and briefing CCTV Operators.
- Covert observations.

21. Takeaways and taxi firms - are frequently linked to CSE incidents. If the staff/proprietors are uncooperative, you could consider:

- Briefing PCSO, neighbourhood and high visibility patrols at relevant times.
- Using child abduction warning notices.
- Prosecuting regarding Child Abduction Offences or section 14 (Sexual Offences Act 2003) Offences.
- Covert surveillance, potentially also including mobile surveillance.
- Liaising with Local Authority Licensing and Trading Standards with a view to revoking licences.
- Liaising with the Department of Work and Pensions and UK Border Agency regarding illegal employees.
- Consider Closure Orders.

22. Children's Homes - Some perpetrators will park vehicles near to homes and are always likely to contact the victim by phone to arrange meetings. You could consider:

- Liaising with Children's Services to ensure that the home is recording patterns of unauthorised absence incidents (not reported to the Police) and that the police are being updated.
- Preparing a Police Children's Services Action Plan, agreeing joint actions for when the potential victim go missing.
- Briefing care staff regarding identities, photos and vehicle details of potential perpetrators and collating and analysing intelligence from care home staff regarding incidents, e.g. details of vehicles seen etc.
- High visibility patrols at relevant times.
- Covert observations.
- Consider moving the victim to new accommodation to prevent contact and break-up groups of victims who may go missing together.
- Collect potential sources of evidence from home staff, e.g. mobile phone lists and clothing when the victim returns and it is believed that sexual activity has taken place.

23. Schools - Schools may be identified as having particular issues in connection with CSE because one child has been targeted and is drawing friends into the abuse or because perpetrators may live locally or have attended the school themselves. You may wish to consider:

- Briefing school staff with identities, photos and vehicles details of potential perpetrators.
- Collating and analysing intelligence from staff regarding incidents.

- School staff recording unauthorised absence incidents.
- Talking to pupils about CSE issues and utilise high visibility patrols at relevant times.
- Covert observations with the school as a “pick-up point”.

24. Immigration Status - If you suspect that a perpetrator maybe a recent arrival in the UK, enquiries should be made with UKBA to establish immigration status.

25. MAPPA referral - if the appropriate criteria are met, the perpetrator could be managed as a MAPPA case. If Probation have no involvement it may still be possible to nominate an individual as a Potentially Dangerous Person (PDP) in order for a Superintendent to authorise multi-agency involvement, third party disclosures and inclusion on VISOR.

26. Targeting other offences - perpetrators could be disrupted if targeted for other offences including monitoring or Public Order Offences.

27. Technology - Wherever possible Section 18 PACE searches of the perpetrators premises and vehicles should be conducted to secure and preserve relevant evidence including mobile phones, computers and other data storage devices. Patterns of phone calls may disclose evidential material of value, particularly if a victim’s absences from a care home coincide with the receipt of calls from a particular number.

28. Facebook and social media - Although CSE Victims typically only allow access to identified “friends”, accessing Social Media sites may still disclose some information. You may wish to consider gaining the appropriate authority to secure further access.

29. Search Warrants - The information shared at MASE may be sufficient for consideration of a search warrant being obtained for the home address of the suspected perpetrator. The types of warrant utilised include:

- PACE warrants searching for relevant evidence. Section 50 of the Children’s Act allows entry and search where there is reason to believe that a child that is subject of a Care Order, Emergency Protection or Police Protection Order is being held in circumstances amounting to an offence under Section 49 of this act (keep away a child without lawful authority).
- Misuse of Drugs Act, as there is a strong link between drug dealing and men engaged in CSE.

## Appendix 7 – Glossary

Acronym	In full
<b>ABE</b> interview	Achieving Best Evidence
CAF	Common Assessment Framework
CAIT	Child Abuse Investigation Team
CAMHS	Child and Adolescent Mental Health Services
CSC	Children’s Social Care
CSE	Child Sexual Exploitation
DfE	Department for Education
LGA	Local Government Association
LSCB	Local Safeguarding Children’s Board
MASE	Multi-Agency Sexual Exploitation Meeting
<b>MPS</b> CSE protocol	Metropolitan Police Service
P&H	Prevention and Early Help
<b>PSHE</b> programme	Personal Social and Health Education
SPA	Single Point of Access
<b>SRE</b> programme	Sexual and Relationship Education
TAC	Team Around Child
TOR	Terms of Reference
TYSP	Targeted Youth Support Panels
YOT	Youth Justice Team

## Appendix 8 – Key Documents

Pan-London Child Sexual Exploitation Operating Protocol 2015

<http://content.met.police.uk/cs/Satellite?blobcol=urldata&blobheadname1=Content-Type&blobheadname2=Content-Disposition&blobheadvalue1=application%2Fpdf&blobheadvalue2=inline%3B+filename%3D%2377%2F10%2FThe+London+Revised+CSE+Operating+Protocol+2nd+Edition.pdf%22&blobkey=id&blobtable=MungoBlobs&blobwhere=1283910116288&ssbinary=true>

Tackling Child Sexual Exploitation – Action Plan (DfE)

<http://www.education.gov.uk/childrenandyoungpeople/safeguardingchildren/a00200288/tackling-child-sexual-exploitation>

Safeguarding Children and Young People from Sexual Exploitation 2009 (DCSF)

<https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00689-2009>

London Child Protection Procedures for Safeguarding Children abused through Sexual Exploitation

[http://www.londoncp.co.uk/procedures/supp\\_6.html](http://www.londoncp.co.uk/procedures/supp_6.html)

Working Together to Safeguard Children 2015 (HM Government)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)

Safeguarding Children and Young People who may be affected by Gang Activity 2010 (Department for Schools, Children and Families)

<https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00064-2010>

Sexual Offences Act 2003 Sections 47-51

<http://www.legislation.gov.uk/ukpga/2003/42/contents>

NSPCC report 'Caught in a Trap'

[http://www.nspcc.org.uk/news-and-views/our-news/nspcc-news/12-11-12-grooming-report/caught-in-a-trap-pdf\\_wdf92793.pdf](http://www.nspcc.org.uk/news-and-views/our-news/nspcc-news/12-11-12-grooming-report/caught-in-a-trap-pdf_wdf92793.pdf)

## Appendix 9

### Seven golden rules for information sharing

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Extract from HM Government Information Sharing: Guidance for practitioners providing safeguarding services to children, young people, parents and carers, March 2015

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419628/Information\\_sharing\\_advice\\_safeguarding\\_practitioners.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf)



## Appendix 10

### Essential foundations for good practice in tackling CSE in gangs and groups

The final report of the Office of the Children's Commissioner Inquiry into Child Sexual Exploitation in Gangs and Groups (CSEGG) in 2013 set out the following foundations for good practice

**Essential foundations for good practice in tackling CSE in gangs and groups (Source: Office of the Children's Commissioner 2013):**



The Inquiry report recommends the implementation of the “See Me, Hear Me” Framework for protecting children and young people, from strategic planning to operational interventions, in order to prevent child sexual exploitation and to deal with it when it occurs. It sets out the following components of end-to-end prevention and support:

1. Prevention (whole-school approaches; awareness-raising for parents/carers, communities and local businesses; training for professionals)
2. Pre-emptive policing to forestall exploitation (including case profiling, perpetrator profiling, and multi-agency action)
3. Targeted early intervention (with vulnerable children and young people and their families, and also with others with similar risk profiles to stop it happening to others)

4. Enduring support for victims and families
5. Identification and apprehension of perpetrators, and monitoring of non-convicted suspects
6. Rehabilitation of offenders