

Thurrock: A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish

## Corporate Parenting Committee

The meeting will be held at **7.00 pm** on **18 June 2015**

**Committee Room 1, Civic Offices, New Road, Grays, Essex, RM17 6SL**

### Membership:

Councillors Susan Little (Chair), Bukky Okunade (Vice-Chair), James Baker, Clare Baldwin, Leslie Gamester, James Halden, Steve Liddiard and Joycelyn Redsell

Natalie Carter, Thurrock Open Door Representative  
Christina Day, Children in Care Council  
Jackie Howell, Chair, The One Team, Foster Carer Association  
Sharon Smith, Vice Chair, The One Team, Foster Carer Association

### Substitutes:

Councillors Robert Gledhill, Cathy Kent, Andrew Roast, Graham Snell and Kevin Wheeler

### Agenda

Open to Public and Press

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<b>2 Minutes</b>	<b>5 - 8</b>
To approve as a correct record the minutes of the Corporate Parenting Committee meeting held on 12 March 2015.	
<b>3 Items of Urgent Business</b>	
To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	
<b>4 Declaration of Interests</b>	

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**Queries regarding this Agenda or notification of apologies:**

Please contact Jenny Shade, Senior Democratic Services Officer by sending an email to [Direct.Democracy@thurrock.gov.uk](mailto:Direct.Democracy@thurrock.gov.uk)

Agenda published on: **10 June 2015**

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# DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

## Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

## When should you declare an interest *at a meeting*?

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. **Please seek advice from the Monitoring Officer about disclosable pecuniary interests.**

**What is a Non-Pecuniary interest?** – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

### Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- Not participate or participate further in any discussion of the matter at a meeting;
- Not participate in any vote or further vote taken at the meeting; and
- leave the room while the item is being considered/voted upon

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

### Non- pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature



You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

**Vision: Thurrock:** A place of **opportunity**, **enterprise** and **excellence**, where **individuals**, **communities** and **businesses** flourish.

To achieve our vision, we have identified five strategic priorities:

**1. Create** a great place for learning and opportunity

- Ensure that every place of learning is rated “Good” or better
- Raise levels of aspiration and attainment so that residents can take advantage of local job opportunities
- Support families to give children the best possible start in life

**2. Encourage** and promote job creation and economic prosperity

- Promote Thurrock and encourage inward investment to enable and sustain growth
- Support business and develop the local skilled workforce they require
- Work with partners to secure improved infrastructure and built environment

**3. Build** pride, responsibility and respect

- Create welcoming, safe, and resilient communities which value fairness
- Work in partnership with communities to help them take responsibility for shaping their quality of life
- Empower residents through choice and independence to improve their health and well-being

**4. Improve** health and well-being

- Ensure people stay healthy longer, adding years to life and life to years
- Reduce inequalities in health and well-being and safeguard the most vulnerable people with timely intervention and care accessed closer to home
- Enhance quality of life through improved housing, employment and opportunity

**5. Promote** and protect our clean and green environment

- Enhance access to Thurrock's river frontage, cultural assets and leisure opportunities
- Promote Thurrock's natural environment and biodiversity
- Inspire high quality design and standards in our buildings and public space

## **Minutes of the Meeting of the Corporate Parenting Committee held on 12 March 2015 at 7.00 pm**

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**Present:** Councillors Bukky Okunade (Chair), James Halden (Vice-Chair), Charles Curtis, Sue Gray, Susan Little and Joycelyn Redsell

Natalie Cater, Thurrock Open Door Representative  
Christina Day, Chair of the Children in Care Council  
Jackie Howell, Representative of Thurrock One Team Foster Care Association  
Patricia Perolles, Designated Nurse  
Sharon Smith, Representative of Thurrock One Team Foster Case Association

**In attendance:** Carmel Littleton, Director of Children's Services  
Andrew Carter, Head of Care and Targeted Outcomes  
Paul Coke, Service Manager (Children & Families)  
Leanna McPherson, Senior Democratic Services Officer

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Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

### **24. Minutes**

The Minutes of the Corporate Parenting Committee, held on 18 December 2014, were approved as a correct record.

### **25. Items of Urgent Business**

There were no items of urgent business.

### **26. Declaration of Interests**

Councillor Susan Little declared a non-pecuniary interest as she was a member of the Adoption and Fostering Panel.

### **27. Adoption Report Outlining Process and Performance**

The report presented to the Committee by the Head of Care and Targeted Outcomes updated the report previously presented in September 2014 and activity over the last six months.

The Committee were advised that Havering had withdrawn from the consortium and the Council were now working closely with Southend-on-Sea. The service was primarily concerned with finding the right family for a child,

whilst balancing a reduced budget and no increase in staff capacity. It was noted by Members there was likely to be an overspend this financial year.

The Committee considered the report presented before it and noted that improvements in service provision were being made. It was also noted that not all pressures on the service were financial.

The Committee felt it was important for the service to have a strategy in place to recruit adopters and in response to a question the Committee noted that the Council had taken part in national LGBT Adoption and Fostering Week.

With regard to potential overpayments, the Committee were satisfied that officers were undertaking a full review of the current system.

**RESOLVED: To note the report, following consideration and agreement that the Committee were satisfied the agency was effective and achieving good outcomes for children and service users.**

## **28. Health of Looked After Children**

The Head of Care and Targeted Outcomes introduced a report to the Committee which considered the health of Looked After Children.

The Committee were aware that meeting the healthcare needs of Looked After Children was a significant priority for Children's Social Care. Many children who become looked after would do so following a period of parental neglect or abuse, and may not have had their health needs addressed appropriately.

The Committee were advised that the Council was coming closer to the national average for dental health checks, based on 2013/14 national returns.

The Committee's attention was drawn to a data cleansing exercise which was currently taking place. The systems used by health and Children's Social Care did not 'talk' to each other and therefore inaccurate recording of immunisations was taking place. This work was due to be finished by the end of the financial year and it was anticipated the number of children recorded as being immunised would increase significantly. Immunisation clinics were planned to address specific groups without immunisations such as unaccompanied asylum seeking children.

Reassurance was sought from the representatives from Thurrock One Team Foster Care Association that health checks were being undertaken and the Chair of the Children in Care Council advised the Committee that she felt that in particular the older Looked After Children had high quality health care.

In response to questions regarding the recording of data, the Service Manager confirmed there were strict processes in place following an "update, audit and challenge" structure.



**RESOLVED:**

- 1. To note the contents of the report.**
- 2. To support the proposal that Health colleagues be invited to take the lead role in the preparation of future reports on Health matters to the Committee.**

**29. Information on Recent External Placements for young people**

The Head of Care and Targeted Outcomes presented the report to the Committee, which updated Members on a range of issues regarding the placement choices made for looked after children.

Placements were made in-house where possible, however the Council did have to use agencies on some occasions. This was particularly the case with larger sibling groups. The Committee also noted that planned placements and emergency placements placed different pressures on the service and there was currently an overspend of £100,000.

The Committee questioned the process for unaccompanied children, in particular those seeking asylum and where advised that with all placements culture and religious needs were taken into account. A health assessment would be undertaken and immunisation given accordingly.

In response to questions regarding looked after children on remand and those reaching the age of 18 years old, Members were reassured that no individual would be left unsupported.

The Committee thanked officers for a well structured informative report.

The Director of Children's Services suggested to the Committee that information on distant placements be considered at a future meeting of the Committee.

**RESOLVED:**

- 1. To note the efforts made by officers to choose appropriate resources for looked after children, including our more difficult to place children.**
- 2. That distant placements be considered at the next meeting.**

**30. Attendance of the District Nurse at Meetings**

The Head of Care and Targeted Outcomes introduced a report to the Committee advising that it was intended to widen the professional representation on the committee on a regular basis in the interest of encouraging multi-disciplinary participation and accountability in finding services for looked after young people.

The Committee noted there was an error in the title of the report, which should read 'designated nurse' and not 'district nurse'.

The Committee welcomed the proposal and therefore:

**RESOLVED: That the Designated Nurse for Looked after Children be requested to attend meetings of the Corporate Parenting Committee.**

**The meeting finished at Time Not Specified**

Approved as a true and correct record

**CHAIR**

**DATE**

**Any queries regarding these Minutes, please contact  
Democratic Services at [Direct.Democracy@thurrock.gov.uk](mailto:Direct.Democracy@thurrock.gov.uk)**

## Terms of Reference – Corporate Parenting Committee

<b>3.</b>	<b>CORPORATE PARENTING COMMITTEE</b>	
<b>Appointed by:</b>	<b>Number of Elected Members:</b>	
The Council under section 102 of the Local Government Act 1972	Eight	
<b>Chair and Vice-Chair appointed by:</b>	<b>Political Proportionality:</b>	
The Council	The elected Members shall be appointed in accordance with Political Proportionality	
<b>Quorum:</b>	<b>Co-opted Members to be appointed by Corporate Parenting Committee:</b>	
Three elected Members	(i) A nominated representative from Open Door (ii) Chair and/or Vice-Chair of the Children in Care Council (iii) Chair and Vice-Chair of the Foster Carers Association	
<p><b>Functions determined by Council:</b></p> <p><b>1. Purpose</b></p> <p>1.1 The Committee exists to ensure that all elements of the Council work together to ensure that the children looked after by Thurrock get the best possible service that can be offered.</p> <p>1.2 The Committee will serve to aid elected members to drive the improvement of the service forward including by interacting with the looked after children</p> <p>1.3 The Committee will monitor, review and update the looked after children strategy.</p> <p>1.4 In carrying out this role, the Committee has set as its Mission Statement:</p> <p>“We want to ensure that all children looked after by Thurrock Council are given the same opportunities, the same level of support and given the same amount of attention as would be given to our own children. We acknowledge that because children looked after have often had very difficult and damaging experiences in their lives, at times they need extra support and resources in order that they can benefit from the same opportunities as other children in our community as well as ensuring that young people have access and knowledge of their elected members who run the authority for the LAC and therefore give them a voice”.</p> <p><b>2. Objectives</b></p> <p>2.1 To champion and promote the best interests of all children and young people who are, have been in care or may be at risk of becoming looked after children, particularly in relation to the following –</p> <ul style="list-style-type: none"> <li>• Health and well-being</li> <li>• Ability to stay safe</li> <li>• Ability to enjoy and achieve</li> <li>• Ability and opportunity to make a positive contribution</li> <li>• Achievement of economic well-being</li> </ul> <p>2.2 To promote the role of all councillors as corporate parents and provide the robust vehicle for their mandate to be exercised on behalf of young people</p> <p>2.3 To bring together members/officers/representatives of partner agencies with corporate parenting responsibilities, with the Chair having discretion to extend invitations to attend</p>		

meetings of the Committee as appropriate.

- 2.4 To routinely examine the performance data relating to looked after children and, as necessary, seek to inquire into those areas where performance is poor or of concern.
- 2.5 To explore the extent to which the Council as a whole is contributing to meeting the needs of looked after children and to identify and pursue areas where there could be improvement.
- 2.6 To receive effective 'preventative' and qualitative information in order to hold senior officers to account in relation to meeting the needs and improving the outcomes of looked after children.
- 2.7 To oversee the strategy for looked after children and ensure that the various elements within it are being delivered in a holistic and comprehensive way by all responsible.
- 2.8 To identify and celebrate the achievements of individual children and young people who are or who have been looked after.
- 2.9 To see the service shaped and influenced by those it serves i.e. young people.
- 2.10 To prepare an annual report on the work of the Committee for consideration by the Council.
- 2.11 To make recommendations to the relevant executive decision maker where responsibility for that particular function rests with the executive
- 2.12 To report to the relevant scrutiny committee any matter which it believes that committee should give consideration to.
- 2.13 The Corporate Parenting Committee shall be responsible for setting its own work programme, taking into account the wishes and preferences of the members of the Committee, together with any suggestions from Officers of the Council for particular topics to be considered.

**Matters reserved for decision**

There are no specific matters reserved to this committee.

The reason for this is that the role and function of the committee is to review and monitor the council's role as a corporate parent. This involves the participation of members on a cross political group committee. However any specific actions the committee might identify as necessary would be executive functions and need to be taken by a cabinet decision maker, in accordance with cabinet responsibility for functions.

**Functions determined by Statute**

<b>18 June 2015</b>	<b>ITEM: 6</b>
<b>Corporate Parenting Committee</b>	
<b>Information on Recent External Placements for young people</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-Key
<b>Report of:</b> Paul Coke – Service Manager, Through Care Services	
<b>Accountable Head of Service:</b> Andrew Carter, Children’s Social Care (CATO)	
<b>Accountable Director:</b> Carmel Littleton, Director of Children’s Services	
<b>This report is Public</b>	

## Executive Summary

This report updates members of the Committee on a range of issues regarding the placement choices made for looked after children

### 1. Recommendation(s)

**1.1 That the members of the Committee scrutinize the efforts made by officers to choose appropriate resources for looked after children, including our more difficult to place children.**

### 2. Introduction and Background

- 2.1 Reports for previous meetings of the Corporate Parenting Committee have provided elected members with appropriate information about the placement choices being made by officers for looked after children. These reports have included information on new external placements made in the period immediately preceding them and commented on a number of the presenting issues which influence decision making.
- 2.2 The period covered in this report is from 05/2/15 – 27/5/15. During this period there have been 24 new entrants / children who have become looked after. Over the same period 19 children have ceased to be looked after.
- 2.3 The numbers in age groups entering and ceasing care during the above period are as follows:

<b>AGE GROUP</b>	<b>ENTER</b>	<b>CEASE</b>
0-5	8	6
6-11	2	1
12-15	4	4
16+	10	8

- 2.4 As of the 27 May 2015 we had 276 looked after children (0-17). The comparative figure for the previous period reported to the Corporate Parenting Committee on 12<sup>th</sup> March 2015, are indicated in brackets.

<b>Age of child</b>	<b>In house Fostering</b>	<b>Independent Fostering</b>	<b>Residential</b>	<b>Other</b>	<b>Total by age</b>
Under 1	3 (4)	7 (2)	0 (0)	0 (0)	10 (6)
1 – 5	13 (12)	9 (11)	1(0)	4 (15)	27 (38)
6 - 11	34 (33)	28 (32)	2 (4)	4 (1)	68 (70)
12 – 15	27 (29)	38 (35)	2 (5)	22 (32)	89 (101)
16+	17 (18)	22 (21)	3 (5)	40 (32)	82 (76)
Total by provision type	91 (92)	104 (101)	8 (14)	70 (80)	276 (285)

- 2.5 The total number of children and young people in foster placement is 195 (70.6%) as opposed to 71% in the last report.
- 2.6 The numbers in the other category will include those young people who are in a range of semi-supported accommodation, which will especially highlight the 16+ category. This will also include those that are in custody.

### **3. Issues, Options and Analysis of Options**

- 3.1 The percentage of children and young people in foster placement has remained relatively stable over the last 2 reported periods, but there has been a slight rise in the number of IFA (independent fostering agency) placements. The department is in the process of exploring a Service Level Agreement with Essex County Council to provide high quality foster placements within 20 miles of Thurrock at a competitively reduced price in comparison to IFA placements.
- 3.2 The department successfully recruited 11 professional fostering households over the 2014/15 period (4 short of the target of 15 fostering households). A further target of between 15-20 fostering households has been set for the 2015/16 period and a new Fostering and Adoption Recruitment Board has been introduced to monitor and drive the recruitment of foster carers and prospective adopters.
- 3.3 The recruitment of foster carers able to accommodate large sibling groups; children with significant disabilities, teenagers with emotional and behavioural difficulties and teenagers subject to remand continues to present significant challenges for local authority fostering services locally, regionally and

nationally. Through the Fostering and Adoption Recruitment Board we aim to drive our targeted recruitment in these areas as well as our generic recruitment. The department's aim is to reduce the number of children placed with IFA foster carers and increase those placed with in-house carers (or via SLA arrangements with Essex) whilst maintaining placement choice and effective matching for children.

- 3.4 The department is committed to ensuring that large sibling groups are only split (separated) where this is based on the needs of the children and not based on the availability of placements.
- 3.5 As part of our performance improvement we are reviewing a sample of cases of newly accommodated children to ensure that options in terms of placements with Connected Carers (family and friends) have been fully and appropriately considered in the best interest of the child. Also that family group conferences are being effectively used to identify extended networks that can provide permanency, short or medium periods of care as appropriate to the child's needs. During 2014/15, six households were approved as Connected Foster Carers.
- 3.6 There has been a drop in the use of residential placements, from 14 in the last reported period to 8 in this current period. All new residential placements need the agreement of the Head of Service. For some children a residential placement will remain the most appropriate option and the department remains committed to effectively matching children based on their needs, quality of placement and value for money.
- 3.7 Whilst there has been a reduction in residential placements and in the number of looked after children, with current placement levels the budget forecast for 2015/16 would project an overspend of £590,259. Part of this will be due to the fact that the calculations made for all placements will be for the whole of the financial year. Apart from this the high unit costs of residential placements, the current number of IFA placements, the cost of remands to custody (which are met by the local authority), the significant number of young people in 'Other' placements (70) and in particular 16+ semi-independent placements, are causing budget pressures.
- 3.8 To ensure that every child has the best possible outcomes, is being provided with quality placement provision and to mitigate the budget pressures, the department is:
  - a) ensuring through the Threshold Panel and Placement Panel that only those children who need to be looked after (based on needs and risk) are, and that permanency planning for children avoids unnecessary drift and delay.
  - b) ensuring that families are able to access appropriate early intervention; prevention and support services to maintain children safely within their families and promote positive outcomes.

- c) reviewing and improving the Fostering Recruitment Strategy to increase the number of in-house carers and the range of placements that can be offered.
- d) developing a Service Level Agreement with Essex County Council to access their pool of foster carers at a preferential rate (compared to IFAs).
- e) limiting the use of residential placements where appropriate.
- f) reviewing the commissioning and procurement of placements within the Eastern Region framework and individual arrangements, to achieve greater value for money and better outcomes.
- g) only using residential placements where the provider is rated 'Good' or above at the point of placement.
- h) strengthening provision available to support the rehabilitation of children to their birth families, where this is in the interests of the child (and avoid repeat episodes of accommodation).
- i) reviewing the effectiveness of early permanency planning to reduce the period children remain looked after once an adoption care plan is agreed by the courts, and from the point that they become looked after to the point they are placed for adoption.
- j) exploring with the voluntary sector means to increase the pool of available adopters, targeted to meet the needs of our children, who require permanency. Also exploring with the voluntary sector the ability to develop 'foster to adopt' as a means of reducing delay.

#### **4. Reasons for Recommendation**

- 4.1 It is hoped that members of the Committee will continue to find this information useful in developing their understanding and scrutiny of the issues involved. Officers accept there is a very real challenge in balancing the need to find the best possible placement option for children and young people, whilst simultaneously working within the financial resources available.

#### **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 None

#### **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 None



## **7. Implications**

### **7.1 Financial**

Implications verified by: **Kay Goodacre**  
**Finance Manager**

From this report, as indicated, the numbers of looked after children has decreased, as has the number of residential placements which is a positive direction of travel. However in line with significant Council funding reductions external placement budgets have been allocated robust savings targets which all are working to achieve over the full financial year. The cost of placements will continue to be an area of significant budget risk during 2015/16.

### **7.2 Legal**

Implications verified by: **Lindsey Marks**  
**Principal Solicitor Children's Safeguarding**

The Children Act 1989 is very clear that the best interest of the child should remain the paramount consideration, and the local authority would be very vulnerable to legal challenges if it were to evidence that placement decisions were being made purely on the basis of financial considerations.

### **7.3 Diversity and Equality**

Implications verified by: **Karen Wheeler**  
**Head of Strategy and Communications**

The local authority has a clear duty to ensure that placements are identified appropriate to the needs of all children who require them. This is true for children of all backgrounds, cultures and ethnicities, but also for children with significant disabilities and particularly those less able to communicate their wishes and feelings to those organising their care.

### **7.4 Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

Not applicable.

## **8. Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

Not applicable.

**9. Appendices to the report**

Not applicable.

**Report Author:**

Paul Coke

Service Manager, Through Care

Children's Services, Care and Targeted Outcomes

<b>18 June 2015</b>		<b>ITEM: 7</b>
<b>Corporate Parenting Committee</b>		
<b>Care Leavers Progress</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-key	
<b>Report of:</b> Paul Coke, Service Manager, Through Care Services		
<b>Accountable Head of Service:</b> Andrew Carter, Head of Care and Targeted Outcomes		
<b>Accountable Director:</b> Carmel Littleton, Director of Children's Services		
<b>This report is</b> a Public document and will provide an overview of the progress in terms of service delivery and outcomes for our care leavers.		

## Executive Summary

This report provides information as to the progress of our care leavers, the new initiatives put in place to address some key issues and data that gives an overview of Thurrock's performance against our statistical neighbours and England.

It also provides details of our current statutory duties and the legislation that drives our practice.

### 1. Recommendation(s)

- 1.1 **Imbed the new ways of working such as the senior practitioner within the ACT and the Employment Worker, plus the development of new partnerships (see 2.2.3, 2.2.4 and 2.2.5).**
- 1.2 **Monitor and review the staying put arrangements and the development of Clarence Road (2.2.14).**
- 1.3 **Monitor the effects and impact of Universal Credit on our care leavers.**
- 1.4 **Ensure the new Pathway Plan is incorporated within LCS and used by all staff within the next 3 months.**

## **2. Introduction and Background**

### 2.1 Legislation and Statutory Guidance

2.1.1 Care Leavers are those young people aged 18 and over who are entitled to services under the Children (Leaving Care) Act 2000.

2.1.2 Young people entitled to this service are known as Former Relevant Children.

2.1.3 To be entitled to this service all young people will need to be looked after for 13 weeks or more, with some of that period being after their sixteenth birthday.

#### 2.1.4 Children Act 2004

Part of this legislation makes it a duty for the local authority as corporate parents to promote the educational achievements of looked after children.

#### 2.1.5. Children and Young Persons Act 2008

This legislation makes it a duty for the local authority to secure sufficient and appropriate accommodation, puts the Virtual Head on a statutory footing and makes it a duty to provide assistance for care leavers to pursue education and training.

#### 2.1.6 Children and Families Act 2014

This legislation makes it a duty to provide 'staying put' arrangements, which includes financial support up to 21.

A Children's Commissioner is in place to provide information and advice, and make representation for children in care and care leavers.

#### 2.1.7 Transition to Adulthood

This is statutory guidance that promotes the helping of care leavers prepare for adulthood.

#### 2.1.8 The Care Planning, Placement and Case Review (Miscellaneous Amendments) Regulations 2013

This deals with the responsibility of the Director or nominated person to authorise placements of children placed outside of the borough.

The 'home' authority must notify the authority where the child will be living and provide them with a copy of the care plan.

### 2.1.9 Single Inspection Framework (Ofsted – published December 2014)

Ofsted as part of their current inspection framework have made a main judgement, the experiences and progress of children looked after and achieving permanence.

Within this main judgement, there is a separate key judgement, which addresses, the experiences and progress of care leavers.

## 2.2 Performance, data and statistics

2.2.1 Thurrock Council currently has 124 young people, 18+ who are entitled to services from the After Care Team (ACT.)

2.2.2 The ACT consists of the following:

- 1x Team Manager
- 1x Senior Practitioner
- 1x Housing Worker
- 1x After Care Team Worker/Employment Worker
- 5 x After Care Workers

2.2.3 The ACT has recruited to the post of senior practitioner who will be responsible for reviewing all Pathway Plans of our care leavers on a 6 monthly basis and work with the Team Manager to develop and co-ordinate the services required for our young people. The senior practitioner has been in post since April 2015.

2.2.4 A member of the After Care Team has been given the specific task of working with young people around the areas of employment and training. His role will be to increase the numbers of young people in employment, training or education, and sustain this. He is also working with Thurrock Careers Team to develop an overarching framework and plan for our young people, in providing opportunities for them to gain and maintain employment and training or education.

2.2.5 The role of the case holder will also be to work across the services within the Council but also externally with private providers of apprenticeships and work based training, colleges, universities and the Department for Work and Pensions (DWP).

2.2.6 The Employment Worker sends to all staff within Social Care vacancies that would suit our young people on a regular basis.

2.2.7 The local authority has developed a new Pathway Plan in consultation with the CiCC and will be looking to integrate this into our LCS system and implement it across the service by 31 July 2015.

2.2.8 The ACT have developed a group work course, which consists of 10 weeks training in the following topics:

- Motivation Formula – Raising aspirations and self motivation
- Reality Ride – Goal Setting
- Tearing off the labels – Identity
- Climbing out – Peer Pressure
- Jumping hurdles – Problem solving
- Defence mechanisms – Emotional/anger management
- Desire, Time, Effort – Understanding accomplishment
- Lifting the weight – Taking responsibility
- Plugging in – Listening and maintaining positive relationships
- The wall – Overcoming barriers to see a vision for your future
- Careers guidance – Information, advice and guidance for future aspirations
- Mock interviews/presentations

This will be run by the ACT in conjunction with staff from the Through Care teams, and each successful young person will receive a Certificate of Achievement. This work is due to start on the 10 June 2015.

2.2.9 Universal Credit (UC) came into force in Thurrock in March 2015. At that time there were 38 young people who would be claiming this benefit.

2.2.10 Young people leaving care are able to make their application for benefits 6 weeks prior to their 18<sup>th</sup> birthday. UC is paid 5 weeks after the claim and monthly thereafter.

2.2.11 Young people will pay 25% of the cost of Council Tax, which on average equates to £3.34 per week. This could be more if they are living in Housing Association properties or private rented.

2.2.12 Young people on average will receive between £640 - £680 pcm into their bank account, with the bulk of this money being the cost of their rent. The ACT is looking to pay the landlord direct in order to ensure the rent is paid thus reducing the possibility of rent arrears and eventually eviction.

2.2.13 The Housing Worker attends the DWP Working Group within the Council.

2.2.14 Social Care have acquired 4 new units specifically for care leavers who will be supported by Family Mosaic at a new site in Clarence Road. This is in partnership with Family Mosaic and the Housing Department. We are currently awaiting the work to be completed and a date for when the units will be available.

2.2.15 An agreement has been signed for a year and the cost is coming from existing finance within the After Care Team (ACT) budget. The project will be managed by the After Care Team.

2.2.16 The ACT currently manages 11 properties in the private sector. These properties are used for young people who maybe in the transition phase of moving into their own accommodation or unaccompanied asylum seeking young people who have no recourse to public funds. They are also used for emergency purposes where young people require accommodation for a number of reasons.

2.2.17 We continue to promote 'Staying Put' arrangements, which came into force on the 1 April 2014, via the Children and Families Act 2014.

2.2.18 We currently have 6 young people in staying put arrangements.

2.2.19 A Celebration Event took place on 26 May 2015, to celebrate the achievements of our looked after children and care leavers.

### **2.3 Data**

2.3.1 The local authority has to provide the DFES with data in respect to our care leavers on a yearly basis.

2.3.2 We need to report on the following:

- 19, 20, 21 year olds Not in Employment, Education and Training
- 19, 20, 21 year olds in Suitable Accommodation

2.3.3 National Context

#### 19, 20, 21 year olds Not in Employment, Education or Training

The cohort for the period of 2013/14 was 110 care leavers

- 38 (35.4%) – Employment, Education or Training
- 45 (40.9%) – Not in Employment, Education or Training
- 27 (24.5%) - Unknown

#### 19, 20, 21 Suitable Accommodation

The cohort for the period of 2013/14 was 110 care leavers

- 83 (75%) – Suitable accommodation
- 26 (24%) - Unknown
- 1 (1%) - Unsuitable accommodation

2.3.4 Local Context

2.3.5 As of the 27 May 2015, the current cohort of young people recorded for the purposes of NEET (Not in Employment, Education or Training) was 124 18+ young people. The following figures are as follows:

- 78 (63%) – Employment, Education or Training
- 39 (31.5%) – Not in Employment, Education or Training
- 7 (5.6%) - Unknown

2.3.6 We currently have 11 young people who are in higher education (university)

2.3.7 Our current accommodation data as of 27 May 2015, out of 124 care leavers is as follows:

- 116 (93.5%) – Suitable
- 8 (6.5%) – Unsuitable

2.3.8 Of the 8 in unsuitable accommodation:

- 7 – Custody
- 1 – Whereabouts unknown

2.3.9 The suitable accommodation ranges from Social housing, private housing to living with friends and family, and staying put arrangements.

2.3.10 In the financial year of 2014/15 there were no evictions and we have not had any as yet within this financial year.

### **3. Issues, Options and Analysis of Options**

3.1 The data in respect to our NEET figures need improving, which has been acknowledged by the Department.

3.2 Our Suitable Accommodation figures locally are positive, but this is very early on in the year and will change as time goes on.

3.3 We will be addressing the issues of NEET and Suitable Accommodation, with the new senior practitioner who will review all Pathway Plans in order to ensure they are robust, fit for purpose and SMART.

3.4 As mentioned in 2.2.4 and 2.2.5 the role of the Employment worker will be to increase our numbers of young people in employment, training and education, and to support young people in sustaining it. We have set ourselves a target of 70% of our care leavers to be in employment, education or training for the year 2015/16.

3.5 There has to be a recognition that the increase in our unaccompanied asylum seeking young people will be a challenge especially in terms of our NEET figures. We will need to continue to work with the Virtual School in identifying appropriate courses for them and working with our educational colleges.



- 3.6 Developing and creating alternative methods to engage our care leavers is another way of providing an array of services that our young people can involve themselves in, such as the group work.
- 3.7 We need to imbed these new initiatives, review their impact with the young people to ensure they are having the desired outcome.
- 3.8 Again the staying put arrangements and the development of Clarence Road will need to be monitored and reviewed.
- 3.9 The Department is aware of the continual financial constraints within the local authority as a whole and, therefore will continue to monitor its activities and ensure they are in line with its budgets.

#### **4. Reasons for Recommendation**

- 4.1 The purpose for these recommendations is to ensure the Department continues to develop and improve its services and outcomes for our care leavers.
- 4.2 The services provided need to be consistent, joined up with other professional agencies and in line with the budgetary constraints of the local authority.

#### **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 None

#### **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 The Council's responsibilities for its care leavers, as corporate parents, are unique and sit at the heart of all priorities.

#### **7. Implications**

##### **7.1 Financial**

Implications verified by: **Kay Goodacre**  
**Finance Manager**

The new initiatives will be delivered within existing budgets and it is hoped that by working in partnership with other Departments they will be able to acquire additional funding from the private sector.

##### **7.2 Legal**

Implications verified by: **Lindsey Marks**  
**Principal Solicitor Children's Safeguarding**

The local authority has a duty to provide services for our care leavers, which includes promoting their educational needs.

### 7.3 **Diversity and Equality**

Implications verified by: **Teresa Evans**  
**Equalities and Cohesion Officer**

The local authority has a duty to care leavers, which includes working with all young people from different ethnic backgrounds, those who have a disability and regardless of sexual orientation. This cohort of young people may also have been involved in offending behaviour or have mental health issues. It is therefore important that all professionals working with the young people are aware of how this can impact on prospects for employment, education and training supporting the best outcome for all individuals leaving care. These outcomes will be monitored by the protective characteristics (Equality Act 2010).

### 7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

#### 7.4.1 None

None

### 8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Local Authority data

### 9. **Appendices to the report**

None.

### **Report Author:**

Paul Coke

Service Manager

Care and Targeted Outcomes

<b>18 June 2015</b>		<b>ITEM: 8</b>
<b>Corporate Parenting Committee</b>		
<b>Child Sexual Exploitation and Missing Children</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non key	
<b>Report of:</b> Andrew Carter		
<b>Accountable Head of Service:</b> Andrew Carter		
<b>Accountable Director:</b> Carmel Littleton. Director of Children's Services		
<b>This report is Public</b>		

## Executive Summary

This report provides an overview to the Corporate Parenting Committee on actions currently taken to identify, disrupt and support victims of child sexual exploitation, (CSE).

In line with the risk of CSE and the risk to children and young people in general this report also sets out the actions taken to prevent and address children and young people going missing from home and care.

This report sets out the current and developing position in relation to missing children and CSE in Thurrock against national and statutory guidance.

### 1. Recommendation(s)

**That the Corporate Parenting Committee:**

- 1.1 Continue to review the actions of the council to address CSE and Children Missing from Care.**
- 1.2 Scrutinise the implementation and development of targeted preventative and self-protection programme on child sexual exploitation for looked after children.**
- 1.3 Consider the learning from the Jay Report, Casey report and LGA, Tackling Child Sexual Exploitation: A Resource Pack for Councils, and ensure that Thurrock Council effectively discharges its function as a corporate parent.**

## **2. Introduction and Background**

- 2.1 Please see attached reports presented to the Overview and Scrutiny Committee in November 2014 and March 2015 (Appendix 1 and 2). The November 2015 report provides an effective summary of the Jay Report but all members are encouraged to read the Jay Report in full.
- 2.2 Since the publication of the Jay Report, Ofsted have published (17.11.14) the outcome of their thematic review of CSE – The Sexual exploitation of children: it couldn't happen here, could it? (Appendix 3).
- 2.3 As presented to the Children's Overview and Scrutiny Committee in March 2015 the Ofsted Thematic Review makes the following key findings nationally:

### **2.3.1 Strategic leadership**

- full responsibilities to prevent child sexual exploitation, to protect victims and to pursue and prosecute the perpetrators are not being met
- the pace to meet statutory duties is too slow
- local arrangements are poorly informed by local issues and self-assessment and do not link up with other local strategic plans
- specific training - is of good quality but it is not always reaching those that need it most.

### **2.3.2 Performance management**

- local authorities are not collecting or sharing with their partners the information they need in order to have an accurate picture of the full extent of child sexual exploitation in their area
- not all local authorities and LSCBs evaluate how effectively they are managing child sexual exploitation cases
- raising awareness
- successful use a range of innovative and creative campaigns.

### **2.3.3 Findings from practice**

- formal child protection procedures are not always followed
- screening and assessment tools are not well or consistently used
- plans are not robust: CIN are poor; child protection and looked-after children plans vary in quality; no contingency plan in place if the initial plan was not successful
- plans for Children in Need are not routinely reviewed

- management oversight is not strong enough to ensure cases are always being properly progressed or monitored in line with the plan
- a dedicated child sexual exploitation team does not always ensure that children receive an improved service – 2 workers

#### **2.3.4 Disrupting and prosecuting perpetrators**

Full range of powers to disrupt and prosecute perpetrators are not being used

#### **2.3.5 Missing children**

- too many children do not have a return interview following a missing episode
- not cross-referencing CSE information with frequently absent from school
- even when the correct protocols are used, too many children still go missing.

### **2.4 The Ofsted Thematic made the following recommendations for local authorities:**

- improve management oversight of assessments, plans and case review arrangements
- every child returning from a missing episode is given a return interview; set of standards; information centrally collated
- schools and the local authority cross-reference absence information with risk assessments for individual children and young people
- establish a targeted preventative and self-protection programme on child sexual exploitation for looked after children

#### **2.4.1 Local authorities and partners:**

- develop and publish a CSE action plan; progress should be regularly shared with strategic boards and senior leaders
- proactive sharing of information and intelligence
- consider using child sexual exploitation assessment tools
- have sufficient therapeutic support available
- experiences of victims and families should inform strategies and plans
- enable professionals to build stable, trusting and lasting relationships with children and young people
- effectiveness of local schools in raising awareness

2.5 On 4<sup>th</sup> February 2015 Louise Casey CB, Report of Inspection of Rotherham Metropolitan Borough Council was published. It is recommended that all members of the committee read the report available at the link below.

The report is significant in building on the recommendations within the Jay Report and particularly for members in again setting out the crucial role that elected members play.

<https://www.gov.uk/government/publications/report-of-inspection-of-rotherham-metropolitan-borough-council>

- 2.6 A copy of the Local Government Association publication, Tackling Child Sexual Exploitation: A Resource Pack for Council has been included at Appendix (4) of this report. The pack contains key lines of enquiry for all councillors and it is recommended that Thurrock Council adopt these.
- 2.7 There is a clear link between the risk of CSE and children who are missing from home and or care. Statutory Guidance on Children who Run Away from Home or Care was published in January 2014 and a copy is again attached to this report (Appendix 5). Annex A of the statutory guidance provides a clear checklist for local authorities in relation to missing children. The checklist and Thurrock's actions and action plans against the checklist are set out below under section 3.7.

### **3. Issues, Options and Analysis of Options**

- 3.1. As in the March 2015 Overview & Scrutiny Committee report the recommendations from the Ofsted thematic have been set out below and actions in relation to these updated and summarised up to the point of writing this report in May 2015 we have:
  - 3.1.1 Improved management oversight of assessments, plans and case review arrangements.
  - 3.1.2 Carried out a review of all current cases of suspected CSE and medium to high risks of CSE as set out in the previous report to committee on 11.11.15. The review will also look back at cases up to 5 years previous to 2014.
  - 3.1.3 The report on the review is being finalised and co-ordinated by Essex police to pull the individual reviews by Southend, Essex and Thurrock (S.E.T) together into one overarching review under the S.E.T procedures.
  - 3.1.4 Modelling best practice, a dedicated Senior Social Worker for CSE cases has been recruited to strengthen our assessment, planning and review arrangements.
  - 3.1.5 Effective links are being maintained and information sharing taking place across the CSE Practitioners in Thurrock, Southend and Essex on an operational (case by case level) and on a strategic level (S.E.T, CSE Group).
  - 3.1.6 As part of the Eastern Region performance improvement framework a peer review is taking place between partner agencies across the region. A CSE Peer Review between Thurrock and Southend is being scoped at the time of writing and mutual dates are being confirmed.

- 3.1.7 Under the umbrella of the Thurrock Safeguarding Children's Board the multi-agency Risk Assessment Group meets fortnightly to consider children at risk, including those who are at risk of CSE and absconding.
- 3.1.8 As set out later in this report the Thurrock LSCB, Multi-Agency Sexual Exploitation Group has been established to strengthen the strategic management of CSE.
- 3.1.9 The Children's Overview and Scrutiny Committee has received two recent reports on CSE in November 2014 and March 2015.
- 3.1.10 A report on Thurrock's Current Response to CSE and a separate report on CSE and Gangs, A Year on: Report from the Children's Commissioner, was presented to the Children's Partnership Full Board on 1.6.15.
- 3.1.11 The Portfolio holder is regularly briefed re: any issues or concerns including CSE and children who are missing from Home and Care.
- 3.1.12 The Head of Children's Social Care and Director are informed of any child who is reported as missing to Thurrock Children's Social Care.
- 3.2 Every child returning from a missing episode is given a return interview which adheres to a set of standards and information is centrally collated**
- 3.2.1 'Returning interviews' have been commissioned from Open Door and all young people are offered an independent interview. Information from the interviews is centrally collated and the risks considered within the LSCB Risk Assessment Group.
- 3.2.2 Whilst the offer of returning interviews is effective the take up of such interviews is mixed with a high proportion of young people declining the interviews in some months. The LSCB Risk Assessment Group are monitoring this and assisting in coordinating multi-agency intervention and approaches where we have young people with multiple episodes of going missing but no engagement with return interviews.
- 3.2.3 Spreadsheets are being maintained to track the young people who go missing from home and care, the number of episodes of missing and the assessment of risk of CSE.
- 3.2.4 The LSCB's Risk Assessment Group's holistic focus on risk means that multi-agency approaches can be developed in relation to a wide range of risks including non-sexual exploitation; self-harm; substance misuse; serious youth violence and gangs, etc. as well as CSE.
- 3.3 Schools and the local authority cross-reference absence information with risk assessments for individual children and young people**

- 3.3.1 Children missing education are closely monitored by Children's Services. A weekly report is provided to the DCS and monitored to ensure that children are in appropriate educational provision and safeguarded. Children missing education are considered at the fortnightly LSCB, Risk Assessment Group where there are additional concerns about their welfare, as well as at the monthly Director's CME surgery.
- 3.4 **Establish a targeted preventative and self-protection programme on child sexual exploitation for looked after children**
- 3.4.1 Consultation has taken place with the Children in Care Council (CiCC) in relation to the development and embedding of targeted preventative and self-protection programmes on sexual exploitation for looked after children.
- 3.4.2 Members of the Children in Care Council have told us that:
- a) they want social workers to be confident in talking to young people about CSE
  - b) they want foster carers and placements to be confident in talking about CSE and to receive appropriate training
  - c) they want access to information and emails / texts detailing useful information and websites
  - d) they want appropriate events and consultations for young people to include information in relation to CSE and relationship abuse
  - e) they continue to want information to keep them safe online (and within social media) and for adults not to simply remove their access
- 3.4.3 The CSE Practitioner is leading on developing the targeted programme for looked after children incorporating the information from the consultation with the CiCC above.
- 3.4.4 The department are exploring if it is possible to use existing guidance or to develop specific age appropriate guidance to be share with looked after children and care leavers.
- 3.4.5 CSE training is being offered to foster carers as part of the LSCB programme and copies of Vodafone, 'Digital Parenting' magazine, which covers 'grooming' and online protection are being sent to in-house foster carers. This is in addition to LSCB information that has previously been circulated.
- 3.4.6 As requested by young people a link has been added to the Thurrock LSCB website to the national 'This is Abuse' relationship abuse website -
- <http://thisisabuse.direct.gov.uk/>
- 3.4.7 The Children's Social Care children leaving care group work programme has been developed to include the risk of sexual exploitation and relationship based abuse. The 'Big Wide World' guidance for young people leaving care



and care leavers is being updated to reflect current information and advice on CSE and relationship based abuse.

#### **3.4.8 Youth Safeguarding Ambassadors**

I am pleased to report an exciting opportunity to develop further hearing the voice of the child and capturing real time evidence of young people's needs through the introduction of Safeguarding Ambassadors. These are young people ages 11-19 from the Thurrock Youth Cabinet who want to support the partners in their safeguarding responsibilities. Twelve young people so far have agreed to undertake the youth ambassador role. This will incorporate networking with safeguarding leads in Schools and Academies, speaking with their peers and being our eyes and ears on the ground capturing real-time information.

### **3.5 Local authorities and partners**

3.5.1 Develop and publish a CSE action plan; progress should be regularly shared with strategic boards and senior leaders.

3.5.2 A local CSE Action Plan and revised CSE Strategy are in place.

3.5.3 The Southend, Essex and Thurrock (SET) LSCB CSE Strategic Group was established in 2012 and is chaired by the Public Protection Lead for Essex Police. The Strategic Group, which includes representatives from agencies across the three LSCBs, is co-ordinating the multi-agency response to cases of CSE in Southend, Essex and Thurrock. The LSCB Business Manager, the Local Authority Quality Assurance, Child Protection and LADO Manager and CCG currently represent Thurrock on the group.

3.5.4 The SET CSE group meet on a regular basis and those meetings are recorded and the minutes available for scrutiny. The aspiration of the Strategic Group will always be to identify those at risk of CSE and take steps to prevent CSE occurring. However, if victims of sexual predators are identified, the response must be appropriate and timely to protect them and prevent further offences.

3.5.5 The priorities of the Strategic Group include:

- raising awareness across all agencies,
- the development of CSE Champions in each agency,
- a single co-ordinated intelligence framework
- prevention, through the early identification and support for children and young people vulnerable to CSE.

3.5.6 Having agreed the whole Essex strategic approach, Thurrock has looked at its local needs and the LSCB has developed and implemented its local CSE strategy which is available on the website [www.thurrocklscb.org.uk](http://www.thurrocklscb.org.uk)

3.5.7 Thurrock LSCB has established a Multi-Agency Sexual Exploitation Group (MASE). The terms of reference for the group are:

### 3.5.8 **Remit**

The Multi Agency Sexual Exploitation (MASE) sub group is a formally constituted arm of Thurrock Local Safeguarding Children Board (Thurrock LSCB). Its core functions are:

- to reduce the harm caused by Sexual Exploitation to Children and Young People in the Borough.
- provide strategic direction for the LSCB Risk Assessment Group meetings and report activities to the Thurrock LSCB Full Board.

### 3.5.9 **Main Responsibilities**

The MASE will:

- work collaboratively with all agencies to ensure the safeguarding and welfare of children and young people who are being, or are at risk of being, sexually exploited.
- apply proactive problem solving to address the risks associated with victim, perpetrators and locations and ensure the safeguarding and welfare and young people who are or may be at risk of sexual exploitation.
- raise awareness and provide preventative education for the welfare of children and young people.

### 3.5.10 **Membership**

The sub-group will:

- comprise of named representatives of constituent agencies of the main Board, including education, children's social care, health providers and police representatives.
- extend to other organisations by the agreement of the Board.
- elect a chairperson and vice-chairperson with the chairperson being a member of the main Board.

### 3.5.11 **Accountability and Reporting**

- The sub-group is accountable via the chair/vice-chair to the Thurrock LSCB Management Executive Group.
- The chair/vice-chair is also accountable to the main LSCB Full Board.

#### 3.5.12 The MASE will:

- Meet every six weeks
- Provide minutes of the meetings for the attention of the Board
- Provide the Board Manager with a planned agenda two weeks in advance of each meeting.
- Provide accounts of its activities on a quarterly basis or more frequently as required for the scrutiny and endorsement of the main Board.

#### 3.5.13 Processes

The MASE will:

- Review progress of cases and ensure action is being taken by whichever agency is involved in individual cases.
- Identify any trends or problem locations and ensure they are dealt with.
- Look at cross border issues and ensure there is a co-ordinated approach with other boroughs.
- Ensure children looked after placed away from the borough and at risk of CSE are being protected by the agencies where they are located.
- Receive updates from the LSCB Risk Assessment Group on the work being undertaken.

#### 3.5.14 Principles

The sub-group will:

- Retain a child focus to its work, recognising that each child is unique and having due regard to the diversity of race, language, culture, religion and gender in generating better informed practice.
- Remain alert to the vulnerability of certain populations of children according to age, disability, family context and to those who are disadvantaged by poverty and social exclusion.
- Conduct its business with a focus on supporting individuals and agencies to help promote the welfare and safety of children.
- Complement and contribute to, but not duplicate, the work of the Inspectorates and the Health and Wellbeing Board.

3.5.15 The first meeting of the MASE group was held on 2 June 2015.

### **3.6 Proactive sharing of information and intelligence**

#### **Intelligence Pathway**

- 3.6.1 Essex Police have agreed to be the lead agency in collating CSE intelligence. There is no specific offence of CSE and its pathways have been varied. All intelligence received associated with CSE is now tagged. This enables analytical work to be conducted and produced to aid identification of linked offences or intelligence that will support a better understanding of the scale of the problem. An intelligence notification form is in place to enable any agency to provide information.
- 3.6.2 Clear inter-agency information sharing procedures are in place and supported by the MASH.
- 3.6.3 The Thurrock RAG Group; Thurrock MASE & S.E.T CSE groups provide platforms to promote and monitor effective information sharing at an operational, strategic and regional level.
- 3.6.4 Operational information sharing and intelligence gathering is being strengthened with the ability to focus and target CSE, that the CSE Practitioner and CSE Champions within agencies provide.

### **3.7 Consider using child sexual exploitation assessment tools**

- 3.7.1 Child Sexual Exploitation risk assessment toolkits are in place and their use is being monitored.
- 3.7.2 In line with the letter to Directors of Children's Services from Isabelle Trowler, Chief Social Worker for Children & Families dated 3.3.15 (Appendix 6), Thurrock Children's Services are mindful that tools are useful but are no substitute for sound professional judgement.
- 3.7.3 In reviewing the use of the CSE Assessment Tool the department and partners have established that while there are examples of excellent practice there is also a need for greater consistency of analysis.
- 3.7.4 The CSE Practitioner is working with teams and CSE to continue to improve the quality of assessments.
- 3.7.5 New pathways and guidance have been developed for workers in relation to missing children and CSE in order to strengthen, simplify and align pathways to maximise effectiveness.
- 3.7.6 Along with the new pathways, a new CSE Risk Management Plan is being introduced to ensure greater clarity regarding the actions to be taken, by whom, by when and towards what outcome.

3.7.7 Children identified as a medium to high risk within the risk assessment tool are referred to the LSCB, Risk Assessment Group and have strategy meetings held to consider how to progress the case in line with child protection procedures.

### **3.8 Have sufficient therapeutic support available**

3.8.1 Targeted and effective support for victims is available from South Essex Rape and Incest Crisis Centre (SERICC).

### **3.9 Experiences of victims and families should inform strategies and plans**

3.9.1 We continue to review plans and acknowledge that greater action is needed to fully co-produce our strategies and plans.

### **3.10 Enable professionals to build stable, trusting and lasting relationships with children and young people**

3.10.1 We continue to promote and develop relationship based social work and direct work with children and young people to allow meaningful relationships.

3.10.2 The retention and recruitment of social workers is a key priority for Thurrock Council. A strategic, and separate operational, retention and recruitment board have been established to drive forward and monitor the retention and recruitment strategy.

3.10.3 The department's recruitment strategy is focused on growing our own social workers (NQSWs) and retaining experienced social workers.

3.10.4 We wish to avoid any child having multiple social workers and being unable to develop a meaningful relationship that can promote their protection and welfare.

### **3.11 Effectiveness of local schools in raising awareness**

3.11.1 Extensive e-safety and awareness raising campaigns have been, and continue to be, undertaken with schools.

3.11.2 The LSCB conducted a series of six road shows during March 2014 to capture 5,570 young people from years 5, 6 & 7 from every School and Academy across the Borough.

3.11.3 This engagement with young people in Thurrock took place again in March 2015 with 1,662 year 5 pupils attending the roadshows. During these events a survey is undertaken which has provided valuable insight into the virtual world of our young people and the potential risks they face. Hearing the voice of the child has provided a greater awareness for our partners to their safeguarding needs in this area.

- 3.11.4 This approach, although a significant logistical challenge to implement, has provided further opportunities to develop our engagement with parents and professionals.
- 3.11.5 Following these roadshows we have conducted a series of events for parents and professionals to raise awareness of E-Safety, CSE and share what the young people were telling us. Since these programmes began they have been attended by over 376 professionals and parents with further programmes scheduled during 2015.

### **3.12 CSE Training Provision**

- 3.12.1 Until recently training in CSE has been covered under its broader context in the multi- agency child protection training programmes. This has been reviewed by the Inter Agency Group of the Children's Partnership and a separate programme in addition to this training has been agreed.
- 3.12.2 The LSCB have also recommended that individual agencies review their single agency training of CSE and in support of this an initial multi agency training stakeholder event took place on 7<sup>th</sup> February 2014 and this is now an annual process.
- 3.12.3 The current multi agency training approach to CSE training has been developed to focus on front line staff across the Borough that may have contact with children, young people and families.
- 3.12.4 The LSCB have provided an online basic CSE awareness course – free for all partners and those agencies working with children and families in Thurrock. I am pleased to report that since embarking on the programme in December 2013 we have issued 1,794 licences at the time of this report, of which 877 have been completed. These include practitioners from children's social care, police, health, schools, academies and third sector services.
- 3.12.5 CSE Champion training is also being provided to enable additional knowledge and awareness to be available to supervisors and managers supporting front line staff. A champion will be an individual such as the safeguarding lead at a school, team leader or GP safeguarding practice lead. In addition to completing the e-learning course they will attend a day session explaining the Thurrock approach to CSE in more detail including a risk assessment toolkit and intelligence pathway. This training began in March 2015 with 72 champions trained with further courses planned.
- 3.12.6 Agency lead Champion training - All partners represented on the LSCB have nominated a lead professional for CSE, who will act as the single point of contact for all matters relating to child sexual exploitation for their individual agency. They will also have completed the on line course and attend a half day lead champion session planned for 2015.

- 3.13 The Annex A checklist for Children Missing from Home and Care is set out below with the actions and action plans in place within Thurrock:

Annex A - Checklist for local authorities

Checklist	
Do you have a lead manager in place with strategic responsibility for children who run away or go missing?	YES
Do you have a Runaway and Missing From Home and Care Protocol (RMFHC Protocol)?	YES
Do you have a clear definition of a child who has run away?	YES
Does your LSCB have in place systems to monitor prevalence of and the responses to children who go missing, including gathering data from LSCB members and other local stakeholders in order to understand trends and patterns?	YES
Do you have effective working relationships with your local police force?	YES
Do you have effective partnerships with the voluntary sector, relevant specialist services and information about national level resources, eg, helplines for missing children?	YES
Do you have clear procedures in place to offer return interviews when a missing child is found?	YES
Do you have support services in place for children and their families?	YES
Do you have a strategy to prevent children from running away and to deal with repeat runaways?	YES re: repeat runaways and NO re: prevention.

- 3.14 Thurrock Children's Social Care are working with the LSCB and S.E.T CSE / Missing group to pull together a clear over-arching strategy to prevent young people from going missing. Thurrock has effective measures in place once a child or young person is identified as being at risk of going missing but the department (and partners) are seeking to establish a more pro-active and early intervention approach with universal services to education and discourage young people from going missing.
- 3.15 At the point of writing (29<sup>th</sup> May 2015) Thurrock has one child reported as missing from home and four as missing from care. Essex Police data for 2014/15 shows that there were 201 episodes (periods) of children and young people reported as missing in Thurrock.

#### **4. Reasons for Recommendation**

- 4.1 To continually review and ensure the effectiveness of local responses to CSE and Missing Children.

#### **5. Consultation (including Overview and Scrutiny, if applicable)**

Not applicable.

#### **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 To be effective strategies to disrupt and prevent CSE must incorporate the full functions of the Council and its partners.

#### **7. Implications**

##### **7.1 Financial**

Implications verified by: **Kay Goodacre**  
**Finance Manager**

This Report is for information only and there are no immediate financial implications arising from this report

##### **7.2 Legal**

Implications verified by: **Lindsey Marks**  
**Principal Solicitor Children's Safeguarding**

This report is for information only and there are no legal implications arising from this report.

##### **7.3 Diversity and Equality**

Implications verified by: **Karen Wheeler**  
**Head of Strategy & Communications**

CSE procedures must equally protect boys/young men and girls/young women and respond appropriately to their needs with due consideration of their racial, religious, cultural, disability, sexual orientation or other characteristics.

##### **7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)**

Not applicable.



8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

**Ofsted Thematic Report on CSE**

**11.11.14 Overview and Scrutiny Report on CSE 'Responses to the Jay Report'.**

9. **Appendices to the report**

- Appendix 1 - Report dated 11<sup>th</sup> November 2014 to Children's Services Overview and Scrutiny Committee – Child Sexual Exploitation and the Jay report – implications for Thurrock
- Appendix 2 - Report dated 10<sup>th</sup> March 2015 to Children's Services Overview and Scrutiny Committee – Child Sexual Exploitation – Update
- Appendix 3 - Ofsted thematic review of CSE – The Sexual exploitation of children: it couldn't happen here, could it?
- Appendix 4 - Local Government Association publication, Tackling Child Sexual Exploitation: A Resource Pack for Council
- Appendix 5 - DfE Statutory guidance on children who run away or go missing from home
- Appendix 6 - Letter from Isabelle Trowler, Chief Social Worker for Children and Families re Tackling child sexual exploitation – review of assessment and decision making tools.

**Report Author:**

Andrew Carter

Head of Children's Social Care

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<b>11 November 2014</b>		<b>ITEM: 8</b>
<b>Children's Services Overview and Scrutiny Committee</b>		
<b>Child Sexual Exploitation and the Jay report – implications for Thurrock</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Key	
<b>Report of:</b> Nicky Pace Interim Head of Care & Targeted Outcomes		
<b>Accountable Head of Service:</b> Andrew Carter – Head of Care & Targeted Outcomes		
<b>Accountable Director:</b> Carmel Littleton – Director of Children's Services		
<b>This report is public</b>		

## **Executive Summary**

This report outlines the findings of Professor Jay enquiry into child sexual exploitation (CSE) in Rotherham. Her report highlighted serious failings in the council and other agencies, especially the police, over a number of years with regard to the safeguarding of children, and also serious failings of corporate governance, leadership, culture and the operation of the overview and scrutiny function.

This report reflects an early review of the service delivery in Thurrock in relation to CSE and the actions being taken to address any identified gaps.

### **1. Recommendations**

- 1.1 For the overview and scrutiny committee to note the contents of this report.**
- 1.2 To recall the action plan to future O&S meetings for updates on implementation.**

### **2. Introduction and Background**

- 2.1 There has been a growing awareness of the involvement and targeting of children and young people in society. With the increased use of the internet 'stranger danger' is no longer the stereotypical person waiting at the school gates in a white van, it is now a sophisticated international issue and often linked with organised crime. Paedophiles hunt children on the web and now

an image of a child can be spread to thousands of users without the child knowing. The Jay report into Rotherham is one of many that have highlighted the risks posed to young people through sexual exploitation. The report into paedophile rings in Derby city, Oxfordshire and Rochdale to name but a few and the recent report from the Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups have all highlighted the issues.

## 2.2 Sexual exploitation and grooming

2.2.1 What is child sexual exploitation? In 2008 the national working group network developed the following definition, which is commonly used in government guidance and policy:

2.2.2 'The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people ( or a third person or persons) receive 'something' (eg food, accommodation, drugs, alcohol cigarettes, affection, gifts, money) as a result of performing, and /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 by persuading them to post sexual images on the internet/ mobile phone without any 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. '

2.2.3 The process of 'grooming' by paedophiles has been well documented in national reports and research. Many of the children are already vulnerable when grooming began. The perpetrators often targets children's residential units and residential services for care leavers. It was not unusual for children in residential services and schools to introduce other children to the perpetrators.

2.2.4 Many of the children have troubled family backgrounds, with a history of domestic violence, parental addiction, and in some cases serious mental health problems. A significant number of the victims in Rotherham had a history of child neglect and/or sexual abuse when they were younger. Some had a desperate need for attention and affection. In Rotherham schools raised the alert over the years about children as young as 11, 12 and 13 being picked up outside schools by cars and taxis, given presents and mobile phones and taken to meet large numbers of unknown males in Rotherham, other local towns and cities, and further afield. Typically, children were courted by a young man whom they believed to be their boyfriend. Over a period of time, the child would be introduced to older men who cultivated them and supplied them with gifts, free alcohol and sometimes drugs. Children

were initially flattered by the attention paid to them, and impressed by the apparent wealth and sophistication of those grooming them.

2.2.5 Many young people are convinced that they were special in the affections of a perpetrator, despite all the evidence that many other children were being groomed and abused by the same person. Some victims are never able to accept that they had been groomed and abused by one or more sexual predators. A key objective of the perpetrators was to isolate victims from family and friends as part of the grooming process. Over time, methods of grooming have changed as mobile technology has advanced. Mobile phones, social networking sites and mobile apps have become common ways of identifying and targeting vulnerable children and young people and we know that much younger children are being targeted in this way. Unguarded use of text and video messaging and social networking sites, can mean that children can unwittingly place themselves in a position where they could be targeted, sometimes in a matter of days or hours, by sexual predators from all over the world. In a small number of cases, this can lead to direct physical contact, rape and sexual abuse with one or more perpetrators. Grooming can move from online to personal contact very quickly indeed. One of the most worrying features is the ease with which young children aged from about 8-10 years can be targeted and exploited in this way without their families being aware of the dangers associated with internet use.

#### 2.2.6 The Jay report

The Jay report into child sexual exploitation (CSE) in Rotherham has received considerable media attention and makes chilling reading. This Independent Inquiry was commissioned by Rotherham Metropolitan Borough Council in October 2013. Its remit, covered the period 1997- 2013 and it believed that during this period 1400 children and young people had been sexual exploited. This abuse is not confined to the past but continues to this day. In just over a third of cases, children affected by sexual exploitation were previously known to services because of child protection and neglect. These children and young people suffered the most appalling abuse. They were raped by multiple perpetrators, trafficked to other towns and cities in the north of England, abducted, beaten, and intimidated. There were examples of children who had been doused in petrol and threatened with being set alight, threatened with guns, made to witness brutally violent rapes and threatened they would be next if they told anyone; girls as young as 11 were raped by large numbers of male perpetrators.

2.2.7 The collective failures of political and officer leadership were clearly laid out in the report. From as early as 1997 there was growing evidence that child sexual exploitation was a serious problem in Rotherham. It would appear that within social care, the scale and seriousness of the problem was underplayed by senior managers. At an operational level, the Police gave no priority to CSE, treating many child victims with contempt and failing to act on their abuse as a crime. Further stark evidence came in 2002, 2003 and 2006 with three reports known to the Police and the Council, which could not have been

clearer in their description of the situation in Rotherham. The first of these reports was effectively suppressed because some senior officers disbelieved the data it contained. The other two reports set out the links between child sexual exploitation and drugs, guns and criminality in the Borough. These reports were ignored and no action was taken to deal with the issues that were identified in them.

- 2.2.8 It would appear that senior officers in the Police and children's social care continued to think the extent of the problem, as described by those working with the young people (predominantly women) was exaggerated. At an operational level, staff appeared to be overwhelmed by the numbers involved. The report suggests that there were improvements in the response of management from about 2007 onwards but by 2009, the children's social care service was acutely understaffed and over stretched, struggling to cope with demand. Seminars for elected members and senior officers in 2004-05 presented the abuse in the most explicit terms. After these events, nobody could say 'we didn't know'. In 2005, the Council Leader chaired a group to take forward the issues, but there is no record of its meetings or conclusions, apart from one minute. This led Professor Jay to conclude that there was a closed, often macho culture which led to accusations of a 'cover up'. She also reported totally inappropriate use of language by some elected members and officers, which appeared to have gone unchallenged.
- 2.2.9 By far the majority of perpetrators were described as 'Asian' by victims, yet throughout the entire period, councillors did not engage directly with the Pakistani-heritage community to discuss how best they could jointly address the issue. Some councillors seemed to think it was a one-off problem, which they hoped would go away. Several staff described their nervousness about identifying the ethnic origins of perpetrators for fear of being thought racist; others remembered clear direction from their managers not to do so. The issue of race, 'Asian men, white girls' which was reported in the media was over simplistic, as it did not account for the abuse of Asian women and girls in their own communities who for many reasons may not have come forward. There is growing evidence of Somalian and Eastern European gangs who are involved in organised crime, gun running, drugs as well as sexual exploitation. However, one of the key features in Rotherham was a resistance to acknowledging the ethnic makeup of the perpetrators and the failure to engage with the communities.
- 2.2.10 In December 2009, the Minister of State for Children and Families put the Council's children's safeguarding services into intervention, following an extremely critical Ofsted report. The Council was removed from intervention thirteen months later.
- 2.2.11 The Rotherham Local Safeguarding Children Board (LSCB) and its predecessor oversaw the development of good inter-agency policies and procedures applicable to CSE. The weakness in their approach was that members of the Safeguarding Board rarely checked whether these were being implemented or whether they were working. The challenge and scrutiny

function of the Safeguarding Board and of the Council itself was lacking over several years at a time when it was most required.

2.2.12 The Jay report highlighted many improvements in the last four years by both the Council and the Police in Rotherham, but it recognises the growing demands and financial constraints of both police and social care to respond continues to be challenging.

2.2.13 The Jay report made 15 recommendations to improve the response to victims of CSE in Rotherham. One of the key areas was the lack of ongoing treatment and therapeutic support for the victims.

2.2.14 As a direct response to the issues raised in this response, the Government have commissioned Louise Casey with a team to review the response to CSE in Rotherham. Alongside this, OFSTED have undertaken an in-depth CSE inspection (including a further ten of these across the country) as well as an inspection of safeguarding. Teresa May has also asked all police forces to review their current and past response to CSE (see below and attached letters?).

#### 2.2.15 Thurrock response

The sexual exploitation of children and young people is completely unacceptable, regardless of race and culture. It is the collective responsibility of all agencies to identify those children at risk of CSE and ensure that swift and appropriate actions are taken to prevent them from becoming sexually exploited and to safeguard them from further risk of harm. A recent Children's Commissioner Report sets out recommendations and minimum standards that we need to ensure are in place to support tackling CSE. I am pleased to report that the majority of those recommendations are already in place in Thurrock. Our approach and response to CSE takes into account the Children's commissioner report and also Working Together 2013 and its previous editions, the supplementary guidance published in 2009 and the legislation framework of the Criminal Justice System. It is an integral part of our current LSCB Business Plan and Children's and Young Peoples Plan (CYPP) and is one of the elements of the Violence Against Women and Girls Strategy (VAWG) adopted across the Borough. The LSCB is committed to combating the sexual exploitation of children through effective and coordinated multi agency and partnership working. The Children's Safeguarding Board are working closely with the Children and Young People's Partnership Board (CYPP) and adult safeguarding to ensure that children and young people who have been subjected to child sexual exploitation will receive seamless support as they progress from childhood to adulthood.

2.2.16 We have worked in partnership with our colleagues in Southend and Essex to develop a strategy and approach to meet the emerging needs across Essex as well as in Thurrock. The Southend, Essex and Thurrock CSE Strategic Group was established in 2012 and is chaired by the public protection lead for

Essex Police. The Strategic Group, which includes representatives from agencies across the three authorities, is coordinating the multi-agency response to cases of CSE in Southend, Essex and Thurrock. There is also a local multiagency 'missing' panel which meets monthly that looks at all children and young people who have been reported missing from home, care or education and identifies any risk factors which may indicate that the child is being sexually exploited. Thurrock has had a Missing protocol in place from 21012. Cases are regularly reviewed by this forum. The work of this panel led to an investigation known as Operation Steelband.

- 2.2.17 We also have a multi-agency work stream that focuses on exploitation of children on line, which includes feedback from a young person's group. We have successfully rolled out through the LSCB a 'walking on line' roadshow which has targeted years 5,6 and 7 and reached in the region of 5,500 children. The focus has been warning them of the dangers of the internet and the 'dark web' but more importantly teaching them how to keep themselves safe. A number of roadshows are also being held for parents across Thurrock to raise awareness and help parents keep their children safer.
- 2.2.18 We have rolled out a multi agency e-learning basic awareness course on across agencies from the LSCB, to ensure that all staff coming into contact with children and young people are aware of the signs and Champion training – symptoms and what they need to do in the event of any concerns. The LSCB through the interagency training group have made initial provision for 1,500 on-line licences to be available for this training. CSE Champion training is being provided to enable additional knowledge and awareness to be available to support front line staff. A champion will be an individual such as the safeguarding lead at a school, team leader or GP practice. In addition to completing the e-learning course they will attend a day session explaining the Thurrock approach to CSE in more detail including a risk assessment toolkit and intelligence pathway. This training is being implemented from March 2014 following the initial completion of on line training. All partners represented on the LSCB will nominate a lead professional for CSE, who will act as the single point of contact for all matters relating to child sexual exploitation for their individual agency. They will complete the on line course and attend a half day lead champion session.
- 2.2.19 To aid front line practitioners and managers in determining the best response to a child or young person who may be at risk of CSE, the Strategic Group has agreed a common risk assessment toolkit to aid identification of the risk a young person or child may face. The newly established MASH carries out a risk assessment of every referral for CSE , since its implementation in July three young people have been identified as at risk of sexual exploitation.
- 2.2.20 A close relationship has been developed with licensing , specifically of taxis and budget hotels in the borough. This raised awareness across the service has led to one taxi driver having his licence revoked following concerns.



2.2.21 Essex Police have agreed to be the lead agency in collating CSE intelligence. There is no specific offence of CSE and its pathways are very varied so all intelligence received associated with CSE will be tagged "Operation Care". This will enable analytical work to be conducted and produced to aid identification of linked offences or intelligence that will support a better understanding of the scale of the problem.

2.2.22 As a direct response to the Jay report, Thurrock's LSCB, children's services, alongside the police and health are reviewing all cases where there has been any concerns about CSE and reviewing any recent operations and cases, as well as looking at historic cases from the last 5 years.

2.2.23 We believe that our response and approach is sufficiently flexible to respond to and learn from the experience of other areas, reviews and future guidance. We recognise there is more to be done and this is highlighted in future actions at the end of this report to ensure that we are confident that we have a robust response to CSE in the local area. We are not complacent about addressing this difficult issue.

### **3. Issues, Options and Analysis of Options**

3.1 In appendix 1 the areas for future work and gaps in our response in Thurrock are outlined. However, this is an initial analysis and it will need to be developed further following the review of historic cases.

### **4. Reasons for Recommendation**

4.1 For the overview and scrutiny committee to note the contents of this report.

4.2 To recall the action plan to future O&S meetings for updates on implementation.

### **5. Consultation (including Overview and Scrutiny, if applicable)**

5.1 In consultation with other agencies including the Local Safeguarding Children's Board and Licensing.

### **6. Impact on corporate policies, priorities, performance and community impact**

6.1 The Jay report highlights a number of implications for corporate ownership and governance. It highlights the importance of a robust scrutiny role where challenge of the organisational culture is an open one.

## **7. Implications**

### **7.1 Financial**

Implications verified by: **Kay Goodacre**  
**Finance Manager – Children’s Services**

Increasing awareness raising may lead to increasing demand for services to investigate and support children and young people subject to CSE, which may put additional pressure on the children’s social care budget. Any major operations that need ring fenced resource may not be able to be met from existing resources.

### **7.2 Legal**

Implications verified by: **Lindsey Marks**  
**Principal Solicitor for Children’s Safeguarding**

There may be a necessity to take protective action of any children and young people who may have been subjected to CSE.

### **7.3 Diversity and Equality**

Implications verified by: **Natalie Warren**  
**Community Development and Equalities  
Manager**

This report highlights the necessity to develop strong links with developing communities, to understand the issues faced and address any developing areas of concern directly.

### **7.4 Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

This report highlights that CSE is not just an issue for Children’s social care but wider issues such as licensing, public health (including sexual health) need to be aware of and addressing issues of CSE.

## **8. Background papers used in preparing the report** (including their location on the Council’s website or identification whether any are exempt or protected by copyright):

- Professor Jay report into CSE in Metropolitan Borough of Rotherham

## **9. Appendices to the report**

- Appendix 1 – action plan

### **Report Author:**

Nicky Pace  
Interim Head of CATO  
Children's Services

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<b>10 March 2015</b>		<b>ITEM: 5</b>
<b>Children's Services Overview and Scrutiny Committee</b>		
<b>Child Sexual Exploitation – Update</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non key	
<b>Report of:</b> Andrew Carter		
<b>Accountable Head of Service:</b> Andrew Carter		
<b>Accountable Director:</b> Carmel Littleton. Director of Children's Services		
<b>This report is</b> Public		

### **Executive Summary**

This report provides an update on the Children's Social Care, CSE Action Plan previously presented to the Overview and Scrutiny Committee on 11.11.14.

This report also provides an update on current actions taken by Children's Social Care in response to the Ofsted Thematic Inspection - The sexual exploitation of children: it couldn't happen here, could it?

#### **1. Recommendation(s)**

**1.1 This report has been requested by the Committee and is for the purpose of updating the committee on progress against the CSE Action Plan.**

#### **2. Introduction and Background**

2.1 Please see the attached report presented to the 11.11.14 Overview and Scrutiny Committee.

2.2 Since the publication of the Jay Report, Ofsted have published the outcome of their thematic review of CSE – The sexual exploitation of children: it couldn't happen here, could it? (17.11.14)

2.3 The Ofsted Thematic makes the following key findings:

### **2.3.1 Strategic leadership**

- full responsibilities to prevent child sexual exploitation, to protect victims and to pursue and prosecute the perpetrators are not being met
- the pace to meet statutory duties is too slow
- local arrangements are poorly informed by local issues and self-assessment do not link up with other local strategic plans
- specific training - is of good quality but it is not always reaching those that need it most

### **2.3.2 Performance management**

- local authorities are not collecting or sharing with their partners the information they need in order to have an accurate picture of the full extent of child sexual exploitation in their area
- not all local authorities and LSCBs evaluate how effectively they are managing child sexual exploitation cases

### **2.3.3 Findings from practice**

- formal child protection procedures are not always followed
- screening and assessment tools are not well or consistently used
- plans are not robust: CIN are poor; child protection and looked-after children plans vary in quality; no contingency plan in place if the initial plan was not successful
- plans for CIN are not routinely reviewed
- management oversight is not strong enough to ensure cases are always being properly progressed or monitored in line with the plan
- a dedicated child sexual exploitation team does not always ensure that children receive an improved service

### **2.3.4 Disrupting and prosecuting perpetrators**

- full range of powers to disrupt and prosecute perpetrators are not being used

### **2.3.5 Missing children**

- too many children do not have a return interview following a missing episode

- not cross-referencing CSE information with frequently absent from school even when the correct protocols are used, too many children still go missing

#### 2.4.1 The Ofsted Thematic made the following recommendations for local authorities

- improve management oversight of assessments, plans and case review arrangements
- every child returning from a missing episode is given a return interview; set of standards; information centrally collated
- schools and the local authority cross-reference absence information with risk assessments for individual children and young people
- establish a targeted preventative and self-protection programme on child sexual exploitation for looked after children

#### 2.4.2 Local authorities and partners:

- develop and publish a CSE action plan; progress should be regularly shared with strategic boards and senior leaders
- proactive sharing of information and intelligence
- consider using child sexual exploitation assessment tools
- have sufficient therapeutic support available
- experiences of victims and families should inform strategies and plans
- enable professionals to build stable, trusting and lasting relationships with children and young people
- effectiveness of local schools in raising awareness

### **3. Issues, Options and Analysis of Options**

#### 3.1 In response to the Ofsted recommendations we have:

##### 3.1.1 Improved management oversight of assessments, plans and case review arrangements

3.1.2 A review of all current cases of suspected CSE and medium to high risks of CSE is ongoing as set out in the previous report to committee on 11.11.15. The review will look back at cases up to 5 years previous to 2014.

3.1.3 A dedicated Senior Social Worker for CSE cases is being recruited to strengthen our assessment, planning and review arrangements.

#### **3.2 Every child returning from a missing episode is given a return interview; set of standards; information centrally collated**

3.2.1 'Returning interviews' have been commissioned from Open Door and all young people are offered independent interviews.

**3.3** Schools and the local authority cross-reference absence information with risk assessments for individual children and young people

3.3.1 Children missing education are closely monitored by Children's Services. A weekly report is provided to the DCS and monitored to ensure that children are in appropriate educational provision and safeguarded. Children missing education are considered at the Children Missing Panel where there are additional concerns about their welfare.

**3.4** Establish a targeted preventative and self-protection programme on child sexual exploitation for looked after children

3.4.1 We are consulting with partners to develop an appropriate programme and aim to launch this from April 2015.

**3.5 Local authorities and partners:**

3.5.1 Develop and publish a CSE action plan; progress should be regularly shared with strategic boards and senior leaders. A local CSE Action Plan and revised Strategy CSE are in place.

3.5.2 Proactive sharing of information and intelligence

Clear information sharing procedures are in place and supported by the MASH. A review of the MASH is currently underway and will assess the effectiveness of information sharing with recommendations for improvements.

3.5.3 Consider using child sexual exploitation assessment tools

Child Sexual Exploitation risk assessment toolkits are in place and their use is being monitored. Children identified as a medium to high risk are referred to the Missing & CSE Panel.

3.5.4 Have sufficient therapeutic support available

Targeted & effective support for victims is available from SERICC.

3.5.5 Experiences of victims and families should inform strategies and plans

We are working with families and voluntary organisations to ensure that our strategies and plans are informed by the experiences of victims and their families.

3.5.6 Enable professionals to build stable, trusting and lasting relationships with children and young people

We continue to promote and develop relationship based social work and direct work with children and young people to allow meaningful relationships.



### 3.5.7 Effectiveness of local schools in raising awareness

Extensive e-safety and awareness raising campaigns have and continue to be undertaken with schools.

## 4. **Reasons for Recommendation**

4.1 To continually review and ensure the effectiveness of local responses to CSE.

## 5. **Consultation (including Overview and Scrutiny, if applicable)**

5.1 N/A

## 6. **Impact on corporate policies, priorities, performance and community impact**

To be effective strategies to disrupt and prevent CSE must incorporate the full functions of the Council and its partners.

## 7. **Implications**

### 7.1 **Financial**

Implications verified by **Kay Goodacre**  
**Finance Manager**

There are no specific financial implications to this report. The recruitment of a specialist Social Worker will be financed from existing resources.

### 7.2 **Legal**

Implications verified by: **Lindsey Marks**  
**Principal Solicitor Children's Safeguarding**

This report is for information only and there are no legal implications arising from this report.

### 7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**  
**Community Development and Equalities Manager**

CSE procedures must equally protect boys (young men) and girls (young women) and respond appropriately to their needs based on their racial, religious, cultural, linguistic, sexual orientation or other needs.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

There are no other implications to this report.

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

**Ofsted Thematic Report on CSE  
11.11.14 Overview and Scrutiny Report on CSE 'Responses to the Jay Report'.  
CSE Action Plan**

9. **Appendices to the report**

- **Ofsted Thematic Report on CSE**
- **11.11.14 Overview and Scrutiny Report on CSE 'Responses to the Jay Report'.**
- **CSE Action Plan**

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# The sexual exploitation of children: it couldn't happen here, could it?

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This thematic inspection was commissioned to evaluate the effectiveness of local authorities' current response to child sexual exploitation. The report draws on evidence from inspection and case examination in eight local authorities and from the views of children and young people, parents, carers, practitioners and managers. In addition, themes from the aligned inspections of 36 children's homes and the collation of findings from the 33 published inspections of services for children in need of help and protection, children looked after and care leavers and reviews of Local Safeguarding Children Boards contributed to the findings.



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## Executive summary

Professor Alexis Jay's report into the sexual exploitation of children in Rotherham was a wake-up call for every professional working in the field of child protection. The catalogue of abuse and abject failings across agencies has understandably prompted a great deal of soul-searching by those charged with keeping young people safe and by the wider public.

While those who have worked in children's services for many years will testify that child sexual exploitation is far from a new phenomenon, what has changed is the level of professional and public awareness generated by a series of high profile investigations and criminal trials. Cases in Rotherham, Rochdale, Derby, Oxford and other towns and cities have uncovered not only the previously hidden scale of the problem but also a particular pattern of abuse involving predominantly White British girls as victims and gangs of predominantly Asian heritage men as perpetrators.

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

Ofsted therefore set out at the start of this autumn to build up a clearer picture of how well local authorities and their partners are carrying out their duty to prevent child sexual exploitation in their area, to offer protection to its victims and to pursue and prosecute its abusers.

Based on a wide range of available evidence, including the voice of more than 150 young people, it was clear to inspectors that many authorities have been too slow to face up to their responsibilities or to implement the statutory guidance issued to them five years ago.

Until very recently, child sexual exploitation has not been treated as the priority that events in Rotherham and elsewhere strongly suggest it should have been. As a result, local arrangements to tackle the problem are often insufficiently developed and the leadership required in this crucial area of child protection work is frequently lacking.

Indeed, as our findings show, part of the problem lies in the fact that some professionals have simply failed to properly apply child protection processes to young people at risk of being sexually exploited. This is one important reason why the prevalence of child sexual exploitation is still not well understood, even in places that have experienced high profile cases.



Most authorities are only now starting to get a handle on the extent to which child sexual exploitation is happening in their area. A number have only begun to address the issue at a strategic level in the last 12 months.

In those authorities where child sexual exploitation has had a higher priority, the local strategy is better developed with links to other key strategies relating to issues like gangs, licensing and how personal, health and social education is being taught in schools.

Senior leaders and local politicians tend to have greater insight and understanding of this complex issue in areas where this has been given greater priority. Elected members are now scrutinising and challenging the work of the professionals, tackling the problem more than in the past.

In too many instances, Local Safeguarding Children's Boards (LSCBs) have shown poor leadership. They have failed to adequately challenge slow progress in developing both child sexual exploitation strategies and meaningful action plans.

On the frontline, inspectors came across examples of excellent practice as a result of the skills, knowledge and expertise of individual professionals working within the local partnership. Conversely, some individual care plans drawn up to protect young people from sexual exploitation are ineffective, leaving those young people exposed to risk of harm. In too many local authorities, management oversight is not robust enough to drive forward individual plans or to monitor their impact.

Partnership action is often disjointed, which means that opportunities are being lost for a more cohesive approach to child sexual exploitation. In too many areas, progress has been hampered because partnerships have failed to define what management information is required from each agency and how this will be effectively shared to build a picture of child sexual exploitation in the locality. The way in which data is collected by many police forces does not allow for the effective collation of reported crime and prosecutions that are specifically linked to child sexual exploitation. This means that the information that the police share with their partners is of limited value.

Specific training on child sexual exploitation, while generally of good quality and useful for those who have received it, is not reaching everyone who needs it. As a result, many of those working with some of the most vulnerable children are not equipped to identify and respond to the signs of sexual exploitation.

What inspectors did find in the eight local authorities inspected was a wide range of initiatives aimed at increasing young people's understanding of child sexual exploitation. Several local authorities have developed specific campaigns to raise awareness of this issue. Some of this work is being delivered well through schools. A number of local authorities are developing a more targeted approach to engage those young people perceived to be harder to reach and more vulnerable, for example those in care.

At the same time, every authority has taken some steps to increase the wider community's awareness of child sexual exploitation, including through effective engagement with faith and community leaders. However, in most cases, the approach has tended to be ad hoc and reactive rather than proactive.

Some areas have not made use of the full range of powers available to them to disrupt and prosecute perpetrators.

In areas where there have been high profile criminal investigations, the experience has galvanised the local authorities and their partners into trying to ensure that past failings are never repeated. Such resolution was not apparent in other local authorities.

It is a concern that, nearly two years after Ofsted published a report on looked after children who go missing; many local authorities are still failing in their duty of care to this group of vulnerable children. Not all children who go missing from home or care get good support on their return. Not enough local authorities are systematically making the connection between child sexual exploitation and children who are missing from school.

Many organisations have had to act decisively to learn the lessons from recent cases and to apply their increased understanding to ensure that this type of sexual abuse is dealt with more effectively. Ofsted is no exception. Child sexual exploitation is something inspectors now focus on much more closely under the arrangements for inspecting local authority child protection and looked after children's services that came into effect a year ago.

It is hoped that the findings of this in-depth thematic inspection will further strengthen the understanding of both leaders and frontline practitioners so that children at risk of being sexually exploited can be assured of the support and protection that they deserve.

## Key findings

### Strategic leadership

- Local authorities and their partners are still not meeting their full responsibilities to prevent child sexual exploitation in their area, to protect its victims and to pursue and prosecute the perpetrators.
- They have been too slow to meet their statutory duties, despite being issued with guidance to do so over five years ago. Two of the local authorities inspected do not yet have a child sexual exploitation strategy in place. Half have no action plan.
- Local arrangements, where they do exist, are poorly informed by local issues and self-assessment. They do not link up with other local strategic plans.

- Specific training, where it exists, is of good quality and gives staff confidence in their ability to identify and respond to child sexual exploitation. However, it is not always reaching those that need it most.

### **Performance management**

- Local authorities are not collecting or sharing with their partners the information they need in order to have an accurate picture of the full extent of child sexual exploitation in their area. As a result, they cannot know whether they are making a positive difference in the prevention, protection and prosecution of child sexual exploitation.
- Not all local authorities and LSCBs evaluate how effectively they are managing child sexual exploitation cases. This means that findings are not used to improve future practice.

### **Raising awareness**

- Local authorities and partners are successfully using a range of innovative and creative campaigns to raise awareness and safeguard some young people at risk of child sexual exploitation.

### **Findings from practice**

- Local authorities and police do not always follow formal child protection procedures with children and young people at risk of child sexual exploitation.
- Screening and assessment tools, where they exist, are not well or consistently used in some local authorities to identify or protect children and young people from sexual exploitation.
- Plans of how local authorities and their partners are going to support individual children and young people at risk of or who have been sexually exploited are not robust. Plans specifically for children in need are poor. Child protection and looked-after children plans vary in quality. In most of the case files reviewed, there was no contingency plan in place for if the initial plan was not successful.
- Local authorities are not keeping plans for children in need under robust review. This leaves some children in a very vulnerable position without an independent review of their changing circumstances and needs.
- Management oversight of cases is inconsistent and is not strong enough to ensure that cases are always being properly progressed or monitored in line with the plan.
- A dedicated child sexual exploitation team that is solely responsible for the case does not always ensure that children receive an improved service. Where specialist child sexual exploitation support is provided in addition to the allocated social worker, there is more evidence that children are being better supported.

## Disrupting and prosecuting perpetrators

- Not all police and local authorities are using their full range of powers to disrupt and prosecute perpetrators. Where they are using their powers well, they are effective in disrupting criminal activity. However, low numbers of prosecutions are achieved in comparison to the number of allegations made.

## Missing children

- Too many children do not have a return interview following a missing episode. This means that local authorities and police are missing opportunities to effectively protect these children and young people and to gather intelligence to inform future work.
- Local authorities are not cross-referencing information and soft intelligence relating to children who are frequently absent from school with their work with children at risk of child sexual exploitation.
- Even when the correct protocols are used, too many children still go missing.

## Recommendations

### All local authorities should:

- ensure that managers oversee all individual child sexual exploitation cases; managers should sign off all assessments, plans and case review arrangements to assess the level of risk and ensure that plans are progressing appropriately
- ensure that every child returning from a missing episode is given a return interview. Local authorities should establish a set of practice standards for these interviews and ensure that these are consistently met. Information obtained from the interviews should be centrally collated and used to inform and improve future operational and strategic activity
- ensure that schools and the local authority cross-reference absence information with risk assessments for individual children and young people
- establish a targeted preventative and self-protection programme on child sexual exploitation for looked after children.

### Local authorities and partners should:

- develop and publish a child sexual exploitation action plan that fully reflects the 2009 supplementary guidance; progress against the action plan should be shared regularly with the local authority Chief Executive, the LSCB, the Community Safety Partnership and the Police and Crime Commissioner
- ensure that information and intelligence is shared proactively across the partnership to improve the protection of children in their area and increase the rate of prosecutions

- consider using the available child sexual exploitation assessment tools to improve risk assessments of children and young people in their area; where these are in place, they should be used consistently by all agencies
- ensure that sufficient appropriate therapeutic support is available to meet the needs of local young people at risk of or who have suffered from child sexual exploitation, including care leavers
- make sure that local strategies and plans are informed by the opinions and experiences of those who have been at risk of or have suffered from child sexual exploitation
- enable professionals to build stable, trusting and lasting relationships with children and young people at risk of or suffering from child sexual exploitation
- consider how effective local schools are in raising awareness and protecting children at risk of or who have suffered from sexual exploitation.

### **LSCBs should:**

- ensure that the local authority and its partners have a comprehensive action plan in place to tackle child sexual exploitation
- hold partners to account for the urgency and priority they give to their collective and individual contribution to the child sexual exploitation action plan
- critically evaluate how effective the activity and progress of each of the LSCB members is against the action plan and publish these findings in the LSCB annual report
- ensure that all partners routinely follow child protection procedures for all children and young people at risk of or who have suffered from child sexual exploitation
- ensure that partners meet their statutory duties in relation to children returning from missing episodes where child sexual exploitation is a potential or known risk factor
- ensure that all partners carry out their responsibilities as defined in the locally agreed threshold document, which sets out the different levels of provision offered to individual children and young people at risk of or who have suffered from child sexual exploitation in the area, based on their individual needs
- ensure that an appropriate level of child sexual exploitation training is available to all professionals in the local area who require it; specialist training should be targeted on those working with children and young people at risk of or suffering from child sexual exploitation; attendance for both should be monitored with follow-up action taken where professionals fail to attend
- evaluate the impact of training with a focus on how it makes a positive difference to keeping children and young people safer
- include information relating to child sexual exploitation activity in their performance framework - this should enable a clear understanding of how

prevalent child sexual exploitation is in their area and how effectively agencies are responding.

**Ofsted should:**

- ensure that child sexual exploitation is considered within the safeguarding sections of all future inspection frameworks and across all remits
- continue to sharpen the focus given to child sexual exploitation in all children's services inspection frameworks, including the review of Local Safeguarding Children Boards.

**The government should:**

- review and update the 2009 Safeguarding children and young people from sexual exploitation; supplementary guidance to Working Together to Safeguard Children so that it reflects recent research, good practice and findings from child sexual exploitation reviews and criminal investigations
- develop a national data set that requires local authorities, the police and their partners to report on all prevention, protection and prosecution activity relating to child sexual exploitation in their area to a standard format - this should include information on both missing children and looked-after children moving into and out of the area
- require every police force to collate information specifically on child sexual exploitation, including the number of crimes reported, the level of disruption activity undertaken and outcomes, including cautions and prosecutions.

## Introduction

1. The sexual exploitation of children and young people is a form of sexual abuse. It is not new. What is new is the level of awareness of the extent and scale of the abuse and of the increasingly different ways in which perpetrators sexually exploit children and young people.
2. Professor Alexis Jay's<sup>1</sup> enquiry into historical child sexual exploitation in Rotherham identified failures on the part of care professionals and those working in the criminal justice system to recognise that some children and young people were at risk or victims of child sexual exploitation. Too often, children and young people who had been sexually exploited were wrongly labelled as 'promiscuous' or considered to have made a 'life style choice' and were engaging in 'risky behaviour' or had 'consented' to sexual activity.
3. The Department for Education defines child sexual exploitation as follows:
 

'Sexual exploitation of children and young people under 18 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.'<sup>2</sup>
4. The Office of the Children's Commissioner<sup>3</sup> found that at least 16,500 children and young people had been identified as being at risk of child sexual exploitation between April 2010 and March 2011. In addition, during a 14-month period between August 2010 and October 2011, 2,409 children and

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<sup>1</sup>Professor Alexis Jay OBE, Independent inquiry into child sexual exploitation in Rotherham (1997–2013), Rotherham Borough Council, 21 August 2014;

[www.rotherham.gov.uk/downloads/file/1407/independent\\_inquiry\\_cse\\_in\\_rotherham](http://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham).

<sup>2</sup> Safeguarding children and young people from sexual exploitation; supplementary guidance to Working Together to Safeguard Children, Department for Children and Families, August 2009; [www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance](http://www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance).

<sup>3</sup> I thought I was the only one. The only one in the world, Office of the Children's Commissioner Inquiry into Child Sexual Exploitation in Gangs and Groups(CSEGG), Interim Report, November 2012; [http://www.childrenscommissioner.gov.uk/content/publications/content\\_636](http://www.childrenscommissioner.gov.uk/content/publications/content_636).

young people had been confirmed as being victims of sexual exploitation in gangs and groups. The report warned that the scale of abuse was likely to be much larger. The report also found that, although the majority of victims of child sexual exploitation lived at home with their families, victims of sexual exploitation were disproportionately represented in residential care.

5. The Home Affairs Committee report<sup>4</sup> makes clear that:

‘this is a crime that can happen anywhere. Belatedly, agencies have made positive steps to try and improve the situation but there is no doubt that both in terms of support for victims and prosecution of offenders, a postcode lottery still exists and agencies are still failing to work effectively together.’

6. Children who are missing from home, school or care are at greater risk of sexual exploitation. The Children’s Rights Director<sup>5</sup> suggested that children and young people’s behaviour is influenced by both ‘push’ factors they are running from and ‘pull’ factors they are running towards.<sup>6</sup>
7. Poor emotional health, self-harm, drug and alcohol misuse, exposure to bullying and violence, poor social work assessments and plans that result in unsuitable, distant or unstable placements all increase the likelihood of children and young people going missing from care.
8. Child sexual exploitation can have a devastating impact on the social integration, economic well-being and life chances of young people. Difficulties faced by victims of child sexual exploitation include isolation from family and friends, teenage parenthood, failing examinations or dropping out of education altogether, unemployment, mental health problems, suicide attempts, alcohol and drug addiction, aggressive behaviour and criminal activity.<sup>7</sup> Child sexual exploitation can also have a profoundly damaging effect on families and communities.

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<sup>4</sup> Child sexual exploitation and the response to localised grooming - Second Report of Session 2013-2014, Home Affairs Select Committee, 5 June 2013;

<http://www.publications.parliament.uk/pa/cm201314/cmselect/cmhaff/68/6802.htm>.

<sup>5</sup> Running away: young people’s views on running away from care (120022), Children’s Rights Director, Ofsted, October 2012; [www.ofsted.gov.uk/resources/running-away-2012](http://www.ofsted.gov.uk/resources/running-away-2012).

<sup>6</sup> Safeguarding children and young people from sexual exploitation; supplementary guidance to Working Together to Safeguard Children, Department for Children and Families, August 2009; [www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance](http://www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance).

<sup>7</sup> I thought I was the only one. The only one in the world, Office of the Children’s Commissioner Inquiry into Child Sexual Exploitation in Gangs and Groups(CSEGG), Interim Report, November 2012; [http://www.childrenscommissioner.gov.uk/content/publications/content\\_636](http://www.childrenscommissioner.gov.uk/content/publications/content_636).



9. Around 40% of child sexual exploitation victims are caught committing offences, a proportion much higher than in the general population.<sup>8</sup> Some victims of sexual exploitation are being punished by the criminal justice system for crimes they have committed in relation to their exploitation instead of being helped.<sup>9</sup>
10. Statutory guidance emphasises the importance of an integrated and three-pronged approach involving prevention, protection and prosecution.<sup>10</sup> Local authorities, as the lead statutory agency, are responsible with their partners for ensuring that guidance is implemented.
11. Although LSCBs should be considering the effectiveness of the partnership response to child sexual exploitation. research published in 2011 found that:
 

‘only a quarter of LSCBs in England are implementing the guidance; young people, their families and carers received awareness raising in less than half of the country; the prosecution of abusers is rare; and, where criminal proceedings take place, young people’s experience of court is intolerable.’<sup>11</sup>
12. Findings from research, enquiries and inspections conclude that for children looked after by local authorities, good care is fundamental to keeping children and young people safe. The basic principles of good practice are reflected in Ofsted’s inspection frameworks.<sup>12</sup> They are identified as follows:
  - listening to children and young people
  - visiting regularly and getting to know them well

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<sup>8</sup> UCL, Jill Dando Institute of Security and Crime Science, Briefing document: CSE and youth offending. London: UCL, 2011.

<sup>9</sup> Out of place: The policing and criminalisation of sexually exploited girls and young women, Howard League for Penal Reform, July 2012; [www.howardleague.org/report-sexually-exploited-girls/](http://www.howardleague.org/report-sexually-exploited-girls/).

<sup>10</sup> Safeguarding children and young people from sexual exploitation; supplementary guidance to Working Together to Safeguard Children, Department for Children and Families, August 2009; [www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance](http://www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance).

<sup>11</sup> Sue Jago, with Lorena Arocha, Isabelle Brodie, Margaret Melrose, Jenny Pearce and Camille Warrington, What’s going on to Safeguard Children and Young People from Sexual Exploitation? How local partnerships respond to child sexual exploitation, University of Bedfordshire, October 2011; [www.beds.ac.uk/\\_data/assets/pdf\\_file/0004/121873/wgoreport2011-121011.pdf](http://www.beds.ac.uk/_data/assets/pdf_file/0004/121873/wgoreport2011-121011.pdf).

<sup>12</sup> Framework and evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers (single inspection framework) and reviews of Local Safeguarding Children Boards (130216), Ofsted, June 2014;

[www.ofsted.gov.uk/resources/framework-and-evaluation-schedule-for-inspection-of-services-for-children-need-of-help-and-protectio](http://www.ofsted.gov.uk/resources/framework-and-evaluation-schedule-for-inspection-of-services-for-children-need-of-help-and-protectio).

Inspection of children’s homes: framework for inspection from April 2014 (100195), Ofsted, March 2014; [www.ofsted.gov.uk/resources/inspection-of-childrens-homes-framework-for-inspection-april-2014](http://www.ofsted.gov.uk/resources/inspection-of-childrens-homes-framework-for-inspection-april-2014).

- ensuring access to accurate information about children and young people
  - responding quickly to emerging difficulties
  - ensuring effective management oversight
  - good training and challenging and reflective supervision for professionals
  - good commissioning arrangements
  - good assessments and care planning for children and young people
  - good joint working and information sharing across services
13. Research evidence suggests that perpetrators of child sexual exploitation are typically White men. The next largest group of perpetrators are likely to be from a minority ethnic background.<sup>13</sup> Stereotypical assumptions about the ethnic identity of those involved in sexual exploitation, whether as exploiters, abusers or both, or about the victims of child sexual exploitation are dangerous and must be avoided. It is, however, imperative that

‘the issue of race, regardless of ethnic group, should be tackled as an absolute priority if it is known to be a significant factor in the criminal activity of organised abuse in any local community’.<sup>14</sup>

Senior leaders and elected members in local authorities and across partnerships have to show the political and moral courage to confront and tackle child sexual exploitation wherever and however it occurs.

## Methodology

14. This report summarises the findings of a thematic inspection by Ofsted exploring the responses of eight local authorities and their partners to child sexual exploitation.
15. The local authorities inspected varied in size and included counties, cities, unitary and metropolitan areas with a mixture of rural and urban features.
16. Specific findings about how children in residential care are protected have contributed to this thematic inspection via the reports of 36 children’s homes inspections. These inspections took place during September and October 2014 using the established framework for the inspection of children’s homes.<sup>15</sup>

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<sup>13</sup>Helen Brayley, Ella Cockbain, UCL Jill Dando Institute Group-Based Child Sexual Exploitation (CSE) 2012

<sup>14</sup> Professor Alexis Jay OBE, Independent inquiry into child sexual exploitation in Rotherham (1997–2013), Rotherham Borough Council, 21 August 2014; [www.rotherham.gov.uk/downloads/file/1407/independent\\_inquiry\\_cse\\_in\\_rotherham](http://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham).

<sup>15</sup> Framework for the inspection of children's homes April 2014

17. Findings in relation to child sexual exploitation from the collation and analysis of 33 published inspections of services for children in need of help and protection, children looked after and care leavers together with a review of the effectiveness of LSCBs under the Single Inspection Framework (SIF)<sup>16</sup> in relation to the response of those local authorities to child sexual exploitation.
18. In total, inspectors:
- reviewed 141 children’s cases in detail<sup>17</sup>
  - sampled a further 50 cases to consider the decision making in relation to child sexual exploitation at the point of initial referral to children’s social care
  - spoke with 41 parents or carers
  - spoke to 157 young people; these included the subject children and young people in the cases that inspectors reviewed, groups of young people inspectors met with and 47 children and young people spoken to as part of the concurrent children’s homes inspections
  - spoke to at least 200 professionals in the local authorities inspected, including elected members and LSCB members, local authority and partner agency staff about local commissioning and quality assurance arrangements.
19. The key questions that the thematic inspection considered were:
- Is there effective strategic leadership of the multi-agency response to child sexual exploitation that identifies prevalence, trends, themes and patterns and secures improved outcomes for children and young people?
  - To what extent is the LSCB taking account of statutory guidance?
  - How effectively are partners sharing information and working together to tackle child sexual exploitation locally?
  - Is practice robustly quality assured and is there evidence that this leads to better services for children and young people?

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<sup>16</sup> Framework and evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers and reviews of Local Safeguarding Children Boards (130216), Ofsted, June 2013; [www.ofsted.gov.uk/resources/framework-and-evaluation-schedule-for-inspection-of-services-for-children-need-of-help-and-protectio](http://www.ofsted.gov.uk/resources/framework-and-evaluation-schedule-for-inspection-of-services-for-children-need-of-help-and-protectio).

<sup>17</sup> For each of the children’s cases considered, inspectors met with the allocated social worker or team manager and, for some cases, a professional from partner agencies providing multi-agency support to the individual family. Children’s cases were selected from data provided by local authorities. Cases selected included children and young people predominantly between the ages of 10- and 18 years, with an over-bias to females, at risk of or who had suffered from child sexual exploitation, those subject to child in need or child protection plans or those who are looked after by the local authority. The cases also included children that who had reported missing episodes from home school or care or where young people were first time entrants to the criminal justice system. A number of the cases examined were recently closed by the local authority.

- What is the extent and effectiveness of local child sexual exploitation prevention work?
  - How effective is the local authority and its partners in ensuring that all children and young people at risk of child sexual exploitation are identified at the earliest opportunity?
  - Are children and young people, including looked after children, who are at risk of, or suffered from sexual exploitation effectively safeguarded, protected and supported?
  - Are commissioning arrangements effectively meeting the wide range of needs of children and young people affected by child sexual exploitation?
  - How effective is the local authority and its partners in identifying and disrupting the activities of those perpetrators engaged in child sexual exploitation and in taking legal action against them?
20. Good practice examples are highlighted in this report. These examples illustrate effective practice in a particular aspect of work and are not intended to suggest that practice in the local authority was exemplary in every respect.
21. This report is a collation of themes identified from the range of information gathered and analysed not just from the eight local authorities visited for the purpose of this thematic inspection. Not all findings in this report were evident in each local authority visited.

## Findings

22. Six broad themes in relation to child sexual exploitation were identified from the evidence collected:
- Strategic leadership
  - Performance management
  - Raising awareness
  - Findings from practice
  - Disruption and prosecution
  - When children go missing

### Strategic leadership

23. Not one local authority area was found to be responding to child sexual exploitation consistently well across the full range of its responsibilities. Awareness and understanding of child sexual exploitation among senior leaders is beginning to improve. For some, understanding is well developed and this is reflected in the progress that has been made to respond to child sexual exploitation locally. For others, awareness of the issues has only recently been recognised and this is reflected in underdeveloped local arrangements.

## Local authority

24. For four of the eight local authorities inspected, high profile joint agency criminal investigations in relation to child sexual exploitation had demanded significant attention from senior leaders across the partnerships. Two of these local authorities were involved in ongoing police investigations at the time of the inspection. This recent activity was the stimulus for senior leaders to begin to drive forward the local response to child sexual exploitation across the partnership in these local authorities. While some evidence was seen of strong multi-agency child focused working as part of these investigations, recent learning was still to be cascaded across the partnership and used to inform action plans going forward.
25. In one of these four local authorities, where chief officers, elected members and partners had experienced a similar high profile investigation resulting in a number of convictions two years ago, there was a strong and active learning culture demonstrated by their commitment to fully engage in both regional and national initiatives to tackle child sexual exploitation.
26. Despite having commissioned a number of independent reviews on the local response to child sexual exploitation, one of these four local authorities is still struggling to fully accept the findings in respect of the scale of historic failings. This is impeding its ability to move forward.
27. In the four local authorities that had not experienced such high profile investigations, the understanding of the local picture by senior leaders was varied. Two of these authorities had proactively and over time developed good multi-agency working arrangements to tackle child sexual exploitation. These authorities could demonstrate a good understanding of the prevalence of and the quality of the local response to child sexual exploitation. They could identify gaps in information and service provision and were developing plans to tackle this. For example, one local authority recognised that too few open cases related to boys who were at risk of or had suffered child sexual exploitation and were developing plans to tackle this.
28. The other two local authorities had only begun to address child sexual exploitation at a strategic level in the last 12 months. As a result, their understanding about the prevalence of child sexual exploitation in their local area was more limited and they had a less well developed response to such incidences.

## Elected members

29. Across all eight local authorities, elected members demonstrated a growing awareness in their knowledge and scrutiny of child sexual exploitation work. For some, a rapid acceleration in their awareness has been prompted by local high profile criminal investigations. One lead member for children described this as a 'steep learning curve'. Another had carefully considered the enquiry

findings in another local authority and recently brought some insightful challenge to senior officers across the partnership about the local response. Others demonstrated that they were well informed about what the local authority and partners were doing to identify, prevent, support and protect young people through available services. Importantly, they also had a good understanding of service gaps or under-reporting issues. In these authorities, it is evident that there is political consensus to support multi-agency working, including substantial financial support and resourcing of high profile criminal investigations.

### **Local Safeguarding Children Boards**

30. In local authorities where the LSCB child sexual exploitation strategy was underdeveloped, the financial and resource implications of responding to child sexual exploitation effectively were not known. In these areas, elected members need to urgently improve the quality and level of scrutiny and challenge they provide to ensure that local authority senior leaders and partners are coordinating an effective response to child sexual exploitation for children and young people.
31. Only four of the local authorities and their partners had completed a child sexual exploitation self-assessment in order to benchmark local activity against learning from national research, statutory guidance and recommendations from various enquiries to clearly inform local strategy. Other local authorities use national recommendations and research to inform their strategic planning in the absence of their own operational findings, evaluation, profile and partnership working.
32. Six local authorities and their partners have a child sexual exploitation strategy. In the two remaining local authorities, the strategy is currently being developed. In all the local authorities inspected, a multi-agency sub-group of the LSCB with the specific remit of tackling child sexual exploitation is in place.
33. Three local authorities and their partners have yet to develop a robust action plan to coordinate and drive forward the full range of activity required to respond to child sexual exploitation locally because of their lack of self-evaluation. Another local authority has detailed information about action required but has not collated the findings into a coherent action plan. LSCBs have not challenged the slow progress in developing child sexual exploitation action plans sufficiently.
34. Inspectors saw one excellent example of an action plan. This LSCB child sexual exploitation action plan for 2014-16 was outcome-focused and closely linked to the local child sexual exploitation strategy. It detailed the evidence required to secure desired objectives, timescales for completion and who is accountable for its progress. All actions are rated red, amber or green. Where actions have been finalised, they are signed off and verified. This plan is based on four key borough-wide priorities: prevention, protection, prosecution and public and

professional confidence. This partnership plan is driven by the LSCB child sexual exploitation sub-group, with senior leaders in each agency demonstrating clear ownership of the plan. The sub-group is chaired effectively by the Director of Children's Services.

35. In four of the local authorities and their partners, the absence of a child sexual exploitation action plan and the very recent development of some strategies meant that links to other strategies and procedures were limited. In one authority, the child sexual exploitation strategy had only been approved by the LSCB in July 2014. This meant that all other related strategies pre-dated the child sexual exploitation strategy and made limited or no reference to child sexual exploitation. This was of concern because risk indicators of child sexual exploitation for some vulnerable groups of children and young people were not recognised. For example, in this local authority, procedures for tackling gang activity did not explicitly consider that this vulnerable group could also potentially be at risk of child sexual exploitation or provide information about risk indicators.
36. There was little evidence seen of association between key priorities relating to child sexual exploitation in high level strategic plans and those of LSCBs. This lack of coordination between local strategies meant that partnership action was disjointed and opportunities lost for a more cohesive approach to child sexual exploitation. For example, in one local authority, a comprehensive approach to healthy relationships was being promoted through personal, social and health education (PSHE) arrangements in schools. However, very low numbers of school staff had attended any child sexual exploitation training. As a result, there was an inconsistent approach to raising awareness of child sexual exploitation risks through PSHE.
37. The lack of strategic coordination in most of the local authorities inspected meant that good practice was not rolled out across the authority. For example, partnership working between the police, youth services and schools in one specific area had developed group work targeted at girls who were believed to be vulnerable to child sexual exploitation, but this was not implemented in other parts of the same local authority where other young girls were similarly at risk.
38. In authorities where child sexual exploitation is a key priority across the partnership, an holistic approach was being adopted that meant that:
  - related procedures routinely cross-referenced each other and were clear about referral pathways
  - the child sexual exploitation strategy had links to other key strategies, particularly in relation to gangs, domestic abuse, licencing and PSHE in schools

- governance arrangements between the Health and Wellbeing Board, Community Safety Partnership Board and the LSCB were clear in relation to child sexual exploitation.
39. LSCB annual reports routinely referred to child sexual exploitation as part of the board's activity, but the extent of the critical analysis offered was variable. All of the LSCBs regarded child sexual exploitation as a key priority in their business plans for 2014/15, with most identifying the need to review or establish multi-agency action plans.
  40. The 33 Ofsted SIF inspections of local authorities and reviews of LSCBs carried out since September 2013 also reported that the performance of local authorities in delivering services to children at risk of or suffering sexual exploitation in response to statutory guidance has been too slow. While statutory guidance was published in 2009, it is clear that many local authorities and their partners failed to recognise child sexual exploitation as a priority.<sup>18</sup>
  41. All eight local authorities inspected and their partners through the LSCB have developed multi-agency procedures to support local professionals to respond to child sexual exploitation. In most cases, procedures were of good quality, publically available and easily accessed on the local authority or LSCB website. In almost all of these local authorities, the contents of the procedures appropriately reflected specific child sexual exploitation guidance and research and some had been recently updated to reflect national learning.
  42. In three of the local authority areas, partnership working is well established, with evidence that partners are aware of and implement local procedures effectively. However, in five authorities, the inconsistent application of procedures was evident from the interviews conducted with professionals and from the children and young people's cases tracked by inspectors. The extent to which senior leaders across local partnerships could be assured that multi-agency child sexual exploitation procedures were being used effectively was limited, as these areas had conducted little or no quality assurance audit activity and senior leaders could not be assured that multi-agency procedures were being consistently applied in practice.
  43. In some local authorities where the circumstances of children and young people did not meet the threshold for child protection procedures, additional procedures had been developed to ensure specific focus was given to the management of child sexual exploitation risks alongside child in need procedures. However, for a small number of children and families who were subject to these two planning processes, this resulted in the holistic needs and

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<sup>18</sup> Safeguarding children and young people from sexual exploitation; supplementary guidance to Working Together to Safeguard Children, Department for Children and Families, August 2009; [www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance](http://www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance).



the sexual exploitation risks to children and young people being seen in isolation from each other.

44. In all eight of the local authorities inspected, specific child sexual exploitation training was available to professionals working with children through LSCB arrangements. However, training was not provided in sufficient volume and was not sufficiently targeted to ensure availability for the range of professionals that need it.
45. Only one local authority required mandatory attendance at training for elected members and practitioners working with children (level 2). In this local authority, all staff were also required to complete a mandatory online training module. Inspectors noted that these requirements ensured that the workforce was particularly well-informed compared with the considerable variability of awareness evident in staff groups in the other local authorities inspected.
46. LSCBs were not routinely monitoring and holding all partners to account for ensuring attendance of their staff at child sexual exploitation training. One LSCB was aware that over a nine-month period there was significant under-representation by school staff on LSCB child sexual exploitation training but had limited impact on improving this situation.
47. Local authorities in almost all areas inspected did not have strategies to target child sexual exploitation training towards specific local authority staff. This meant that staff across a variety of teams, working with some of the most vulnerable children, were not sufficiently equipped to identify signs and indicators of child sexual exploitation.
48. Although the extent of the LSCB evaluation of the impact of such training on practice was variable, staff who spoke to inspectors indicated that training was generally of good quality and had significantly raised their awareness and that they were more confident about their ability to identify and respond to child sexual exploitation triggers. Conversely, staff who had not attended such training spoke of their vulnerability and anxiety about missing opportunities to effectively protect children. In one local authority, staff consistently reflected that their high caseloads prevented them from attending training. This was also acknowledged by senior managers.
49. Alongside LSCB child sexual exploitation training, many other examples of single agency training arrangements were in place. For example, in one local authority, a one-hour workshop was being systematically cascaded to all social work teams for staff who had been unable to attend the LSCB training. The same materials were used to brief elected members and were tailored to provide a workshop for general practitioners (GPs).
50. LSCB training sub-group information routinely identified how many child sexual exploitation specific training courses were run in a year and the numbers of attendees. Some could provide information about the agencies represented.

This information was not used to ensure that training was being effectively targeted.

51. Analysis of SIF inspections of local authorities and reviews of LSCBs since September 2013 indicates that in almost all of the local authority areas the LSCBs had introduced specific training sessions on child sexual exploitation in accordance with statutory guidance. Some local authorities noted that their performance information had shown an increase in referrals to social work services following partner attendance at training, but it was not always clear what, if any, strategy had been put in place to deal with this increase in referrals. Some good practice was seen by inspectors in well performing authorities. In one large authority, the concept of child sexual exploitation 'champions' had been introduced across the partnership. These 'champions' were kept up to date on developments within the local authority, with the purpose of disseminating the information to colleagues and ensuring that all staff were aware of the procedures they needed to follow in the event of child sexual exploitation being identified. Another local authority had made sure that information on child sexual exploitation was a regular feature of the LSCB newsletter, in order to make staff aware of developments in the field.

## Performance management

### Quality assurance

52. Auditing of child sexual exploitation case files is an area for further development by the local authorities inspected. To date, five of the local authorities inspected have completed single agency child sexual exploitation- specific audits of case work practice. Inspectors found that these audits were of good quality and robustly identified deficits in practice. In two of these local authorities, themed audits of social work practice are well established and findings are routinely collated and analysed, with identified learning continually informing the child sexual exploitation action plan.
53. Senior managers in the local authorities that undertook child sexual exploitation- specific audits were able to demonstrate a stronger grip on practice and were instrumental in developing action plans to improve practice. Three local authorities have yet to undertake child sexual exploitation-specific audits of practice. While these authorities do have generic practice audit programmes, specific learning in relation to child sexual exploitation is limited. This means that senior managers are not provided with a sound understanding of the quality of child sexual exploitation practice or an evaluation of what action is required to improve practice.
54. One local authority acknowledged that their general quality assurance processes were underdeveloped. Notwithstanding this, in response to the

published findings from another local authority review,<sup>19</sup> they had taken very swift action during September 2014 to prioritise an audit of 80 cases where there was a known element of child sexual exploitation. Another local authority demonstrated that findings from an audit in June 2014 revealed a lack of consistency and timeliness in the completion of child sexual exploitation risk assessments, as well as an absence of evidence to show that assessments are multi-agency in nature. This learning was used to revise the multi-agency child sexual exploitation risk assessment tool, which was then re-launched in September 2014. It was too early for inspectors to see the impact of this in practice.

55. Multi-agency auditing of child sexual exploitation across the partnership was less well established. Only three LSCBs had conducted specific child sexual exploitation multi-agency audits. There were observable links between the LSCB child sexual exploitation audit activity and the two local authorities where single agency child sexual exploitation auditing was well established. In one of these, the LSCB had completed a multi-agency sexual exploitation audit in May 2013. They had undertaken a re-audit in 2014 in order to measure improvement in relation to awareness, the quality of preventative services and the response to incidents of child sexual exploitation. Findings showed improved practice across the partnership. These audits have also facilitated improved information gathering and raised awareness of child sexual exploitation when responding to other vulnerable children. For example, the addition of a specific child sexual exploitation question within missing person's interviews means that in this local authority, the risk of child sexual exploitation is routinely considered for children and young people who go missing.

### **Management information and information sharing**

56. All the local authorities inspected and their partners understood and were committed to the need to share information that each agency may hold in relation to child sexual exploitation. In too many areas, however, partners had not defined what management information is required from each agency and how this would be effectively shared to build a picture of the prevalence of child sexual exploitation in that area. This severely limited the partnerships' ability to respond in a planned and strategic manner to child sexual exploitation.
57. Across the eight local authorities inspected there were considerable variations in the way in which locally held child level data was shared, collated and analysed to identify the prevalence of child sexual exploitation. As a result, the prevalence of child sexual exploitation is not well understood. In the absence of a nationally agreed data set for child sexual exploitation, each local authority with its partners are at different stages in their understanding of the prevalence

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<sup>19</sup> Professor Alexis Jay OBE, Independent inquiry into child sexual exploitation in Rotherham (1997–2013), Rotherham Borough Council, 21 August 2014; [www.rotherham.gov.uk/downloads/file/1407/independent\\_inquiry\\_cse\\_in\\_rotherham](http://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham).

of child sexual exploitation in their area. Even in those authorities that collected data, the data only relates to children who are known to them and already receiving a service. Arrangements to collect information about a full range of children and young people who are at potential risk of child sexual exploitation were not well developed. For example, information about children and young people who were absent for short periods of time during the school day was not centrally collated and analysed. The better performing authorities were aware of information gaps and are developing measures to tackle this.

58. Police management information systems did not allow for the accurate collation of reported crime and prosecutions that related specifically to child sexual exploitation. For example, while many are able to report on the numbers of sexual abuse crimes reported and prosecuted, these figures are not broken down to provide information on the proportion that relate specifically to child sexual exploitation. Similarly, a wide range of crimes are associated with child sexual exploitation but these cannot be identified from the total numbers of crimes. This means that the management information the police share with partners has limited use.
59. Not all the local authorities were able to identify how many cases had been referred to children's social care due to concerns about child sexual exploitation. Where this could be identified, follow-up action in each case could not always be demonstrated. For example, one local authority was able to determine the numbers of cases that progressed to a referral but were unable to identify the outcome following referrals. Another local authority was able to identify all cases that had progressed to a child protection section 47 enquiry and, where a single assessment had been completed, whether child sexual exploitation was a risk factor. However, none of the information was analysed and aggregated to identify the outcomes for young people in these cases.
60. Procedures in another local authority required child sexual exploitation cases to be flagged on the child's record. This enabled the local authority to extrapolate how many children and young people are subject of intervention at any one time. However, this process was not used consistently, resulting in inaccuracies in the information collated.
61. Some local authorities hold multi-agency child sexual exploitation meetings, but the purpose of these varies. In one local authority, a monthly multi-agency meeting is held to consider individual plans for young people, but opportunities to share and analyse soft intelligence were not well developed. This meant that the partnership's collective knowledge of the local profile was weak. In other local authorities, proactive weekly multi-agency meetings are held to share up-to-date information, including intelligence, to inform a partnership approach to disruption activity.
62. Only a small number of local authorities were able to demonstrate that they had well established, effective systems to collate, analyse and use intelligence to its best effect. In one local authority, an experienced and knowledgeable

police data analyst produced a comprehensive child sexual exploitation profile and regularly interrogated police and partner intelligence to keep the profile updated. However, even in this local authority, data was not complete, as intelligence drawn from children who go missing from care, home and school was not integrated with existing child sexual exploitation data.

63. The lack of an agreed national performance data set means that the true extent of, and response to, child sexual exploitation is uncertain. As a result, local authorities are not held to account effectively for the performance of the partnership approach to child sexual exploitation at a local, regional or national level.

### **Commissioning**

64. Child sexual exploitation was identified as a priority in a range of strategic documents seen during the inspections, although only a small number of local authorities were able to demonstrate that their Joint Strategic Needs Assessment made any specific reference to child sexual exploitation. Few were able to show that child sexual exploitation was a key priority in relation to commissioning intentions at a strategic level or that there was any recognition of child sexual exploitation in their sufficiency strategies of places to live for children looked after.
65. Information and data were rarely used to inform the commissioning of services for children and young people who are at risk or have suffered from child sexual exploitation. As a result, commissioning arrangements for such services were often fragmented. Poor analysis of the data and information that were available was a missed opportunity to evaluate and understand whether services were making a difference to children and young people who have suffered child sexual exploitation or to determine future commissioning requirements and priorities.
66. In one local authority, effective joint partnership working arrangements had led to the development of a comprehensive service specification to commission the multi-agency child sexual exploitation team. The specification, developed in partnership with health partners and the police, was clearly informed by the child sexual exploitation strategy and action plan. Commissioning arrangements provided for ongoing performance monitoring, routinely reported to the LSCB, to ensure compliance and provide evidence of the child sexual exploitation team's impact in reducing risk experienced by young people.
67. The commissioning of children's homes or secure placements for children at risk of or subject to child sexual exploitation were undertaken in all local authorities through spot purchasing arrangements. From the children's home inspections completed, it was evident that commissioners are not always holding providers to account or purposefully monitoring the contracts for individual placements or services. Children had experienced multiple placement moves and risks remained unaddressed due to poor placement planning and poor

commissioning of an initial placement that was failing to meet the needs of the young person.

68. In the cases inspected, many examples were seen where children who had been missing from a children's home had not been given a return home interview by a professional who was independent of the children's home.<sup>20</sup> This is despite a number of authorities commissioning a service to undertake return interviews from a provider, usually from the voluntary sector. Children's homes did not escalate this non-compliance with the contract and commissioners did not sufficiently challenge the provider or contract manager. As a result, children and young people were not receiving the service that had been commissioned for them. The intelligence from such interviews, which could have been used to help safeguard children now and in the future and to support the potential prosecution of offenders, was lost.
69. Inspectors saw some good examples of individual commissioning arrangements in place where young people had been involved in the procurement of services. In three local authorities, there was clear evidence that the views of young people had been instrumental in designing, developing and delivering a child sexual exploitation service, as well as other examples of young people influencing a wide range of materials to raise awareness of child sexual exploitation in their communities.

## Raising awareness

### Children and young people

70. All eight local authorities recognised the importance of trying to prevent child sexual exploitation in the first instance by engaging with children and young people and raising their awareness of child sexual exploitation. Evidence was seen by inspectors of a wide range of initiatives aimed at helping to keep children and young people safe, by increasing their knowledge and understanding of child sexual exploitation and building their resilience.
71. Some local authorities were making good use of DVDs, videos and theatre productions to raise awareness of, and generate debate and discussion with young people about, child sexual exploitation. In one local authority, the play 'Chelsea's Choice' had been staged in all the secondary schools in the area. Two other local authorities had commissioned a theatre company to deliver 'Somebody's Sister, Somebody's Daughter', a powerful drama about sexual exploitation and street grooming, to secondary school children. In one of those authorities, the play had been watched by around 1,400 pupils, who spoke very positively about the impact that it had had on them:

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<sup>20</sup> Statutory guidance on children who run away or go missing from home or care, Department for Education, January 2014; [www.gov.uk/government/publications/children-who-run-away-or-go-missing-from-home-or-care](http://www.gov.uk/government/publications/children-who-run-away-or-go-missing-from-home-or-care).

‘it puts you in their shoes.’

I felt really bad for the victims; it made me want to do something to help them.’

In the other local authority, where it has been seen by over 3,200 Year 10 students, it led to 12 young people disclosing that they had been, or felt that they were at risk of being, sexually exploited.

### Oldham

Keeping Our Girls Safe (KOGS) is a voluntary sector organisation that runs group workshops and one-to-one programmes to educate and inform young people. These issue-based workshops use art, dance, drama, film and photography to allow young people to explore sensitive subjects and provide them with the tools to make positive lifestyle choices. Topics include grooming, sexual exploitation, healthy relationships, domestic violence, self-awareness, self-esteem and confidence.

72. Several local authorities had developed specific campaigns to raise awareness of child sexual exploitation. In one, a ‘Know This Isn’t Love’ campaign has been delivered through religious and cultural groups, while another ran a ‘Supporting #1’ campaign using a short film developed with young people. Another local authority had organised a series of ‘awareness and promotional events’ that reached 250 young people between July and September 2014.
73. Much of the awareness-raising work in relation to child sexual exploitation was being delivered through schools. Some local authorities are beginning to use PSHE more effectively to deliver key messages about child sexual exploitation and safe relationships and to give young people the chance to explore the issues. However, what young people told inspectors would suggest that the content of PSHE varies. One young person said, ‘In my school we learn a little bit about it, but not much. It’s mostly “don’t talk to strangers”.’
74. In one local authority, a guidance document had been developed specifically for headteachers, designated safeguarding leads and PSHE coordinators. It provided schools with practical advice and tools to manage and support children at risk of child sexual exploitation. In another, a voluntary agency had been commissioned to contribute to PSHE by organising drop-in sessions in secondary schools, supporting young people with sexual health issues, raising awareness of child sexual exploitation, undertaking one-to-one work and providing training for parents.
75. Several young people told inspectors that they thought awareness-raising should start sooner.

‘No-one said anything about it until I went to secondary school; I never heard anything about child sexual exploitation when I was eight or nine.’

The same message was delivered by young people who took part in a Takeover Day organised by another local authority. While most of the local authorities inspected were targeting their awareness raising activities at older children, two local authorities were working with primary schools. One local authority has started to roll out 'Crucial Crew', an interactive safety game, across all of its primary schools. Another has commissioned the UK Safer Internet Centre to raise awareness of online grooming with primary school children.

76. A number of local authorities were developing a more targeted approach to engage those young people who are perceived to be harder to reach and more vulnerable. In one local authority, the multi-agency child sexual exploitation team had organised a workshop with the lesbian, gay and bisexual community and organised a specific piece of work targeted at care leavers. In another local authority, inspectors saw evidence of staff based in the pupil referral unit demonstrating considerable imagination and persistence in working with young people who are hard to engage resulting in increased awareness and resilience and a reduction in risk-taking behaviours.

### Parents and carers

77. In six local authorities, parents and carers were able to access information about child sexual exploitation either via the LSCB website or generic leaflets, posters or publicity campaigns.
78. One local authority was raising awareness by delivering training specifically to parents while at the same time creating a free online course on 'tackling child sexual exploitation' that parents can access. In another local authority, awareness-raising is given a high priority and includes key rings with details of where to go for help, advice or support. Local parents are also actively engaged in reaching out to other local parents, developing self-help materials and delivering training. A third local authority, in collaboration with Parents against child sexual exploitation (PACE), employs an independent parent support worker based in the dedicated child sexual exploitation team. As well as offering support to parents and carers, the parent support worker helps raise awareness and build parental resilience. Parental feedback, provided to the local authority about this initiative was, positive.

#### Camden

The parents' council has been very influential in raising awareness of the risks of child sexual exploitation. It delivers community-based training on child sexual exploitation in schools and has also helped to change the way in which internet providers restrict children's access to sites. It has been influential in introducing parental consent forms for internet use in schools as standard across the borough. The parents' council has also focused on hard to reach groups and raised awareness of child sexual exploitation among the Somali community.



79. Not all the local authorities were confident that foster carers were sufficiently aware of the issues relating to child sexual exploitation. Some foster carers have received training that raises awareness and describes the response needed to child sexual exploitation, although this is not routinely available in all the local authorities inspected. One local authority provided specific and targeted training to foster carers who were caring for looked after children involved in court cases. In another, foster carers were included in the same briefings provided to local authority social workers and required to access online training.
80. The 36 children's homes inspections, which were carried out concurrently with the thematic inspection, found that training on child sexual exploitation, customarily delivered by the LSCB, was to be widely available. In almost all the children's homes staff had undertaken training and in some all members of staff had been trained. Inspectors noted the positive impact of training in terms of increased staff awareness of child sexual exploitation and vigilance in keeping watch for potential risks within the children's home. In one local authority, one of the homes' managers had spent the day with the local specialist police team as a learning exercise.

### **The wider community**

81. In general, awareness-raising was not being coordinated or evaluated strategically to ensure that it is appropriately targeted and LSCBs were not consistently providing the leadership required or expected. All eight local authorities had taken some action to increase the community's awareness of child sexual exploitation. However, there were marked variations in the way this was being done. In the absence of comprehensive and robust action plans, there was no sense of drive or purpose in raising wider awareness of child sexual exploitation within local communities.
82. The better performing local authorities were making it clear that child sexual exploitation is everybody's business. This was achieved through well planned and well organised publicity campaigns and the involvement of local media and partners to ensure that local communities and businesses were aware of child sexual exploitation and knew what to do if they suspected that a young person is at risk. Awareness-raising was being targeted at people working in hotels, hostels, taxi companies, licensed premises, restaurants and fast food outlets.
83. In one local authority, all licensed individuals had received mandatory professional training on child sexual exploitation, free of charge, including 1600 taxi drivers. This had helped to generate a real sense of 'buy in' and has extended the intelligence network in a way that is helping to safeguard and protect children and young people at risk of child sexual exploitation.
84. Inspectors also saw some good examples of effective engagement with community and faith leaders and with churches, mosques and madrasas.

However, in most local authorities inspected, the approach adopted is ad hoc and reactive rather than proactive.

## Findings from practice

85. None of the eight local authorities inspected were covering child sexual exploitation well across the full range of responsibilities. Analysis of SIF inspections of local authorities and reviews of LSCBs presents a complex picture. The performance of local authorities in delivering services to children suffering or at risk of suffering sexual exploitation in response to statutory guidance has been variable, both between and within the authorities. Some had used quality assurance processes to identify deficits in practice and had action plans in place to address them, driven by a multi-agency child sexual exploitation group. For others, inspection brought appropriate focus to acknowledged deficits and these are now identified as areas for development. The system seen to be failing in only one case and this was in a local authority that was failing generally to provide help and protection to children in need.
86. The thematic inspection reflected the general findings from the SIF inspection. Inspectors saw a wide range of practice within and across the eight local authorities inspected. Some children and young people benefited from highly skilled and knowledgeable practitioners who, with partners, were able to provide well-coordinated packages of support and protection. This contributed to the risk of sexual exploitation reducing and the outcomes for young people improving. Evidence from the case files inspected indicated that for the large majority of children and young people practice was more variable. While risks were appropriately identified for many young people, for others the work to reduce risks was less well focused, leading to inconsistent outcomes. Inspectors found that some plans to protect young people from child sexual exploitation were ineffective, which left children and young people exposed to risk of harm.

## Management oversight

87. The key component to effective practice is the quality of management oversight. This is a key finding in most of the SIF inspections and was mirrored in the thematic inspections. In too many local authorities, management oversight was not sufficiently robust or effective in driving forward plans and monitoring the impact of those plans. The quality of supervision offered to social workers in child sexual exploitation cases was seen to be consistently good in only two of the eight local authorities inspected.
88. It was evident from case records in all local authorities that most managers were meeting with social workers on a regular basis to discuss cases. Records did not typically reflect a clear focus on potential risk of child sexual exploitation, consider patterns of behaviour or possible triggers to missing episodes or explore preventative options or the impact of one-to-one work. Some records seen reflected the managers' endorsement of the social work decisions, but revealed insufficient challenge or reflection by those managers.

## Identification and assessment of child sexual exploitation

89. All eight local authorities inspected had in place agreed multi-agency threshold documents to reflect the level of intervention required when additional needs are identified within families. All but one made clear reference to child sexual exploitation and the need for a referral to children's social care when concerns are identified by any professional. However, few LSCBs had audited the application of the threshold document in practice. In one local authority, inspectors found a small number of cases of child sexual exploitation that a voluntary agency was working with, without the local authority's knowledge.
90. Young people are not routinely benefiting from multi-agency strategy discussions when risks of child sexual exploitation are identified. Practice is variable within local authorities and managers do not exercise effective leadership or provide consistent clarity about expectations. In two local authorities that both had specialist child sexual exploitation teams, strategy discussions and meetings are used routinely. They usually involved a wide range of relevant agencies and the quality of information-sharing was of a high standard. This meant that the possible child protection risks had been explored in a formal multi-agency forum and that prompt and coordinated actions were agreed at an early point.
91. Not all the local authorities inspected and their partners used specific child sexual exploitation screening or risk assessment tools to support multi-agency professionals in identifying early signs of child sexual exploitation. Where these were used, professionals were better able to articulate the concerns they had about children and young people and to access appropriate services.
92. Specific child sexual exploitation assessment tools were not routinely used in cases where the risk of child sexual exploitation had not already been identified. There is limited evidence to demonstrate that managers are encouraging their use. Systems for implementing and monitoring their use were generally underdeveloped. This meant that local authorities and their partners could not be assured that early signs were effectively identified and responded to for all young people.
93. However, inspectors noted some good practice in this area. For example, in one local authority, a duty social worker received an incident report from the police. Using the child sexual exploitation risk assessment tool to gather and analyse the information known to professionals who knew the young person, the social worker was able to identify risk indicators including unexplained absence from school, use of a mobile phone that caused concern and entering/ leaving vehicles driven by unknown adults. This promptly led them to organise a strategy meeting, which demonstrated the effective use of the risk assessment tool to inform the next steps..
94. In cases where the risk of child sexual exploitation was known, the use of specific child sexual exploitation assessment tools was varied. Where they were

used, they brought additional consideration to the holistic needs of the young person. As a result, plans were usually more focused and targeted at reducing risk for the young person. Conversely, in other cases seen, the absence of robust assessment meant that some young people were left in vulnerable situations and had not received appropriate services and support to meet their needs.

95. Overall, the individual needs of children and young people that arise from their culture and heritage are considered well in most cases. However, in others, a fuller exploration of family history and identity would have led to more effective intervention.
96. In one good practice example, the accuracy of the assessment was assisted by the social worker's research of the young person's culture and country of origin, where the age of consent is lower than the UK. This knowledge was used effectively to inform the analysis. Good use was made of interpreters; the same interpreter was used consistently to assist the social worker in building a relationship with the young person. The social worker was also clearly sensitive to the vulnerability issues associated with the child's age and gender and this again informed the assessment.
97. In some local authorities, assessments and plans are promptly translated into the young person's first language, which allowed them and their parents to read about professionals' concerns as well as hear these through interpreters. One child sexual exploitation project run by a voluntary organisation had developed awareness raising resources such as a Parental Awareness DVD and leaflets available in a number of languages to reflect the diversity of the local community.
98. Other case files inspected, notwithstanding good information being recorded about the young people's ethnicity, identity and faith, were not given appropriate consideration in assessments and the need for an interpreter was not always recognised. This meant that assessments were often superficial, not sufficiently responsive to diversity and did not provide a sound analysis of the full range of potential risks a young person may experience.
99. Structural arrangements differed across the authorities inspected. Four had dedicated child sexual exploitation teams, the other four allocated child sexual exploitation cases across all social work teams.
100. Irrespective of the structural arrangements, some examples of very good excellent practice were seen by inspectors as a result of the skills, knowledge and expertise of individual workers within the partnership. Where specialist workers worked alongside the young person's social worker, assessments and direct work to reduce risks to these young people were consistently more effective. This was in part due to the recognition that significant persistence is needed to engage young people who are at risk of or suffering from child sexual exploitation. The addition of a second worker provided this capacity.

Conversely, in another local authority, senior managers acknowledged that high caseloads prevented social workers from engaging effectively with young people to help reduce the risks to which they were exposed.

### Children and young people's voice

101. Inspectors met with a large number of social workers and partners. In almost all cases the social workers were able to speak knowledgeably about the circumstances and risks experienced by children and young people. It was clear that almost all had listened to what young people had to say about their experiences, were able to represent their views well and, where appropriate, sought to act on their wishes and feelings. In some cases, this was clearly reflected in the written records and the way in which workers were able to describe and articulate the key issues; in others, this was weak with very little evidence of the young person's views or feelings being recorded. Young people that inspectors spoke to generally felt supported and listened to by their social worker. One young person said:

'she didn't just help me she helped my mum too.'

Another commented:

'they have helped clear my thoughts and talked to me a lot to make sure I am safe.'

102. Many children and young people benefited from direct work delivered by a range of professionals, although this was not consistent within or across all eight local authorities. Some young people were effectively engaged in group activities and one-to-one work that helped them to understand their circumstances and reduce risks. One young person spoke to inspectors about how workers had helped her to devise effective 'keep safe strategies' with her mother. Another young person described how group work had been very timely in her case - it had helped her to understand that she was being groomed and workers supported her to break away from this situation.

103. Young people did, however, voice some concerns to inspectors. The most significant of these was about the frequent changes in social workers that many experienced. They told inspectors that:

'it is difficult to trust adults'

Changes of social workers compounds this. One young person said:

'my social worker does listen to me but I have been in care for nine years and I have had a different social worker for every year. They say you can trust them but... it gets really hard to trust people.'

## The effectiveness of plans to reduce the risk

104. In all eight local authorities, some young people known to be at risk of sexual exploitation were being supported as children in need.<sup>21</sup> Inspectors found that child in need plans were often monitored less robustly than child protection or looked after children plans. For example, one local authority was able to identify that most children known to be at risk of child sexual exploitation following an assessment had child in need plans. The local authority's general auditing activity had identified that child in need plans were not rigorous in addressing identified need; some had been periodically reviewed and others not reviewed at all. This meant that young people at risk of child sexual exploitation were not given sufficient priority, risks did not reduce and intervention was often ineffective.
105. Formal review arrangements for children and young people who were subject to child protection plans or who were looked after were given more scrutiny than child in need plans. However, variation in practice, across and within the eight local authorities, meant that this scrutiny did not always ensure that risk reduced for all children and young people. In two local authorities that had child sexual exploitation teams, learning from individual cases was regularly shared within teams, both formally and informally, to improve practice and inform strategic planning. The remaining local authorities did not routinely collate and analyse information about what had worked well for young people or contributed to the reduction of risk in individual cases. As a result, learning from local practice did not inform future strategic direction or operational practice.

## Therapeutic support

106. Referral pathways for young people who are at risk of or who have suffered child sexual exploitation to access therapeutic support were not well developed in all local authorities.
107. Inspectors found that in only three of the eight local authorities, partnership working at a strategic level had ensured that responsive services were in place to provide therapeutic support from Child and Adolescent Mental Health Services (CAMHS) to young people who were at risk of or who had suffered child sexual exploitation. In one local authority, CAMHS workers were based in the voluntary sector child sexual exploitation project. This allowed staff and young people easy access to consultation and therapeutic services. In these local authorities, CAMHS was also supplemented by provision ranging from lower level support to highly specialised provision. However, these local authorities were also aware of some delays for young people in accessing appropriate support. Where therapeutic support is an integrated element of the

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<sup>21</sup> Children Act 1989, section 17; [www.legislation.gov.uk/ukpga/1989/41/section/17](http://www.legislation.gov.uk/ukpga/1989/41/section/17).

child sexual exploitation action plan, provision is reviewed and commissioners were held to account for any shortfalls in the provision of services.

108. While an integrated approach to CAMHS provision was not apparent in all local authorities, some areas had made good attempts to secure alternative specialised therapeutic provision for individual young people. In one authority therapeutic support was commissioned specifically to support young people and their families in the run-up to court proceedings. Staff involved in these cases were also able to access therapeutic supervision.
109. The provision of therapeutic support in other local authorities was more fragmented. This often reflected the disjointed partnership approach to child sexual exploitation and a poor understanding of local prevalence. In these authorities the extent of therapeutic needs were not known.
110. In case files inspected, a small number of young people who did not attend initial appointments were discharged from CAMHS with their therapeutic needs left unmet. This demonstrated a poor understanding of the experience of child sexual exploitation and its impact on young people and a failure to recognise the need for services to be persistent in their efforts to engage them.

## **Disruption and prosecution**

111. The absence of a whole-systems approach to child sexual exploitation meant that information and intelligence were not consistently being used to best effect to tackle child sexual exploitation and some areas were not making good use of the full range of powers available to them to disrupt and prosecute perpetrators. The difference between the number of referrals made and the number of subsequent prosecutions was stark across all areas. However, on the occasions that those powers had been used effectively and imaginatively, this had led to success in achieving positive outcomes. The absence of statutory reporting arrangements in relation to disruption and prosecution undermines the ability to monitor activity, provide critical challenge and compare performance across different areas and over time.

## **Disrupting and preventing the activities of perpetrators**

112. Disruption plays a key part in helping to build the trust and confidence of victims, empower others to come forward and encourage communities to report signs of child sexual exploitation wherever and whenever it occurs. However, while two local authorities have adopted a 'zero tolerance' approach to child sexual exploitation and are making full use of the range of policing and other powers available to them to disrupt child sexual exploitation, most are not.
113. In four local authorities inspected, an average of 27 abduction notices had been issued over the previous 12-month period. However, in three other local authorities, only five abduction notices had been issued between them during the same period. In one authority, where 76 children or young people were

identified to be at risk of child sexual exploitation, no abduction notices or criminal prosecutions had been secured in the corresponding 12-month period.

114. Of the eight local authorities inspected, only three had developed an adequate overview of child sexual exploitation in their locality. In those areas there were good examples of appropriately targeted and well coordinated operations involving the police and a range of partners to disrupt the activities of known or suspected perpetrators at both an individual child and at community level. In two areas, imaginative use was also being made of Risk of Sexual Harm Orders (ROSHOs) issued under the Sexual Offences Act 2013 to restrict the activities of named individuals from having contact with children and young people, and of section 19 of the Police and Criminal Evidence Act to seize mobile phones in order to interrogate telephone records and disrupt exploitative activity.
115. Two of the eight local authorities had recently been involved in large-scale multi-agency joint operations resulting in ongoing criminal proceedings. In both cases there was evidence of agencies working together better than they had done in the past, with early indications that this experience was already being used to inform and enhance the current and future collective response to disruption.
116. However, disruption does not depend solely on the police. Most local authorities are beginning to realise the potential of developing a more joined-up approach to disruption through better sharing of information and by making full use of the powers available to the local authority and its partners. This includes better use of enforcement powers in relation to the licensing of taxi drivers and fast food establishments. For the majority, this is still work in the very early stages of development and is yet to have impact.

### **Rochdale**

The local authority has radically changed the way in which information is shared across departments and between agencies in order to facilitate successful prosecutions and support the credibility of victims of child sexual exploitation. A formal data sharing protocol has made that possible and a designated Disclosure Officer based in legal services and acting as a single point of access oversees the process. The Disclosure Officer has contributed to achievement of a number of successful prosecutions and has made it possible to disrupt the activities of other perpetrators.

### **Prosecuting those who sexually exploit and abuse children and young people**

117. In two local authorities where there have been high profile criminal investigations, this experience has galvanised the local authorities and their partners into trying to ensure that past failings are never repeated. There has been a step change in intelligence gathering, information sharing, joint working



and disruption activity, leading to a steady flow of prosecutions. This step change is not apparent in the remaining local authorities inspected.

118. The absence of a consistent approach to the recording and reporting of the range of criminal activity in relation to child sexual exploitation means that it is difficult, if not impossible, to establish a clear picture of activity or draw meaningful comparisons across and between local authority and policing areas. It means that the ability of senior leaders and LSCBs to provide an appropriate level of scrutiny and critical challenge is compromised. It shows clearly that the association between high numbers of children subject to child sexual exploitation and the low numbers of prosecutions is poor and much greater focus and attention is required to narrow this gap.

### **Rochdale**

By harnessing the full range of the local authority's enforcement capabilities, a multi-agency enforcement team is taking disruption to another level. Housing powers are used to enter properties of multiple occupation. Health and safety standards, licensing regimes and anti-social behaviour legislation are all being brought to bear on the perpetrators of child sexual exploitation. This work has resulted in 12 arrests and the closure of three licensed premises.

## **When children go missing**

119. The dangers that children and young people are exposed to when they are missing from education, home or care cannot be underestimated. None of the eight local authorities was using information about children missing or absenting themselves from school effectively to make links with the bigger picture about child sexual exploitation. Children and young people who go missing from home or care do not routinely have return home interviews and even when return home interviews were conducted, the possible risks associated with child sexual exploitation were not always discussed or explored. Information and intelligence from return interviews was not systematically used either to inform the strategic overview or shape operational activity.
120. Analysis of SIF inspections highlights similar concerns. Where return interviews did take place, the information gathered was not always collated and analysed to identify patterns either between individual missing episodes, or with other missing young people. This results in a missed opportunity to provide an effective risk management plan for the individual young person or to intervene early and disrupt the activities of potential perpetrators.

## **Missing from home**

121. All of the local authorities had protocols and policies in place for missing children and young people and most of them had arrangements to carry out return home interviews, usually through a commissioned service provided by

voluntary organisations. However, those arrangements were not being effectively implemented in practice.

122. Too many local authorities were failing in their duty of care to children and young people who go missing. The evidence suggests that, on average, fewer than a quarter of all children and young people who go missing from home in these local authorities had a return home interview. At the time of the thematic inspection, in one local authority alone, 43 children who had previously been reported as missing were waiting to be interviewed by the commissioned voluntary agency. Another local authority had 'RAG'-rated its commitment to 'ensuring the procedure for missing from home, care and education addresses child exploitation and practice is embedded' as red as it was recognised as area where work was still to be done.
123. The situation is compounded by the fact that, in most of the eight local authorities inspected, return home interviews were seen as optional. Many children and young people choose not to accept the offer of a return home interview. Local authorities, or the organisations they had commissioned to carry out return home interviews, were not systematically recording or reporting how many children had declined the offer of an interview or why.
124. In child in need and child protection cases it was often the social worker who was responsible for carrying out a return home interview. Inspectors involved in tracking cases observed that those interviews did not always take place. This is an opportunity lost to gain an independent insight into what is happening for the young person and the risk they may experience when missing from home. From supervision records it was also clear that the factors that might trigger a missing episode were not routinely discussed or explored.
125. Management oversight varies. Some local authorities had put in place arrangements to ensure that senior managers oversee the risk assessment and monitoring of individual children and young people who go missing from home frequently and/or for long periods of time. One local authority had recently established a Missing Panel. This was a multi-agency senior manager meeting where the response to children who go missing from home or care is reviewed to ensure that it responds adequately to the risks identified. Another local authority was in the process of combining two different panels, one that reviews missing children incidents and another that oversees child sexual exploitation work, to provide improved focus on and analysis of the possible links between children and young people who go missing from home and child sexual exploitation.

### **Missing from school**

126. Most of the local authorities inspected were not yet systematically making the potential connection between child sexual exploitation and missing from school, especially when they are in school at the beginning and end of each day and only absenting themselves at times in between. It is also too easy to overlook

other risks, for example street level grooming and/or peer-on-peer abuse or exploitation, that young people may be exposed to when they are absent from school.

127. Only one of the eight local authorities was explicitly addressing information about children missing from education as part of the child sexual exploitation prevention strategy. In that local authority, the education welfare service had access to a 'persistent absence list', which they used to target young people whose pattern of school attendance may indicate other concerns, including a risk of child sexual exploitation. The fact that there was such a list made it possible to combine and analyse data in order to identify trends and patterns and explore possible links to child sexual exploitation or gang-related activity.
128. More typically, as in the case of another local authority, school attendance officers were expected to follow up those young people whose attendance fell below 85%. Most of the local authorities inspected did not have a centrally held database of children and young people with high levels of school absence. This meant that it was not possible to cross-reference that information with information about children and young people known to children's social care at risk of child exploitation or those who have been reported to the police as missing.

### **Missing from care**

129. In each of the 36 children's homes inspected, inspectors considered the quality of arrangements in the home's response to children and young people who persistently go missing and those at risk of child sexual exploitation.
130. The arrangements that local authorities have in place to provide return home interviews for children in care are not sufficiently robust. Despite the best efforts of foster carers and staff working in children's homes, large numbers of missing from care episodes are reported for looked after children. Although inspectors found good evidence of compliance with children's home procedures and protocols in respect of children missing from care and high levels of awareness of the risks of sexual exploitation, this in itself is not enough to protect children and young people who are already vulnerable to the threat of sexual exploitation.
131. Generally, children and young people who were running away were doing so in order to be with family, friends or peers. Inspectors saw many examples of good partnership working that helped to keep children and young people safe. Factors that contributed to success included:
  - a well understood local policy and protocol on children missing from care that set the context for individual strategies to keep individual children safe
  - a regular pattern of well attended and well recorded partnership meetings to deliver the strategy

- good staffing ratios that allow the home to offer high levels of support in delivering individual children and young people’s risk management plans
- a qualified, experienced and stable staff group capable of diverting individual children away from risky behaviours.

132. Conversely factors that had a negative impact included:

- high levels of staff vacancies and sickness that led to the engagement of agency workers unfamiliar with the protocols
- lack of awareness of the role and responsibilities of the child’s Independent Reviewing Officer (IRO)
- a mixed age group of residents that led to peer pressure to abscond
- non-cooperative families who harbour the child and do not inform the home of their whereabouts.

133. Almost all of the children’s homes inspected had access to current policies, procedures and protocols in relation to children missing from care and staff knew how to apply them. In one local authority, regular meetings were held with children’s home managers to discuss safeguarding strategies, creating opportunities to reflect on and improve their practice as well as to discuss and explore ‘hotspots’ and patterns in missing children episodes across the local authority.

134. However, inspectors saw some cases where not all of the documents were customised, relevant or up to date, making it difficult to be confident that they were being effectively implemented. Examples were also seen of homes that operated as part of a group of services presenting corporate policies that did not always reflect the local situation.

135. Most of the children’s homes inspected had established good links with their local police force across a range of issues. In dealing with children who are missing and vulnerable to child sexual exploitation, it is an advantage if the local police force has a specialist team or specific officers dealing with the issue, as they can liaise authoritatively with homes. Some homes were able to demonstrate success in significantly reducing the number of missing episodes through this partnership approach. However, in one policing area where there were good levels of support to local children, the police did not provide a continuing service to those children placed in children’s homes from outside the authority. This leaves some of the most vulnerable young people at significant risk in an area of the country that may be unfamiliar to them.

136. In most children’s homes, the standard of record keeping in relation to children who persistently go missing was very good. Good record keeping helps to keep children safe. In one good practice example, the inspector noted that detailed records kept by staff, including intelligence about a young person who persistently went missing, were passed to the police who were then able to

check CCTV images, serve abduction notices and secure a conviction of the perpetrator.

137. In most cases, children's homes notify police and social workers of children going missing promptly, thereby facilitating a swift response. There was good evidence of high levels of communication with children's family and friends, with checks being made with them immediately a child or young person went missing. Some of the homes inspected were proactive not just in notifying, but in engaging with, social workers who placed the children in the home to ensure that they were aware of the risks from missing episodes and of any action to be taken.

138. The quality of risk assessments was variable. In one well performing home, the inspector observed that:

'each young person has an individual risk assessment and a separate missing from home risk assessment that provides a comprehensive overview of identified behaviours, triggers, warning signs and control measures.'

The manager notified all appropriate agencies when incidences occurred. Elsewhere, and at the opposite end of the spectrum, in the case of a child who had a history of going missing from school and previous placements, the home had completely failed to assess the risk of that young person going missing or put in place a strategy to safeguard them.

139. Regular partnership meetings, either strategy meetings or extraordinary care reviews convened by the child's IRO, contributed to a reduction in the number of times that individual children and young people went missing. In one good practice example, regular strategy meetings underpinned an effective and well-coordinated approach involving a range of partners, which resulted in a significant reduction in missing episodes. However, it is more difficult to organise regular meetings of all appropriate representatives when the home is located outside of the placing authority, particularly where there are substantial distances between the two.

140. In a small number of cases tracked as part of the thematic inspection, the ineffectiveness of strategies for keeping children safe was extremely concerning. In one home, the inspector concluded that:

'Safeguarding strategies have not proved effective... they [staff] express an understanding of their role and the actions they need to take in response to... child sexual exploitation in particular... However, the home has not been effective in reducing missing from care episodes in the case tracked.'

In another home, the inspector observed that:

'...missing persons' notifications have been comprehensively documented and shared with relevant agencies. Local policies, procedures and protocols... have been consistently adhered to... The home has been proactive in convening professionals meetings to explore strategies. However, a multi-disciplinary approach to managing and reducing absconding behaviour and associated risks has proved ineffective.'

## Conclusion

141. Responding effectively to child sexual exploitation is highly complex. It is a form of child sexual abuse and the consequences for individuals and communities are wide ranging and long lasting. Local authorities cannot tackle child sexual exploitation in isolation. It requires the full commitment of statutory agencies, the voluntary sector and wider communities to make child sexual exploitation everyone's business. As such, it requires leadership by those that can effect change in their own agencies and scrutiny by LSCBs to hold agencies to account for their contribution. This thematic inspection has found that leadership to tackle child sexual exploitation is not sufficiently well developed in all eight local authority areas inspected.
142. Prior to the introduction of the SIF in September 2013, previous Ofsted inspection frameworks had given limited attention to child sexual exploitation. The introduction of the SIF framework has brought more focus on child sexual exploitation and greater challenge to local authorities and LSCBs. Learning from this child sexual exploitation thematic inspection will inform future frameworks and sharpen the focus of existing frameworks.
143. Some of the local authorities that have experienced significant public attention due to high profile cases of child sexual exploitation have begun to learn from the findings of those reviews and can demonstrate progress in some areas, with pockets of good practice being evident. However, most authorities have only recently taken action to determine the extent to which child sexual exploitation is happening in their local area.
144. Children and young people are more effectively protected from child sexual exploitation when LSCBs have an effective strategy and action plan that supports professionals to work together and share information well. This activity, when combined with a whole system approach of awareness raising, the early identification of both victims and perpetrators and disruption and prosecution, is the only route to the effective protection of children and young people from child sexual exploitation in our towns and cities.

## **Annex A: Local authorities subject to this thematic inspection**

Brent  
Bristol  
Camden  
Kent  
Luton  
Oldham  
Rochdale  
Rotherham

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# Tackling child sexual exploitation

A resource pack for councils



# Foreword

Child sexual exploitation (CSE) is a terrible crime with destructive and far reaching consequences for victims, their families, and society. It is not limited to any particular geography, ethnic or social background, and all councils should assume that CSE is happening in their area and take proactive action to prevent it.

This is not just a job for the lead member for children's services or the local director of children's services. This pack is aimed at elected members at all levels. We all have a role to play in keeping children safe, and councils cannot stamp out CSE without the help of the wider community. Councillors have a key role to play in this, and should not be afraid to raise these issues within the communities they represent.

Recent inquiries have again highlighted the scale of the problem, and local agencies risk seeming unaware of the true extent of CSE in their area. It is vital that all partners work closely together to develop and implement robust, coordinated activity at all stages of a child's journey, from identification to protection to treatment. Councils and their partners must use evidence and information to understand what is happening locally, develop a strategic response, support victims and facilitate police disruption activity and prosecutions.

Recent events have shown that all areas need to be prepared to respond to this challenge effectively, and there are many good examples of effective work to be found around the country for local government to share and learn from. It is vital that we learn from both mistakes and successes, and the case studies in this resource pack showcase

some of the work that is already underway to improve local practice. These cover initiatives such as community engagement, regional work across local authority boundaries, building effective multi-agency partnerships and commissioning independent audits of local practice.

We have also included a summary of the key learning to emerge from recent inquiries and reviews, and advice on key lines of enquiry for councillors to pursue when assessing the quality of local practice. The resources in this pack will be updated regularly, so please do check [www.local.gov.uk/cse](http://www.local.gov.uk/cse) for the latest information – including some online resources that have not been included in this pack.

Child sexual exploitation is a sensitive and complex issue and I understand that it is not an easy subject to talk about, but it is essential that we do. No council can assume that this is not happening in their area, and no councillor should assume that someone else will make sure that the necessary responses are in place. Tackling child sexual exploitation must be a priority for all of us, and the resources in this pack highlight the very real difference that councils can make in preventing this awful crime – and the crucial role of councillors within this.



**Councillor David Simmonds**  
Chairman, LGA Children and Young  
People Board

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# Child sexual exploitation: an introduction

## What is child sexual exploitation?

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (eg 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 or mobile phones without immediate payment or gain. In all cases, those exploiting the child or 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.

## What is the scale of CSE?

Recent high profile court cases, local inquiries and reports have raised awareness of the extent of child sexual exploitation. The Independent Inquiry into CSE in Rotherham estimated that 1400 children had been sexually exploited over the 16 year period covered by the Inquiry. Ann Coffey's report into CSE across Greater Manchester identified 260 'live' investigations into CSE in June 2014, with 14,712 recorded episodes

of children missing from home and care between January and September 2014.

The Office of the Children's Commissioner's two year Inquiry into CSE found that a total of 2,409 children were known to be victims of CSE by gangs and groups between August 2010 and October 2011; the equivalent of every pupil in three medium sized secondary schools<sup>1</sup>. It is generally agreed that these figures are an under-estimate. With each new inquiry that is published, we are becoming more aware about the extent of CSE and the scale of this horrific form of abuse in our communities.

## Why do I need to be aware?

CSE has a devastating impact on children, young people and their families. It should be a concern for everyone. CSE is largely a hidden crime, and raising awareness of this type of abuse is essential to preventing it and stopping it early when it does happen.

Councils play a crucial, statutory role in safeguarding children, including tackling child sexual exploitation. However, they cannot do this alone. It needs the cooperation of the wider community and our partner agencies. Councils can use their links with police, schools, health professionals, and community and faith groups to highlight the signs and ensure people know where to turn if they have concerns. We know child sexual

<sup>1</sup> Berelowitz, S. et al (2013). "If only someone had listened" The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups Final Report. London: Office of the Children's Commissioner. Rochdale Oxford [www.childrenscommissioner.gov.uk/content/publications/content\\_743](http://www.childrenscommissioner.gov.uk/content/publications/content_743)

exploitation is a difficult and unpleasant subject to discuss, but having these conversations is crucial to stamping it out.

## Statutory responsibilities

The statutory responsibilities of local agencies, including councils, are set out in the 2009 supplementary guidance on CSE. The 2011 National Action Plan further clarifies these, and also brings together a range of commitments from national and local partners<sup>2</sup>. Statutory requirements from these documents include:

- mechanisms should be in place to collect prevalence and monitor cases of CSE
- CSE is assumed to be present, and is prioritised if believed to be a significant issue
- preventative activity should be put in place, helping those being exploited and targeting perpetrators
- Local Safeguarding Children Boards (LSCBs) should have specific local procedures to cover CSE (eg a strategy).
- children and young people should be involved in the drafting of CSE strategies
- assess and identify patterns of exploitation (problem profiling) and amend interventions to reflect the local picture
- training should include warning signs of CSE, how to report concerns, how to safeguard and how to prevent
- training should also include advice on evidence gathering
- awareness-raising activities should be aimed at young people and the general public, including where to obtain help and how to report
- LSCB sub-groups should be established to lead on CSE, with close links to other groups (eg trafficking, missing children)

- LSCBs should ensure there is a lead person in each organisation to implement guidance
- arrangements should be in place for either a dedicated coordinator or co-located team
- arrangements should be in place for cross border working across neighbouring local authority areas
- there should be periodic audits of multi-agency safeguarding arrangements.

<sup>2</sup> 2011 DfE National Action Plan [www.gov.uk/government/publications/tackling-child-sexual-exploitation-action-plan](http://www.gov.uk/government/publications/tackling-child-sexual-exploitation-action-plan)

# Key lines of enquiry for all councillors

Evidence indicates that CSE is prevalent across the country, occurring in both rural and urban areas with perpetrators and victims coming from a range of social and ethnic backgrounds. All Local Safeguarding Children Boards (LSCBs) and councils should assume it is happening in their area, unless there is clear evidence to the contrary<sup>3</sup>.

The experiences of Rotherham go to demonstrate the key role that the leader of the council, the lead member for children's services, scrutiny committees and all councillors have in questioning and challenging responses to CSE in their local area.

The 2014 Communities and Local Government (CLG) Select Committee report, "CSE in Rotherham: Some Issues for Local Government"<sup>4</sup>, also highlights the vital role of scrutiny in challenging officers and the executive when there is evidence of a problem which the council has failed to address. All councillors should ask questions and ensure that plans are in place to raise awareness of CSE, understand what is happening, develop a strategic response, and support victims of exploitation and help to facilitate policing and prosecutions.

The following section suggests 'key questions to ask' of officers, the LSCB or other agencies, along with suggested points to look out for. It is not intended to be exhaustive,

and local approaches will of course vary, but instead aims to provide prompts to enable discussions about how the issue is being addressed locally.

## 1. What is the extent and profile of CSE in our local area? How do we know?

It is impossible to develop an effective response to CSE without a detailed understanding of the scale and nature of the problem locally. Learning from national studies can be a useful aid, but cannot substitute for an in-depth understanding of local trends. The LSCB should have a clear process in place for mapping the extent and profile of CSE in its area. The mapping process should include a profile of children identified as at risk, a profile of offenders and an understanding of 'hotspots' or vulnerable locations.

## 2. Do we have a local CSE strategy and action plan? Are these multi-agency and how is progress monitored? How does this link to other plans and strategies?

The need for local areas to have appropriate policies and procedures to tackle CSE is a common theme of national research and guidance. These must be specifically tailored to the needs of the local area, and should

3 Safeguarding Children and Young People from Sexual Exploitation 2009, Statutory Guidance [www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance](http://www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance)

4 The Communities and Local Government Committee, (2014). Child Sexual Exploitation in Rotherham: Some Issues for Local Government. [www.publications.parliament.uk/pa/cm201415/cmselect/cmcomloc/648/648.pdf](http://www.publications.parliament.uk/pa/cm201415/cmselect/cmcomloc/648/648.pdf)

provide a framework that allows all agencies (including the voluntary sector) to identify their role and understand how others will contribute to tackling CSE locally.

It is not enough to simply have a suite of plans in place – it is vital that they are working effectively, have full buy in from all agencies and are regularly reviewed and updated. Elected members should consider what mechanisms are in place to ensure that strategies are actually implemented in practice, and how their impact is evaluated. This is where council scrutiny panels or committees can play an important role in questioning strategies, plans and progress. It is also important to consider the extent to which CSE features in other council plans and strategies, and those of partner agencies. Is there sufficient join up with the overall CSE action plan and strategy?

### **3. How effective is the Local Safeguarding Children Board? Are all agencies engaged at a senior level, and is CSE an area for priority focus?**

CSE cannot be tackled by one agency operating alone. They will hold only partial knowledge of the issues, and will be unable to deliver anything more than a partial response. Effective responses must be built on a holistic understanding of the problem, which will only come through a shared commitment to partnership working. A multi-agency response does not develop naturally, it must be systematically embedded at all levels and fully integrated through multi-agency forums and work plans.

The LSCB is the key body for fostering and co-ordinating this multi-agency work, and an ineffective LSCB will have a major impact on the extent to which a local area is able to tackle CSE in a coordinated way. This relies on full engagement from all partners at a senior level, and elected members should

question the extent to which this is the case in their local area. Do key partners such as the police and health provide consistent, high level representation at LSCB meetings, or do they regularly send junior substitutes? Statutory guidance, for example, is clear that the chief officer of police must be included on the LSCB. Is this case locally, and how often do they attend? How strong is voluntary sector engagement? To what extent are partners involved in the Board's wider work, chairing subgroups or taking actions. Is this a true partnership, or does one agency dominate proceedings?

Most LSCBs will also have a CSE subgroup of the main Board, or a subgroup that considers CSE as part of a wider remit – perhaps linked to missing children, or trafficking. Neither approach is preferable to the other, but it is important that the LSCB is able to demonstrate that the subgroup's work is both focussed and effective. The CSE sub-group should provide the LSCB with regular updates on actions taken and impact.

### **4. Does the relevant scrutiny panel receive the LSCB's annual report, and use this to challenge local priorities and outcomes?**

Council scrutiny processes are a vital tool in holding the local partnership to account, and the annual report of the LSCB is a key document to consider when assessing the effectiveness of local work to tackle CSE. Reports should be outcomes focused, with a clear assessment of progress over the past year and identification of key priorities for the year ahead. These should be considered carefully by scrutiny members, and the panel should hold the Independent LSCB Chair to account for delivery.



## 5. What other multi-agency forums exist to facilitate joint working?

At an operational level, it is important to consider what other multi-agency forums are in place to encourage a holistic, coordinated response. Some areas have implemented regular multi-agency practitioner meetings with a specific focus on CSE, which can be a good way to keep a focus on local trends and profiles of both victims and offenders. Many areas have also introduced multi-agency safeguarding hubs (MASH) or similar, which co-locate partner agencies to encourage quicker and more effective information sharing from the point that a referral is received.

No individual system or structure should be seen as a silver bullet in improving responses on CSE, but it is important that members understand how these processes are contributing to wider strategic objectives and consider the impact that they have on local practice.

## 6. How is CSE incorporated into local training programmes, and who is able to access this training? Does this include training for a wider cohort than just those professionals working directly with children and young people, such as licensing officers, environmental health officers or elected members? Are outcomes measured, and are changes made as a result?

Tackling CSE requires all partners to understand how to identify children at risk, respond appropriately when concerns arise, and ultimately ensure that children are protected. A sustained programme of single and multi-agency training is central to this, and it is vital that knowledge is comprehensively disseminated across all channels of identification and response.

Local areas should think creatively about who should access this training, rather than simply focusing on social workers, teachers, health staff or police officers who work directly with children. Licensing officers, for example, will benefit from a working understanding of CSE risks when considering licensing applications; environmental health officers may identify potential victims of CSE when inspecting takeaway outlets; and some councils have begun to offer CSE training to all elected members. This is not to imply that this is the right approach for all areas, but there should be a clear understanding of the rationale behind offering (or not offering) training to specific groups.

The LSCB should have oversight of the local training offer, and members should question how this is operating in practice. Do all partners attend multi-agency training sessions, or is one agency conspicuously absent? Importantly, is there a robust mechanism in place for monitoring the outcomes of local CSE training beyond simply counting who attends each session? What has changed as a result?

## 7. Is an awareness raising programme in place for children, families and the wider community? Is this reaching the right people?

As with any form of child abuse, statutory services cannot tackle CSE without the support of the wider community. Social workers and police officers can only respond to issues that they are aware of and while

professionals such as teachers and health workers have a key role to play in identifying children at risk; it is within families and the wider community that many of the key risk indicators will first come to light. It is vital that everyone is aware of the signs of CSE and knows how to refer concerns through to the relevant agency. A coordinated awareness raising campaign is an essential means to achieving this.

Any awareness raising programme must be informed by a full understanding of the local context around CSE, and should be effectively targeted to take account of local profiles of victims and offenders. In some areas, this may involve a concerted effort to engage with particular ethnic groups; in others it may involve a targeted approach in particular wards. Members should question which groups, if any, are the particular focus for awareness raising around CSE and the rationale behind this and whether members can facilitate in engaging with particular communities.

Parents and carers should be central to an awareness raising programme, and should be equipped to understand the key risk factors that their children may exhibit. Awareness raising must also be targeted at children and young people themselves, most often through schools, to ensure they have a full understanding of the risk factors and the support available to them.

## **8. What support is available to current, potential and historic victims of CSE?**

An effective awareness raising campaign will naturally increase the number of children and young people identified as potential or actual victims of CSE, and may also encourage adults who were abused as children to come forward for support. It is vital that sufficient services are in place to provide for the needs of these groups, and members should question what is currently available – and

whether there is sufficient capacity to meet expected demand.

CSE can have a devastating impact on a child's life, and victims may present with extremely complex needs. Services must be in place to meet these needs, and may include:

- individual therapeutic work
- group based therapeutic work
- family counselling
- youth work support
- education, training and employment support
- sexual health and relationship education
- drug and alcohol support
- supported placements.

This list is not exhaustive.

# Learning and recommendations from recent inquiries

In 2014 the spotlight was again shone on local level accountability in tackling CSE, with the Independent Inquiry into CSE in Rotherham highlighting widespread failure to address sexual abuse across multiple agencies. In October 2014 the Coffey Report was published, reviewing the approach to CSE in Greater Manchester. It highlighted local gaps in services and made recommendations to agencies and government about the progress still needed to address sexual exploitation across Manchester.

November 2014 also saw the publication of the Ofsted thematic inspections of eight local councils. The thematic inspections came about as a direct consequence of the Rotherham Inquiry, and made recommendations to improve local practice. The Communities and Local Government Select Committee Inquiry into CSE in Rotherham also underlined lessons for local councils, making a number of recommendations, particularly about the role of council scrutiny.

Here we identify key issues raised in these reports that all councils should be aware of, alongside some of the themes outlined in the final report of the Children's Commissioner's inquiry into CSE in gangs and groups. We have also included learning identified by the National Working Group (NWG), a third sector organisation formed as a network of over 2500 practitioners working to tackle CSE, gleaned from a review of recommendations from a large number of CSE research reports and inquiries.

The recommendations below are not an exhaustive list, but draw together common findings:

- focus on victims
- engaging with all communities
- better awareness raising and education for professionals and the wider community
- training for all professionals
- professional attitudes and use of language
- leadership, challenge and scrutiny
- coordinated, strategic responses and performance management
- disruption and prosecution.

## Focus on victims

**Ongoing support services** Ongoing support and therapeutic interventions that children affected by CSE may need is a recurring theme. Interventions should not be offered on a short-term basis but for extended periods of time. Interventions may include formal counselling or informal outreach based project work. Ofsted found that referral pathways to access therapeutic support were not always well developed and that CSE cases working with victims should not be closed too soon. The Coffey report suggested that further research is needed on the availability of counselling services for victims and those at risk of CSE. Councils should make every effort to reach out to victims of CSE who are not yet in touch with services and LSCBs should work with agencies to secure the delivery of post-abuse support services.

## **Ensuring all possible victims are considered**

The Coffey report suggested that local strategies and action plans should include references to boys and young men, ethnic minority groups and groups with learning difficulties, to ensure that they are represented and not ignored in any local response, strategy or action plan. All victims of CSE must be considered in local responses.

## **Missing children**

Ofsted raised concerns about children who go missing, concluding that not enough children were having a return interview following a missing episode. It was also found that information was not being cross-referenced, particularly if there were short missing episodes, from school for example, where children were only missing for a part of the school day, which is a CSE risk indicator.

## **Engaging with all communities**

The Rotherham Inquiry made it clear that the council had failed to work with and engage local minority ethnic communities and in particular the women of those communities on the issue of CSE and other forms of abuse.

Both the Manchester and Rotherham reports made a series of recommendations about engaging with all communities. For example, LSCBs and all partner agencies should improve their methods of communicating with, engaging and working in partnership with all communities, including socially advantaged, disadvantaged, white and minority ethnic communities to raise awareness of CSE and address the issue of underreporting of CSE and abuse. Councils and their partners need to engage with local community organisations such as women's groups, youth groups and religious groups. Learning should be disseminated to parents to help build the resilience of children and young people and prevent them from becoming victims or offenders in online and street grooming circles.

It is important to treat parents as equal partners in most instances, to improve the understanding of CSE and minimise the risk to children and young people.

## **Better awareness raising and education: for professionals and the wider community**

More information needs to be provided to the public and professionals about CSE. Those people in frontline community roles, such as pharmacists, school nurses, bus drivers, housing officers, shopkeepers, hoteliers and taxi drivers, should be made aware of the signs and what to do if they suspect CSE. Awareness raising campaigns also need to be clear that CSE affects both boys and young men as well as girls and young women. Councils and their partners should engage the media in a more proactive way to raise awareness about CSE and the effect on victims. Ofsted's report commended the level and type of awareness raising campaigns to safeguard children in the areas it inspected.

The Office of the Children's Commissioner recommended that relationships and sex education must be provided by trained practitioners in every educational setting for all children and young people. This must be part of a holistic/whole-school approach to child protection that includes internet safety and all forms of bullying and harassment and the getting and giving of consent.

## **Leadership, challenge and scrutiny**

The Rotherham Inquiry found that "the Rotherham Safeguarding Children Board and its predecessor oversaw the development of good inter-agency policies and procedures applicable to CSE. The weakness in their approach was that members of the Safeguarding Board rarely checked whether these were being implemented or whether they were working." The report drew attention

to the vital importance of the challenge and scrutiny function of the LSCB and of the council itself to ensure robust responses to tackling CSE.

The Ofsted thematic inspection report highlighted that, in areas where CSE had been made a priority, local strategies were better developed and linked in to other key local strategies, such as gangs and licensing. Senior leaders and politicians generally had a better understanding of the issues in those areas, and elected members were recognised as challenging and scrutinising the work of professionals effectively. Ofsted suggested that in areas where the LSCB CSE strategy was underdeveloped and the financial and resource implications of tackling CSE were unknown: “elected members must urgently improve the quality and level of scrutiny and challenge to ensure that local authority senior leaders and partners are coordinating an effective response.”

The CLG Select Committee Inquiry recommended that any council where there are credible allegations or suspicions of child abuse must investigate them and conduct a review of the response and local approach. The report also raised a number of concerns about the role of scrutiny in Rotherham, citing that nobody had checked the quality or actual implementation of strategic plans. The Committee noted that, particularly where councils have a single party predominance or where there may be strong and dominating personalities, the role of scrutiny is essential. The scrutiny function should be separated from the executive of the council to ensure there is robust challenge when there is evidence of an acute problem which the executive and lead officers have failed to address. There were also concerns about the skills and level of training for executive councillors, who were not challenging low quality reports by officers.

In our ‘Key lines of enquiry’ section of this report, we suggest questions that lead members, scrutiny chairs and all councillors should be asking of their officers and partner agencies to ensure that CSE is being addressed effectively at the local level.

## Professional attitudes and use of language

The Office of the Children’s Commissioner’s Inquiry and report recommended that the use of the term ‘child prostitution’ should be removed from all government documents and strategies. The recent Coffey report also recommended that there should be no references to child prostitution in any documentation. This dated language has been found in a number of areas and councils should review all of their documentation related to CSE and ensure that references to child prostitution are removed.

## Coordinated, strategic approaches and performance management

Councils and LSCBs require a strategic approach, with coordinated, joined up local responses to address CSE. Recommendations include joint commissioning arrangements for CSE, sexual assault, rape and domestic abuse support services; common thresholds for interventions across agencies; clear referral pathways; pooling of budgets across the police, council children’s services and health services.

Ofsted’s thematic inspection raised concerns that not all local areas were collecting and sharing the information needed to have an accurate picture of CSE in their area. There was a lack of evaluation about how effectively CSE cases were being managed, and therefore this could not be used to improve current practice. Ofsted highlighted a number of concerns, including: not using formal child protection procedure in cases where children and young people were identified at risk of CSE; screening and assessment tools not being used consistently; management oversight of cases not being consistent and children in need plans not being robust enough. They also suggested that dedicated CSE teams did not necessarily mean that children received improved services, as specialist CSE support was also needed in addition to a social worker.

There are a series of recommendations from the recent reports for LSCBs, including:

- The LSCB should develop locally agreed clear information sharing protocols to ensure that children at risk can be identified at an early stage.
- LSCBs must undertake scoping activity in the local area to identify the level of need in their area and ensure that service provision effectively supports young people who experience both running away and CSE.
- Every Local Safeguarding Children Board should review their strategic and operational plans and procedures against the seven principles, nine foundations and the See Me, Hear Me Framework of the Office of the Children's Commissioner's final report, ensuring they are meeting their obligations to children and young people and the professionals who work with them. Gaps should be identified and plans developed for delivering effective practice in accordance with the evidence. The effectiveness of plans, procedures and practice should be subject to an on-going evaluation and review cycle.
- CSE should be included in local performance frameworks to ensure it is a priority for all agencies.
- Governance arrangements should be clear between the Health and Wellbeing Board, the Community Safety Board and the Local Safeguarding Children Board, to ensure a coordinated approach and ownership of the local response.

## Training for all professionals

The National Working Group Network report, citing Barnardo's recommendations, suggested that training should be developed for frontline staff in services for children and young people to recognise the warning signs and risk factors of child sexual exploitation and how to respond using child protection procedures. This should include understanding the elements of grooming and coercion so that a child or young person's behaviour is not dismissed as rebellious or somehow consenting to the abuse. It should also include an understanding of the sexual exploitation of Black, Asian and minority ethnic victims and different types of victim-offender models. Information about the behaviour of people who sexually offend should also be incorporated into training and awareness-raising activities.

Ofsted suggested that existing training for professionals was of a high standard, but wasn't always reaching or targeting the right people. Councils were not found to be evaluating the impact of the training to find out whether it was making children and young people safer. Some staff, such as those working in education were not always attending or being given training. The report praised councils where the training was compulsory for elected members and professionals who work with children and young people, and saw a more coordinated approach to tackling CSE in those areas where this was the case.

## Disruption and prosecution

Reports have raised concerns regarding the number of allegations made about CSE and perpetrators and the number of associated prosecutions. There are a number of recommendations for the police, the Crown Prosecution Service and others, but for councils it was made clear that not all areas are making best use of the full range of powers available to them to disrupt offenders.

For example some areas were not issuing abduction notices where they may have been appropriate to safeguard children from sexual exploitation. Multi-agency working and information sharing across partners, including with the police, was seen as a vital approach to improve disruption activity.

# Child sexual exploitation: myth vs reality

Recent media attention on specific cases of CSE has led to sector wide concerns that stereotypes and myths about this crime could lead to a narrow focus on one particular form of CSE. The danger of this is that attention can be diverted from crimes which do not appear to match that model, with the risk of victims not receiving the help they need.

There are many myths surrounding CSE and the examples used here are taken from the interim report of the Office of the Children's Commissioner's (OCC) Inquiry into CSE in Gangs and Groups. They are all real, though the names have been changed<sup>5</sup>.

## 10 myths and the reality

### Myth #1:

**There are very few 'models' of CSE**

**Reality:** The grooming and sexual exploitation of young people can take many different forms. CSE can be carried out by individuals (lone perpetrators), by street gangs or by groups. It can be motivated by money ie commercial sexual exploitation, which involves the exchange of a child (for sexual purposes) for the financial gain of the perpetrator or for non-commercial reasons such as sexual gratification or a belief in entitlement to sex. It can occur in a wide range of settings, but the common theme in all cases is the imbalance of power and the

control exerted on young people. The stories below highlight just some of the different models that exist.

### Sophie's story

'Sophie's' mum, Linda, has been known to a local violence against women service for a number of years because of the violence she has experienced from multiple partners. Sophie is a white British young woman and she was 13 years old when Linda met Ray. Ray, who was also white British, moved in with Linda and was violent towards both her and her children. Ray began to invite his friends around to the house. They, in turn, were abusive to Linda and her children. Following this, Ray offered Sophie as a sexual commodity to his friends on a regular basis, and threatened Linda and Sophie with violence if Sophie did not comply.

Site visit 4 evidence

<sup>5</sup> The myths in this report were put together for a 2013 briefing in conjunction with the NWG Network: Tackling CSE and the Office of the Children's Commissioner. Berelowitz, S. et al (2012) "I Thought I was the Only One. The Only One in the World" The Office of the Children's Commissioner Inquiry into Child Sexual Exploitation In Gangs and Groups Interim Report. [http://www.childrenscommissioner.gov.uk/content/publications/content\\_636](http://www.childrenscommissioner.gov.uk/content/publications/content_636)



### Teegan's story

'Teegan', a white British young woman, was sexually exploited from the age of 12 years old. From the age of 13 Teegan was taken by a Turkish man to a variety of 'parties' across England that she reports were in nice houses and in some cases described as 'mansions'. In these houses Teegan would be raped by several men, from a range of ethnicities, who were paying to use her. Teegan described a book being available with photographs and ages of all of the girls being sexually exploited by this particular group. Men could choose which girls they wanted. Teegan reported men paying those who were exploiting her up to £500 for an hour with her. Groups of men could also request one girl to share between them over a night, where the rape of the girl would be filmed. The operation involved men working the streets to pick up vulnerable girls, forming 'relationships' with them by grooming them and then passing them on to the men who controlled the business. If Teegan ever refused to comply, she would be beaten and her family threatened. Following the abuse, Teegan took several overdoses, was placed in secure accommodation, and self-harmed by cutting and ligaturing sometimes on a daily basis. Teegan described the abuse that she experienced as serious and organised, and is unwilling to make a formal complaint for fear of repercussions from those involved in the operation.

CSEGG interview with a young person

### Sahida's story

'Sahida', a 17-year-old British Pakistani young woman, made an allegation of sexual abuse against a family member. As a result she was threatened with a forced marriage. Sahida's family claim they want to remove her from the country to curb her 'wild behaviour'. Following these threats Sahida began spending time with older males, described by professionals as 'Asian', and was moved to multiple locations by them. Sahida is now pregnant as a result of the sexual exploitation she has experienced. Family members have physically assaulted Sahida as a punishment for the pregnancy.

Call for evidence submission

### Myth #2:

**It only happens in certain ethnic/cultural communities**

**Reality:** Both perpetrators and victims are known to come from a variety of ethnic and cultural backgrounds. CSE is not a crime restricted to British Pakistani Muslim males or white British girls, despite media coverage of high profile cases. Site visits carried out by the OCC inquiry identified perpetrators and victims of CSE from a wide range of ethnic backgrounds. A thematic assessment by the Child Exploitation and Online Protection Centre identified that "Research tells us that the majority of known perpetrators in the UK of this crime are lone white males".

However, it is important that councils and partners do not shy away from confronting the reality of CSE in their area. Through the LSCB, a clear profile of local need should be developed that clearly identifies the prevalence and profile of sexual exploitation taking place. If a particular group or community is disproportionately involved in the abuse of children and young people, this must be acknowledged and tackled.

**Myth #3:****It only happens to children in care**

**Reality:** The majority of victims of CSE are living at home. However, looked after children account for a disproportionate number of victims and can be particularly vulnerable. An estimated 20-25 per cent per cent of victims are looked after, compared with 1 per cent per cent of the child population being in care. This does, however, leave around 80 per cent per cent of victims who are not in the care system.

**Myth #4:****It only happens to girls and young women**

**Reality:** Boys and young men are also targeted as victims of CSE by perpetrators. However, they may be less likely to disclose offences or seek support, often due to stigma, prejudice or embarrassment or the fear that they will not be believed. They may feel that they are able to protect themselves, but in cases of CSE physical stature is irrelevant due to the coercion and manipulation used.

**Randall's story**

'Randall' is a 15 year old boy, of mixed ethnic heritage, and described by professionals as 'exploring his sexuality'. He is said to be unaware of safe routes to meeting other gay young people. Professionals report Randall has been seen hanging around at bus stops. He has disclosed to professionals that he has been targeted by groups of men who are grooming him to exchange sex for alcohol, cigarettes and acceptance. Professionals are working with Randall to try to keep him away from areas of risk, but they are aware he continues to go missing and are unable to account for his whereabouts on all occasions.

Site visit 8 evidence

**Myth #5:****It is only perpetrated by men**

**Reality:** There is evidence that women can be perpetrators of this crime too. They may use different grooming methods but are known to target both boys and girls. In relation to group and gang related CSE, the OCC inquiry found that the vast majority involved only men and, where women are involved, they are a small minority. Where women or girls were identified as perpetrators, their role was primarily, though not exclusively, to procure victims. Women and girls who were perpetrating were identified during the inquiry's site visits tended to be young, had histories of being sexually exploited themselves and of abusing others in tandem with the group or gang that had previously sexually exploited them. Women and girls directly involved in sexually exploiting children were either in relationships with men who were perpetrators or related to, or friends with, men and boys who were abusers.

**Myth #6:****It is adults abusing children**

**Reality:** Peer-on-peer child sexual exploitation happens too and this can take various different forms. For example, young people are sometimes used to 'recruit' others, by inviting them to locations for parties where they will then be introduced to adults or forced to perform sexual acts on adults. Technology can also play a significant role, with young people known to use mobile technology as a way of distributing images of abuse.

### Rebecca's story

Rebecca is a 15-year-old black British girl, and has reported she was forced by a group of girls to have sex with a boy in the girls' toilets at their school; otherwise they would beat her up. The group of perpetrators were made up of three 14-year-old girls and one 14-year-old boy, all of whom were black British. One of the girls is described as the 'instigator' of the assault. Another girl filmed the assault on her mobile phone. The assault took place as part of a pattern of ongoing bullying of Rebecca. She was anally raped by the 14-year-old boy. She had never had sex before this assault.

Police Case File Submission

### Myth #7:

**It only happens in large towns and cities**

**Reality:** Evidence shows that CSE can and does happen in all parts of the country. CSE is not restricted to urban areas such as large towns and cities but does in fact happen in rural areas such as villages and coastal areas. High profile police operations in areas as diverse as Rochdale, Cornwall and Oxfordshire are clear examples of this. Young people can also be transported between towns, cities, villages etc., for the purpose of being sexually exploited and this is known as trafficking within the UK (an offence punishable by up to 14 years imprisonment).

### Myth #8:

**Children are either victims or perpetrators**

**Reality:** The OCC inquiry found that around 6 per cent per cent of victims reported in their call for evidence were also identified as perpetrators. It is important to keep in mind that, although children may appear to be willing accomplices in the abuse of other children, this should be seen in the context of the controls exerted by the perpetrator.

### Mitchell's story

'Mitchell' is a white British 17 year old boy, and has been known to the youth offending service for several years. From the age of 12 Mitchell was seen spending time with white British men, some of whom were believed to be sexually exploiting young women in the local area. Some of these older males bought Mitchell trainers, taught him how to comb his hair in particular ways and how to speak to girls. The older men also introduced Mitchell to some of the girls that they were sexually exploiting. At one point, he was found locked in a garage where one of the older males had brought young female victims of abuse. Mitchell gradually became involved in the sexual exploitation of young women in the local area, and would pass them onto his older peers.

Site visit 2 evidence

### Myth #9:

**Parents should know what is happening and should be able to stop it**

**Reality:** Parents may be unlikely to be able to identify what is happening: they may suspect that something is not right but may not be in a position to stop it due to the control, threats or fear of the perpetrators. There can be risks to parents when seeking to protect their children and they can need support as well as their children. In some cases, there can be an overlap with abuse within the family and this could be a reason why parents do not intervene.

**Myth #10:****Children and young people can consent to their own exploitation**

**Reality:** A child cannot consent to their own abuse. Firstly, the law sets down 16 as the age of consent to any form of sexual activity. Secondly, any child under-18 cannot consent to being trafficked for the purposes of exploitation. Thirdly, regardless of age a person's ability to give may be affected by a range of other issues including influence of drugs, threats of violence, grooming, a power imbalance between victim and perpetrators. This is why a 16- or 17-year-old can be sexually exploited even though they are old enough to consent to sexual activity.

# Local case studies

## Blackburn with Darwen Council: Engage Team

### Background

Operation Engage was a police led operation set up in 2005, focusing on an area of Lancashire where there were a large number of missing children. Operation Engage worked with a total of 30 children, all girls, over a period of three years. The team built up ongoing, trusting and supportive relationships with the young people, who over time disclosed a range of sexual and violent abuse. All of the children (bar one) were looked after, and mostly cared for in children's homes.

### The project

In 2008 the Engage Team, a co-located multi-agency response to tackle CSE, was established by Blackburn with Darwen Safeguarding Children Board to continue the work initiated under Project Engage. The team are co-located in one building and key partners are social care, police and health. Voluntary sector service providers are also a key delivery partner. The team consists of: one team manager; six young people's workers (from the council, Barnardo's and Brook); one social worker; one administrator; two nurses; one PACE worker (Parents Against Child Sexual Exploitation, parent support worker); one Princes Trust worker; one detective sergeant; four detective constables and one missing from home coordinator (police). Many external partners are also involved in the work of the team, with virtual support for the wider group of partners who have weekly team meetings eg youth offending, schools, the women's centre, drug and alcohol service and licensing services.

The team has developed over time, becoming more specialised in CSE services from 2009 onwards. Understanding of patterns of abuse, risk factors and warning signs of CSE has developed over time and the team approach reflects this. Since April 2014 the team has additionally been responsible for all interviews when a child returns from a missing episode. The team are independent of the care planning pathway process for 11 -18 year olds, and only involve social workers when there is a clear need, for example where there are cases of neglect at home. CSE demands a non-stigmatising response, so young people's workers are the preferred main point of contact.

The team has access to information on databases from all agencies; the information is shared openly (and legally) in order to protect children. The team reports are always reported up to the LSCB. A work culture where everyone has a genuine voice, where all agencies are equal partners, works well in Blackburn with Darwen; there is no single dominating partner and everyone has ownership of the issues.

### Impact

Current key challenges for the team are to ensure that they remain child focussed and non-stigmatising, whilst also aligning processes, such as the recording and evidencing required by social work procedures. Incorporating processes, without letting services be dictated by that process has been a key challenge, avoiding delays in supporting the child or loss of the sensitive approach.

The team has achieved a number of successful prosecutions, resulting in a total of 700 years in custody for perpetrators. This accounts for sexual offences specifically, and does not include other disruption activity such as prosecution for offences such as drugs related charges or abduction order notices. Prosecutions are led by police staff in the Engage Team. The Engage Team worked with the Crown Prosecution Service (CPS) to assess how they could gain convictions using robust evidence, and consequently the team now looks for evidence which supports the young person's story, rather than identifying the gaps and weaknesses. A young person's key worker will prepare the child for the court process, throughout the case, including post-trial; and a PACE worker provides support for parents. The team have a 98 per cent success rate. Over time the team are now predominantly dealing with grooming offences; concentrating on prevention and disruption activity.

The Engage Team Manager, Nick McPartlan, advises that "senior leaders and politicians need to be open, honest and transparent and demonstrate flexibility when addressing the abuse. Political sign-up, resources and capacity are vital."

#### **Further information**

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## **Calderdale Council: Co-located specialist CSE team and daily intelligence sharing meetings**

### **Background**

In Calderdale, prior to June 2014, children who were identified as being at risk of sexual exploitation were experiencing different levels of service provision across the first response and locality teams. Communication between the key agencies involved in service delivery was sometimes a barrier in ensuring young people received a swift joint approach to address their needs. The agencies delivering relevant services were based in different locations and not always available to respond immediately.

### **The project**

Since June 2014, police officers and social workers have been co-located in a specialist CSE team at the police station. Other key agencies such as The Children's Society's 'Safe Hands', health, youth services and the youth offending team are also part of the virtual team. Daily briefings are held and any intelligence is shared immediately so robust action can take place to ensure children identified at risk of CSE are safeguarded. The roles and responsibilities of the police officers and social workers within the team are clearly set out, as are the responsibilities of the key partner agencies working with the team. The wider operational group of partner agencies now attend a weekly meeting so that all information can be shared in a more timely and effective way.

### **Impact**

The new approach has led to a number of improvements in local work to protect children and young people from CSE:

- all new cases are discussed at the next daily briefing and multi-agency decisions are made regarding the appropriate action to be taken

- fewer transfer points are promoting greater consistency in services for children and young people
- there is improved communication and joint working between social care, the police and the voluntary sector service provider and an increased number of joint visits between the three key agencies
- the continuity of shared intelligence and response delivered by social care staff within the team has improved
- the team provides CSE expertise, support and where required, joint visits to children on the local CSE Matrix who have remained with other social care teams
- there is CSE social care support and guidance in respect of thresholds regarding young people who are on the CSE Matrix
- the team ensures that all operational group recordings and intelligence is shared with other social care staff and recorded on the child's electronic file
- social care staff are now a part of the preventative programme delivered to other agencies.

Many of the actions being taken in Calderdale are recent processes, and results and improvements in processes are already being seen. The council and partners acknowledge that there are still areas for further action including the continual review of team, the processes in place and resources available and needed.

#### **Further information**

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## **Essex Safeguarding Children Board: CSE champions**

### **Background**

Essex Safeguarding Children Board (ESCB) formed a strategic group with neighbouring local authorities, Southend and Thurrock, to ensure a joint approach to child sexual exploitation (CSE) across the County.

One of the key outcomes from the strategic group was to develop a CSE champion role, and each organisation was subsequently asked to nominate a lead within their agency.

### **The project**

The key features of the CSE champion's role are to:

- keep up to date with developments, policy and procedures in relation to CSE
- act as a point of contact for disseminating information from the ESCB
- provide advice and signposting in relation to individual cases.

The CSE champions are expected to be familiar with the Essex CSE risk assessment toolkit, know how to submit intelligence to Essex Police, cascade the learning from the CSE champions training and provide ongoing updates to their teams.

### **Impact**

There have been about 300 CSE champions trained from various organisations across Essex; some organisations have more than one champion because of their size.

Currently the format of the champions training comprises a full day, with the first half delivered by local practitioners from the Essex Police child sexual exploitation triage team and the Essex County Council CSE lead. The afternoon session is delivered by a psychotherapist who focuses on brain science, understanding perpetrators and making sense of responses of victims.

Going forward, Essex intends to make this a half day training session facilitated by the police and council with input from a voluntary sector organisation. The training will be more focussed on how to apply the tools available in Essex and will be a practical session using case studies.

One of the biggest outstanding challenges is being able to meet the demand for training, particularly as it is being delivered by operational staff and therefore has to fit in with the demands of their day job.

The champion role is an important mechanism for the ESCB, helping to raise awareness about CSE, the Essex risk assessment toolkit, and the importance of submitting the right intelligence to the police. Champions also act as a key communication route through the agencies to staff teams and the community.

As a way of providing ongoing support, the ESCB has recently completed four CSE Champions networking forums in each quadrant area, which have been well attended. This is part of the ongoing commitment to supporting CSE champions in their workplace.

#### **Further information**

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## **Greater Manchester: Project Phoenix, It's not okay campaign**

### **Background**

Project Phoenix emerged from the Greater Manchester Safeguarding Partnership in April 2012, following a scoping exercise into existing practice in relation to child sexual exploitation. The project was partly a response to high profile cases in Rochdale, Stockport and other parts of the country and recognition from all partners that a more effective joined-up approach was needed to tackle CSE. Project Phoenix was Greater Manchester's single, collaborative approach which aimed to improve the response to CSE strategically, operationally and tactically.

### **The project**

Phoenix is a key priority for the Association of Greater Manchester Authorities' (AGMA) Wider Leadership Team. The Phoenix Executive Board is chaired by the City Director for Salford City Council and the Board feeds directly into the AGMA Wider Leadership Team and the Greater Manchester Leaders' Forum. Tackling CSE is also a priority for the Police and Crime Commissioner and Greater Manchester Police.

The main objectives of Phoenix are to:

- raise standards across all partners in dealing with CSE
- improve cross-border working between local authorities in Greater Manchester



- improve consistency across Greater Manchester
- achieve buy in from all key partners
- raise awareness of CSE with the public, professionals, businesses, young people, etc
- encourage people to report concerns in relation to CSE.

Under Phoenix there are now specialist CSE teams in place in each of the ten districts of Greater Manchester. Each team works with young people being sexually exploited and offers a joined-up, multi-agency response. Prior to Phoenix, there were only two such CSE teams in the region. Phoenix provides advice, support and guidance to these teams to ensure that all professionals are working to a consistent set of standards and procedures to improve services offered to victims and those at risk of CSE.

### **Impact**

One of the main achievements of Phoenix has been to develop and roll out a consistent approach to measuring a young person's risk of CSE. Regardless of where a young person lives in Greater Manchester they will receive the same CSE assessment, meaning that all local authorities and key partners are talking about the same thing when it comes to CSE risk.

The scoring system of the tool allows for professional judgements to be made and is child focussed. The information can be collated and sent to LSCBs in a consistent way and is used to develop a better picture of the scale of CSE across Greater Manchester. The project has also developed local information sharing protocols, education guidance and guidelines around disruption activity.

According to Damian Dallimore, Project Phoenix Manager, "Since its inception in 2012 Phoenix has made great strides in the services we offer to young people affected by CSE and their families. To do this we need the support of the public, professionals, businesses and young people, to contact us with any concerns they may have in relation to young people being targeted and exploited in this way and I would encourage everyone to have a look at our website [www.itsnotokay.co.uk](http://www.itsnotokay.co.uk) where you can find out more about CSE as well as help and advice about where to report it and steps you can take to ensure young people are kept safe."

### **Further information**

The Project Phoenix website, including campaign materials and a range of resources for young people, parents and professionals can be found at: [www.itsnotokay.co.uk](http://www.itsnotokay.co.uk)

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## **Pan-London Operating Protocol for CSE**

### **Background**

The Metropolitan Police Service (MPS) first set up a London wide CSE team in 2012, and the Pan-London Operating Protocol to tackle CSE emerged from the work of this regional team. Detective Superintendent Terry Sharpe chaired a multi-agency group and researched best practice in tackling and disrupting CSE from other areas, and those who had managed successful disruption and prosecution of offenders.

## **The project**

The Pan London Operating Protocol brought together a set of procedures on how to tackle CSE for all 32 London Boroughs, to ensure a consistent approach was being taken across the capital. The Protocol was originally trialled in the summer of 2013 to ensure it was fit for purpose and the final version was launched in February 2014 in London's City Hall. The primary aim of the Protocol is to safeguard children and young people across London from sexual exploitation, and all London boroughs and LSCBs are signed up to the Protocol.

The Protocol is designed to raise awareness, safeguard children and young people and enable identification of perpetrators of CSE and to bring them to prosecution. To do this local interventions and disruptions are being put in place. It can often take a long time to gain the trust of a victim to get them to disclose what has happened to them, so in the meantime creative disruptions are put in place to stop or prevent the abuse from happening. For example a CSE investigation into one perpetrator led to their vehicle registration number being added to the police database. As a result the perpetrator was pulled over and firearms were found in the back of their vehicle. The perpetrator is now in prison, but is not aware that he was stopped as a result of a child sexual exploitation investigation.

The Protocol has established three categories of CSE. The first category, Level 1, is used when there is suspicion of CSE, but no evidence as to what is happening. This is recorded on the police system, so that if there are further suspicions at a later point in time, then there is more evidence to support the case. The information also helps to identify perpetrators and potential 'hotspots.' Level 1 cases are dealt with by local borough police officers or the appropriate statutory agency who is best placed to provide clarity regarding these suspicions. Details of children and young people and with suspected perpetrators are entered onto the Police National Database (PND). Therefore, if a frontline officer finds a young person in a known 'hotspot' area for CSE, or if they stop a car and have concerns, they will be able to take the appropriate action to safeguard the child even when no offences have been disclosed. The level 1 category was not previously recorded by the police in London on a crime recording database, as no crime has been known to be committed at this stage. Level 2 and 3 cases are more serious and dealt with by the centralised MPS CSE Team.

## **Impact**

The Protocol is helping to raise awareness of CSE, particularly amongst frontline police officers. Two videos have been shown to all frontline officers, including telephone staff handling 101 calls. This includes a video outlining the warning signs of CSE. The mnemonic 'SAFEGUARD' has also been created to help officers remember the warning signs along with an app that can be downloaded to assist in remembering the signs. The second film highlights the approach taken by Thames Valley Police in the 'Operation Bullfinch' investigation and shares a victim's perspective of how she was dealt with by the police during her ordeal. This is followed up with a one hour training session, which all frontline Met police officers have attended.

The Protocol has led to improved awareness of CSE amongst the community, particularly with hoteliers and other local businesses such as taxi firms. For example, the London Borough of Waltham Forest has recently launched 'Operation Makesafe,' a partnership initiative with the local business community to identify potential CSE victims and, where necessary, to deploy police officers to intervene before any harm occurs to a child or young person. Operation Makesafe has involved an awareness raising marketing campaign and training for local hoteliers, off licences and taxi firms, to recognise the CSE warning signs and what action should be taken if CSE is suspected. As a result of the training a local firm agreed to donate marketing materials, such as hotel door adverts, posters and car mirror hangers for taxis, for free.

According to Detective Superintendent Terry Sharpe “senior level engagement across partner agencies in delivering the protocol makes a big impact in tackling CSE.”

#### **Further information**

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The Pan-London Operating Protocol can be found at: <http://content.met.police.uk/Article/Launch-of-The-London-Child-Sexual-Exploitation-Operating-Protocol/1400022286691/1400022286691>

## **Portsmouth: CSE strategy and awareness raising campaign**

### **Background**

The Portsmouth Safeguarding Children Board set up a CSE subcommittee in 2012 and tasked the council in early 2014 with developing the local CSE strategy. The strategy has been implemented across partners alongside a local CSE action plan and risk assessment tool.

### **The project/strategy**

In conjunction between the Portsmouth LSCB and the Safer Portsmouth Partnership, a marketing campaign was launched in 2013, using a web based approach and traditional billboard and bus adverts to promote ‘Is this Love?’ The campaign looked at the aspects of a healthy relationship, highlighting the concerns about both domestic abuse and sexual exploitation of young people. The campaign also tied into the Safer Portsmouth Partnership priority of addressing high rates of domestic abuse in the area, particularly amongst young people. It is important to distinguish CSE from other forms of abuse such as domestic violence, however, there may sometimes be links and similar indicators, so all teams in Portsmouth are joined up to ensure appropriate information sharing and plans are in place to safeguard children and young people identified as at risk of abuse.

In addition to the publicity work, a theatre based production for young people, Chelsea’s Choice, was run in Portsmouth secondary schools to help young people explore the risks and warning signs of CSE. In early 2014 an awareness campaign was also delivered across local services including GPs and the police, this included a CSE conference for local agencies.

A risk assessment tool was developed as part of the local action plan, based on the Derby Model, and adapted to the local circumstances. This was recently implemented for local agencies to help identify children at risk of CSE. Spot the signs training was also delivered to professionals across the partner agencies. In early 2014 a local CSE strategy was developed; the strategy is a short document, used as a practical tool for front line workers, particularly to give local context to the CSE action plan. The CSE sub-committee of the Portsmouth Safeguarding Children Board has also established a multi-agency operational panel to ensure the coordination of the identification, assessment, and planning for children and young people at risk of or experiencing CSE.

### **Impact**

As a result of the specific local focus and joined up approach to tackling CSE; there have been huge improvements in identification and support for children and young people at risk of CSE.

In Portsmouth a Joint Action Team, with co-located services including social workers, police, health, a domestic abuse worker, targeted youth support worker and Barnardo’s, lead on

working with young people identified as being at risk of CSE or trafficking, as well as children and young people who have returned from a missing episode. The work of the team feeds directly into the multi-agency CSE operational group comprising health, police and children's services. The group regularly shares information on the age profiles of victims, gender and ethnicity information, as well as whether children are looked after by the local authority and any professional from any team can raise concerns they have about a specific young person. Details of suspected perpetrators, locations of concern and disruption work are also shared within the group. The meetings give the police the opportunity to share 'soft information' of interest, for example where shops may have been selling legal highs.

The Portsmouth CSE strategy provides direction and filters down to the front line to give focus on CSE, and has influenced changes in practice, for example the risk assessment toolkit is being updated to reflect recent national level developments in CSE. The CSE action plan and strategy is in the process of being refreshed to ensure that it incorporates the wider approach to missing, exploited and trafficked children and young people. Portsmouth Council, the LSCB and the police have also been working on an improved data gathering process for children who go missing. Incidences of children who go missing are currently under-reported, and the council and key partners are working to understand the levels of need of children who have been trafficked.

The refresh of the CSE strategy and action plan is examining in closer detail the impact and outcomes of the local approach, for example, many local indicators are moving in the right direction but the committee is now evaluating impact to establish whether the improvements are a direct result of the local action plan, awareness raising and disruption activities.

Nicola Waterman, Strategy Manager, says that "commitment of all partners is essential in developing a CSE strategy and action plan. Involving all partners from the outset, particularly where there are a number of health agencies, is vital."

#### **Further information**

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## **Slough Council: Licensing 'splinter' group**

### **Background**

In late 2013, Slough LSCB and Thames Valley Police agreed to work together on a CSE awareness raising campaign for licensed premises. A 'licensing splinter' group was established, linked to the CSE sub-group and consisting of representation from Slough Borough Council licensing team, an Engage worker (CSE specialist team) and a Thames Valley Police Inspector. The group continues to meet on a bi-monthly basis; their work is strongly supported by councillors and forms a key part of the overall communications package on CSE awareness raising.

### **The project**

In late 2013, the licensing group wrote a short article about CSE, which was published in the Slough Taxi & Private Hire Newsletter. CSE has consistently featured in subsequent newsletters to re-enforce awareness, and taxi firms and ranks are a key focus for the 'Licensed Premises' working group. CSE is now mainstreamed into the work of the council licensing team, which has been significant in helping to maintain momentum on issues such as delivery of a CSE

presentation to the Pub Watch Scheme members in December 2013. The three teams involved in the working group set about coordinating premises visits in specific areas, and team members unfamiliar with CSE were trained and briefed on the key messages and action to take. A script with consistent messaging was developed to relay to local businesses. Thames Valley Police and the licensing team have now visited all local hotels and B&B's. The Engage team and police community support officers visited other local businesses and the council's food and safety and trading standards officers are also raising awareness at fast food outlets and other retail outlets during routine inspections.

During visits to local businesses, awareness raising packs were distributed. Hotels and B&Bs received a Say Something If You See Something (SSIYSS) poster, Children's Commissioner CSE indicators, a letter from the Slough LSCB Chair and a Barnardo's leaflet.

### **Impact**

Following each 'wave' of visits, the team completed an evaluation detailing exactly which premises were visited and noting the time it took, who they spoke to and comments about the discussions with businesses and any concerns or questions that were mentioned.

- During 2013 there were 24 joint visits to hotels and B&B's, 44 packs were distributed.
- 261 joint visits were made to local businesses.
- Hotels contacted 101 to share concerns about CSE on three occasions.
- The number of visits in the two years up to December 2014 has now risen to 441.

The SIYSS posters and full awareness raising packs that the team put together, including the letter from the Chair of the LSCB, enabled a professional and credible range of information to be presented to the hotel trade. Over the summer of 2014 the team revisited premises in particular 'hotspot' areas, including hotels. The team took out posters and enquired to find out if they hotels had been displaying them and how staff members were being involved in being alert to CSE.

A multi-agency approach, embedded via the 'splinter group', has delivered enormous benefits, enabling a sharing of resources without placing a large capacity strain on a single agency. By visiting premises and hotels, publishing articles and having a better, wider presence across the town, the licensing working group has increased the degree of conversation within the communities about the issue of CSE in Slough.

In May 2014 the Engage team at Slough Council received an award from the National Working Group: Tackling Sexual Exploitation Network, for their work to address CSE. The council's licensing team was also recognised in early 2014 with a Berkshire Environmental Health Officers Award for Achievement for their work on raising awareness of CSE.

### **Further information**

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The NWG Network and The Children's Society have developed a campaign pack supporting local safeguarding children boards to work with retail, transport, and leisure and hospitality businesses to protect children in their communities from child sexual exploitation. The resources are available at: [www.nwgnetwork.org/resources/resourcespublic?cat=74](http://www.nwgnetwork.org/resources/resourcespublic?cat=74)

# Stoke-on-Trent City Council: Commissioning an independent review of CSE and missing children services

## Background

Stoke-on-Trent City Council has always taken a proactive approach to analysing the work being done to protect and support vulnerable children and young people and was keen to learn how they could improve their practices and processes in this area.

A third sector organisation, Brighter Futures, is commissioned to deliver services for young people at risk and victims of sexual exploitation in Stoke-on-Trent. The service, known as Base 58, was due to be re-commissioned by March 2015. In February 2014, the decision was made to examine the existing service provision, looking at the strengths and weaknesses of the wider CSE multi-agency system, and assess where there were improvements needed. Brighter Futures was additionally contracted, alongside Base 58, to follow up children who had been reported missing, with workers making contact with young people who had been reported as missing within 48 hours of their return.

The authority commissioned a review of its CSE and missing children service which took place between May and July 2014. In August 2014, 'The Child Sexual Exploitation Service and Missing Children Service for Young People in Stoke-on-Trent; A Review' was published.

## The project

The CSE and missing children service review was commissioned by children and young people's commissioners; with the public health team and the Stoke-on-Trent Safeguarding Children Board supporting the review.

The proposal for the review went to the LSCB for their approval and commitment. The process took a total of 8 months from the initial proposal to the final report. The design of the review included an assessment of best practice and benchmarking of the CSE and missing children services. Chanon Consulting in conjunction with the University of Bedfordshire was deemed to be the most appropriate bid, due to the academic rigour and credibility of the proposed approach.

The approach entailed a paper review of policies and procedures, as well as numerous qualitative and quantitative methods. Focus groups were conducted with practitioners, commissioners from the children and young people's service, police, managers, and third sector providers. Children in care were involved, as was the Chair of the LSCB. In addition, case studies of children and young people who had been using the services were also provided.

## Outcomes

The report highlighted significant good work and practice, particularly concerning the council's joined-up work with safeguarding partners. In addition, there was praise for the recognition by agencies that CSE continues after 18, with support for young people transitioning to adult services; and mention of the efforts made with schools to raise awareness of the issues.

Recommendations for further work were also noted, with the need to address some minor issues, as well as longer term goals for the CSE and missing children service and suggestions for improved multi-agency working. Quick wins included the creation of a CSE coordinator post. The review has resulted in an action plan which has been put together and is being taken forward. The action plan is owned jointly by all agencies on the LSCB executive. The current CSE and missing children service has been extended for 12 months to enable the council to

ensure that it gets the recommendations of the report right, and to implement any necessary CSE service and wider system re-design.

Amanda Owen, strategic manager for safeguarding and quality assurance at Stoke-on-Trent City Council, says: “We take the issue of child sexual exploitation extremely seriously. That is why, as part of our overall strategy to prevent CSE in the city and to protect our vulnerable young people, we commissioned this independent review. The report has left the city in a very good position to improve services.”

To fully benefit from a review of CSE services and strategies, councils and LSCBs should:

- be prepared to take an honest look at the services delivered
- be absolutely honest and transparent about arrangements, for example with the public, the media and all key stakeholders
- consider whether a review is being conducting for the right reasons. Are you willing to redesign and improve your services as an outcome of the review?
- ensure that the review is undertaken by professionals with an understanding of the effect of CSE on children and is undertaken with academic rigour.

#### **Further information**

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The final report is available at: [www.beds.ac.uk/\\_\\_data/assets/pdf\\_file/0011/449948/CSE-Missing-Service-Review-Stoke-on-Trent.pdf](http://www.beds.ac.uk/__data/assets/pdf_file/0011/449948/CSE-Missing-Service-Review-Stoke-on-Trent.pdf) Christine Christie, July 2014, The Child Sexual Exploitation Service and Missing Children Service for Young People in Stoke on Trent: A Review. Chanon Consulting and The University of Bedfordshire.

## **West Midlands Region: Regional standards, pathways and self-assessment**

### **Background**

The West Midlands region recognised the cross boundary nature of CSE and the need for a robust response, so in 2011 set up a CSE strategic group. The group was established on a metropolitan area regional level involving the seven local councils and the respective police force in the region, as well as voluntary sector and health representatives. The group focussed on the common challenges of tackling CSE and what could be done together. The councils involved included: Birmingham City Council; Coventry City Council; Dudley Metropolitan Borough Council; Sandwell Metropolitan Borough Council; Walsall Council; Wolverhampton City Council and Solihull Metropolitan Borough Council as well as the West Midlands Police. There was recognition of the cross boundary nature of the threat and the need for a robust and consistent regional approach to CSE, to avoid a postcode lottery of service provision across the West Midlands.

### **The project**

In 2013 a task and finish group, chaired by a local authority chief executive, was set up to create a consistent and child centred approach to responding to CSE across the region.” The group developed 15 regional standards and pathways for tackling CSE. Guidance was also developed for front line practitioners and managers to support the implementation of the

regional standards and pathways. It is anticipated that the regional standards will be added to each member LSCB's safeguarding procedures manual. (The pathways, standards and self-assessment tool can be found online at [www.local.gov.uk/cse](http://www.local.gov.uk/cse) )

The aim of the approach was to create a consistent and child centred approach to responding to CSE across West Midlands Police Force area, underpinned by the See Me Hear Me framework developed by the Office of the Children's Commissioner. There are still locally tailored pathways in each council area, dependent on local level circumstances, but a more unified regional level approach is in place, for example through a regional induction pack for the workforce on missing children, trafficking and CSE.

### **Impact**

Implementation of the standards and pathways was managed at the local level, with LSCB Chairs playing a key role in monitoring the progress and impact of the regional standards. A self-assessment framework assisted LSCBs with local implementation, and also enabled the identification of common areas for improvement across the seven LSCB areas; a regional workshop for practitioners and managers was held to support with implementation.

As a result of the common pathways and standards, and self-assessment screening tool, Solihull MBC has found that they are now much better at identifying victims of CSE. There has been a significant increase in the number of young people identified as at risk of harm from CSE since the screening tool was embedded, with an increase of 104 per cent of children identified at risk between May 2013 and October 2014.

Key learning from the regional approach suggests that:

- effective data collection is critical to the delivery of a robust response and to regional problem profiling
- a regional response does not replace the need for robust, coordinated action at a local level
- establishing a regional approach needs a commitment to extra resources and capacity to ensure timeliness and understanding and embedding of the approach
- senior buy in is needed for influence and impact
- sound governance arrangements were crucial to embed the standards and pathways when partners were at different stages of implementation.

Liz Murphy, former Safeguarding Children Business Manager at the Solihull LSCB highlights that "our aim has been to create a consistent response to CSE across the region and, most importantly, to use feedback from children and young people to develop and embed a multi-agency response that recognises and responds to children and young people as victims, and actively involves them in the safeguarding process. In addition we wanted to ensure sufficient emphasis on the disruption and prosecution of offenders."

### **Further information**

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The See Me Hear Me West Midlands campaign website, developed by Dudley MBC as part of the communications plan for the regional framework can be accessed at:  
[www.seeme-hearme.org.uk/](http://www.seeme-hearme.org.uk/)



# Key resources and further reading

The online CSE resource for councillors available at: [www.local.gov.uk/cse](http://www.local.gov.uk/cse) includes many further resources, key links, recommended reports and reading, and more details on our case studies included in this report. Below are a number of key resources:

- Berelowitz, S. et al (2013). "If only someone had listened" The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups Final Report. London: Office of the Children's Commissioner. Rochdale Oxford  
[www.childrenscommissioner.gov.uk/content/publications/content\\_743](http://www.childrenscommissioner.gov.uk/content/publications/content_743)
- Alexis Jay (2014). Independent Inquiry into Child Sexual Exploitation in Rotherham 1997-2013. [www.rotherham.gov.uk/downloads/file/1407/independent\\_inquiry\\_cse\\_in\\_rotherham](http://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham)
- Ann Coffey, (2014). Real Voices: Child Sexual Exploitation in Greater Manchester. An Independent Report by Ann Coffey MP.  
[www.gmpcc.org.uk/wp-content/uploads/2014/02/81461-Coffey-Report\\_v5\\_WEB-single-pages.pdf](http://www.gmpcc.org.uk/wp-content/uploads/2014/02/81461-Coffey-Report_v5_WEB-single-pages.pdf)
- Ofsted, (2014). The Sexual Exploitation of Children: It Couldn't Happen Here, Could It? [www.ofsted.gov.uk/sites/default/files/documents/surveys-and-good-practice/t/The%20sexual%20exploitation%20of%20children%20it%20couldn%E2%80%99t%20happen%20here,%20could%20it.pdf](http://www.ofsted.gov.uk/sites/default/files/documents/surveys-and-good-practice/t/The%20sexual%20exploitation%20of%20children%20it%20couldn%E2%80%99t%20happen%20here,%20could%20it.pdf)
- The Communities and Local Government Committee, (2014). Child Sexual Exploitation in Rotherham: Some Issues for Local Government.  
[www.publications.parliament.uk/pa/cm201415/cmselect/cmcomloc/648/648.pdf](http://www.publications.parliament.uk/pa/cm201415/cmselect/cmcomloc/648/648.pdf)
- It's not okay: [www.itsnotokay.co.uk/](http://www.itsnotokay.co.uk/) Part of Project Phoenix, Greater Manchester
- See me hear me: [www.seeme-hearme.org.uk/](http://www.seeme-hearme.org.uk/) Part of the West Midlands campaign, adapted from the Office of the Children's Commissioner's final report and recommendations.
- Pan London Operating Protocol to Tackle CSE and related resources  
<http://content.met.police.uk/Article/Launch-of-The-London-Child-Sexual-Exploitation-Operating-Protocol/1400022286691/1400022286691>
- Office of the Children's Commissioner, CSE Warning Signs and Vulnerabilities Checklist.  
[www.local.gov.uk/c/document\\_library/get\\_file?uuid=72f54483-f97b-4f0e-a815-c969509cb27f&groupId=10180](http://www.local.gov.uk/c/document_library/get_file?uuid=72f54483-f97b-4f0e-a815-c969509cb27f&groupId=10180)
- Barnardo's  
[www.barnardos.org.uk/what\\_we\\_do/our\\_work/sexual\\_exploitation.htm](http://www.barnardos.org.uk/what_we_do/our_work/sexual_exploitation.htm)
- Tackling CSE Helping Local Authorities to Develop Effective Local Responses  
[http://www.barnardos.org.uk/tackling\\_child\\_sexual\\_exploitation.pdf](http://www.barnardos.org.uk/tackling_child_sexual_exploitation.pdf)
- The Children's Society  
<http://www.childrensociety.org.uk/what-we-do/policy-and-lobbying/children-risk/child-sexual-exploitation>

- The APPG for Runaway and Missing Children and Adults and the APPG for Looked After Children and Care Leavers (2012). Report from the Joint Inquiry into Children Who Go Missing from Care.  
[www.childrenssociety.org.uk/sites/default/files/tcs/u32/joint\\_appg\\_inquiry\\_-\\_report...pdf](http://www.childrenssociety.org.uk/sites/default/files/tcs/u32/joint_appg_inquiry_-_report...pdf)
- National Working Group, Tackling Sexual Exploitation [www.nwgnetwork.org/](http://www.nwgnetwork.org/)
- NWG Network (2014) Summary of Recommendations: A summary of all recommendations from a series of reports, inquiries, serious case reviews and research.  
<http://www.nwgnetwork.org/resourcefilepublic.php?id=1206&file=1>
- Blast – project to support boys and young men <http://mesmac.co.uk/blast>
- PACE (Parents Against Child Sexual Exploitation) [www.paceuk.info/](http://www.paceuk.info/)
- University of Bedfordshire: International Centre researching CSE, violence and trafficking  
[www.beds.ac.uk/intcent](http://www.beds.ac.uk/intcent)
- MsUnderstood [www.msunderstood.org.uk/](http://www.msunderstood.org.uk/)

# Appendices

## Key risk factors and warning signs of child sexual exploitation

CSE is not limited to any particular geography, ethnic or social background, and all councils should assume that CSE is happening in their area and take proactive action to prevent it.

The Office of the Children's Commissioner included in its interim report, a 'key warning signs and vulnerability checklist' to identify those at risk of CSE and for those who may already be victims of abuse.<sup>6</sup> There is no set formula for identifying CSE and therefore the lists should not be seen as exhaustive.

The following are typical **vulnerabilities in children prior to abuse**:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of honour-based violence, physical and emotional abuse and neglect)
- Recent bereavement or loss
- Gang-association either through relatives, peers or intimate relationships (in cases of gang-associated CSE only)
- Attending school with children and young people who are already sexually exploited
- Learning disabilities
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families
- Friends with young people who are sexually exploited
- Homeless
- Lacking friends from the same age group
- Living in a gang neighbourhood
- Living in residential care
- Living in hostel, bed and breakfast accommodation or a foyer
- Low self-esteem or self-confidence
- Young carer.

<sup>6</sup> Berelowitz, S. et al (2013). "If only someone had listened" The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups Final Report. London: Office of the Children's Commissioner. Rochdale Oxford [www.childrenscommissioner.gov.uk/content/publications/content\\_743](http://www.childrenscommissioner.gov.uk/content/publications/content_743)

The following signs and behaviour are generally seen in children who are **already being sexually exploited**:

- Missing from home or care
- Physical injuries
- Drug or alcohol misuse
- Involvement in offending
- Repeat sexually-transmitted infections, pregnancy and terminations
- Absent from school
- Change in physical appearance
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites
- Estranged from their family
- Receipt of gifts from unknown sources
- Recruiting others into exploitative situations
- Poor mental health.
- Self-harm
- Thoughts of or attempts at suicide.

The Barnardo's 2007 Sexual Exploitation Risk Assessment Framework<sup>7</sup> identifies a range of risk factors for CSE. These should not be seen as an exhaustive list, but include:

- Disrupted family life;
- A history of abuse and disadvantage;
- Problematic parenting;
- Disengagement from education;
- Going missing;
- Exploitative relationships;
- Drug and alcohol misuse;
- Poor health and well-being

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<sup>7</sup> Barnardo's Pilot Study 'Sexual Exploitation Risk Assessment Framework' (SERAF) (2007). The framework is used as a risk assessment framework by many local agencies. [http://www.barnardos.org.uk/barnardo\\_s\\_cymru\\_sexual\\_exploitation\\_risk\\_assessment\\_framework\\_report\\_-\\_english\\_version-2.pdf](http://www.barnardos.org.uk/barnardo_s_cymru_sexual_exploitation_risk_assessment_framework_report_-_english_version-2.pdf)

## Overview of key prosecutions

The following list of prosecutions is not exhaustive, but helps to give an overview of the range of towns and locations that have seen high profile CSE cases. The list does not contain all prosecutions, for example cases where perpetrators have been prosecuted for other offences as part of disruption activity e.g. drugs or firearms offences.

Year	Area	Number of convictions
1997	Leeds	2
2003	Keighley	2
2006	Blackpool	2
2007	Oldham	2
2007	Blackburn	2
2008	Sheffield	2
2008	Oldham	2
2008	Manchester	2
2008	Blackburn	2
2009	Sheffield	1
2009	Blackburn	2
2009	Skipton	2
2010	Rochdale	4
2010	Nelson	2
2010	Rochdale	9
2010	Preston	2
2010	Rotherham	5
2010	Derby	9
2010	Cornwall	6
2011	Burnley	4
2011	Blackburn	4
2012	Rochdale	9
2012	Telford	2
2012	Derby	8
2012	Oxford	7
2012	Reading	4







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Department  
for Education

# **Statutory guidance on children who run away or go missing from home or care**

**January 2014**

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## Introduction

1. Safeguarding and promoting the welfare of children is a key duty on local authorities and requires effective joint working between agencies and professionals. When a child goes missing or runs away they are at risk. Safeguarding children therefore includes protecting them from this risk. Local authorities are responsible for protecting children whether they go missing from their family home or from local authority care<sup>1</sup>.

2. There are no exact figures for the number of children who go missing or run away, but estimates suggest that the figure is in the region of 100,000 per year<sup>2</sup>. Children may run away *from* a problem, such as abuse or neglect at home, or *to* somewhere they want to be. They may have been coerced to run away by someone else. Whatever the reason, it is thought that approximately 25 per cent of children and young people that go missing are at risk of serious harm<sup>3</sup>. There are particular concerns about the links between children running away and the risks of sexual exploitation. Missing children may also be vulnerable to other forms of exploitation, to violent crime, gang exploitation, or to drug and alcohol misuse.

3. Looked after children missing from their placements are particularly vulnerable. In 2012, two reports highlighted that many of these children were not being effectively safeguarded: the Joint All Party Parliamentary Group (APPG) Inquiry on Children Who Go Missing from Care and the accelerated report of the Office of the Children's Commissioner's on-going inquiry into Child Sexual Exploitation in Gangs and Groups. Key issues identified suggested that:

- children in residential care are at particular risk of going missing and vulnerable to sexual and other exploitation; and
- Local Safeguarding Children Boards have an important role to play in monitoring and interrogating data on children who go missing.

4. The Ofsted report 'Missing Children' published in February 2013 on local authorities' work in relation to children missing from home and care highlighted a number of concerns. These were that:

- risk management plans for individual looked after children were often not developed or acted on;

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<sup>1</sup> It is important that any looked after child should consider their placement as their home. This document uses the terms "missing from care" and "away from placement" to make clear the additional responsibilities of local authorities towards looked after children. When such a child goes missing, however, they should be considered as having gone missing from their home.

<sup>2</sup> The Children's Society: [Still Running 3: Early findings from our third national survey of young runaways \(2011\)](#)

<sup>3</sup> *ibid*

- placement instability was a key feature of looked after children who ran away;
- reports about looked after children missing from their care placement were not routinely provided to senior managers in local authorities; and
- there was little evidence that safe and well checks or return interviews were taking place.

5. Although looked after children are particularly vulnerable when they go missing, the majority of children who go missing are not looked after, and go missing from their family home. They can face the same risks as a child missing from local authority care. The same measures are often required to protect both groups of children. The first part of this guidance therefore refers to protecting all children from the risks associated with going missing, whether from home or from care. A separate section sets out the additional steps to be taken in regard to children missing from care.

6. This guidance sets out the steps local authorities and their partners should take to prevent children from going missing and to protect them when they do go missing. It is not intended to provide a comprehensive review of best practice, research or evidence regarding missing children. This guidance replaces the statutory guidance issued in 2009, in line with changes in evidence, policy and the statutory framework covering looked after children.

## **Status of this guidance**

7. This guidance is issued under Section 7 of the Local Authority Social Services Act 1970, which requires local authorities in exercising their social services functions to act under the general guidance of the Secretary of State. Local authorities must comply with this guidance when exercising these functions, unless local circumstances indicate exceptional reasons that justify a variation.

8. It also complements:

- Working Together to Safeguard Children and related statutory guidance (2013);
- the Missing Children and Adults Strategy (2011);
- Safeguarding Children and Young People from Sexual Exploitation (2009);
- the Tackling Child Sexual Exploitation Action Plan (2011); and
- the Children Act 1989 guidance and regulations volumes on care planning and review.

## Who is this guidance for?

9. The guidance is addressed to Chief Executives, Directors of Children's Services and Lead Members for Children's Services. It will be of interest to Local Safeguarding Children Boards (LSCB) Chairs, senior managers within organisations providing services for children and families (including police, health, schools and the voluntary sector), as well as social care professionals, health and education practitioners and those who care for looked after children. Police forces should read this document in conjunction with Authorised Professional Practice guidance on Missing Persons.

## Definitions used in this guidance

10. The terms below are used throughout this document with the following definitions:

- *Child*: anyone who has not yet reached their 18<sup>th</sup> birthday. 'Children' therefore means 'children and young people' throughout this guidance.
- *Young runaway*: a child who has run away from their home or care placement, or feels they have been forced or lured to leave.
- *Missing child*: a child reported as missing to the police by their family or carers.
- *Looked after child*: a child who is looked after by a local authority by reason of a care order, or being accommodated under section 20 of the Children Act 1989.
- *Responsible local authority*: the local authority that is responsible for a looked after child's care and care planning.
- *Host local authority*: the local authority in which a looked after child is placed when placed out of the responsible local authority's area.
- *Care leaver*: an eligible, relevant or former relevant child as defined by the Children Act 1989.
- *Missing from care*: a looked after child who is not at their placement or the place they are expected to be (eg, school) and their whereabouts is not known.
- *Away from placement without authorisation*: a looked after child whose whereabouts is known but who is not at their placement or place they are expected to be and the carer has concerns or the incident has been notified to the local authority or the police.

## Police definitions

11. Since April 2013 police forces have been rolling out new definitions of 'missing' and 'absent' in relation to children and adults reported as missing to the police. These are:

- *missing*: anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of crime or at risk of harm to themselves or another; and
- *absent*: a person not at a place where they are expected or required to be.

12. The police classification of a person as 'missing' or 'absent' will be based on on-going risk assessment. Note that 'absent' within this definition would not include those defined as "away from placement without authorisation" above: a child whose whereabouts are known would not be treated as either 'missing' or 'absent' under the police definitions. Guidance on how police forces will apply these definitions to children was issued by ACPO in April 2013. Paragraph 19 below explains how local protocols for safeguarding young runaways or children missing from home or care should reflect these definitions.

## Roles and responsibilities

### Local authority

13. Section 13 of the Children Act 2004 requires local authorities and other named statutory partners<sup>4</sup> to make arrangements to ensure that their functions are discharged with a view to safeguarding and promoting the welfare of children. This includes planning to prevent children from going missing and to protect them when they do. Through their inspections of local authority children's services, Ofsted will include an assessment of measures with regard to missing children as part of their key judgement on the experiences and progress of children who need help and protection.

14. Local authorities should name a senior children's service manager as responsible for monitoring policies and performance relating to children who go missing from home or care. The responsible manager should look beyond this guidance to understand the risks and issues facing children missing from home or care and to review best practice in dealing with the issue. Some further resources are listed at Annex B of this guidance.

### Local Safeguarding Children Board (LSCB)

15. In fulfilling their statutory roles, LSCBs should give due consideration to the safeguarding risks and issues associated with children missing from home or care. To do this, they will need to see that partners from children's social care, police, health, education and other services work effectively together to prevent children from going missing and to act when they do go missing. They should ensure that the local Runaway and Missing From Home and Care (RMFHC) protocol (see paragraph 19) is adequate and up to date. They should receive and scrutinise regular reports from the local authority analysing data on children missing from home and from care. As part of this, they should review analysis of return interviews. They should also review regular reports from children's homes used by the local authority or within the local authority area on the effectiveness of their measures to prevent children from going missing.

### Multi agency working

16. The local authority and police should work together to risk assess cases of children missing from home or care and to analyse data for patterns that indicate particular concerns and risks. As part of their framework to safeguard children, individual local authorities and police forces should have an agreed RMFHC protocol.

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<sup>4</sup> [The Children Act 2004: Section 13](#)



17. Local authorities should also consider those children who have not been reported missing to the police, but have come to an agency's attention from accessing other services. There may also be trafficked children who may not have previously come to the attention of children's services or the police. For example, the Office of the Children's Commissioner's report (see Paragraph 3) highlights that children from black and minority ethnic groups, and children that go missing from education, are less likely to be reported as missing. Local authorities and the police should be pro-active in places where they believe under reporting may be more likely because of the relationships some communities, or individuals, have with the statutory services.

## **Voluntary sector**

18. Those working in the voluntary sector, as well as youth workers working in both statutory and voluntary services, are experienced in building trusted relationships with children. Their projects can often provide a range of additional services, such as family mediation and specialist support to parents. They can also help play a part in engaging with children to develop a support package to meet their needs if they are at risk of running away.

## **Jobcentre Plus**

19. In some circumstances, 16 and 17 year olds will be eligible to claim a Social Security benefit. Although the numbers of 16 and 17 year olds that are currently in receipt of benefit are low, most Jobcentre Plus (JCP) offices will come into contact with 16 and 17 year olds, some of who may be at risk of running away or who are already missing from their families or from care. JCP under 18 advisers are required to create and maintain close working links with local authority personal advisers, identifying and forwarding information required by local authorities.

## Runaway and Missing From Home and Care (RMFHC) protocol

20. Local authorities should agree with local police and other partners a protocol for dealing with children who run away or go missing in their area. Where appropriate, they should also have agreed protocols with neighbouring authorities or administrations. The protocols should be agreed and reviewed regularly with all agencies and be scrutinised by the LSCB. Police force operational areas often cover more than a single local authority area. RMFHC protocols should therefore be agreed by agencies on a regional or sub-regional basis to ensure a consistent approach. The key elements that should be described in the protocol are detailed in the box below.

### Responding to missing children

- details of the lead person in local authority, police and other agencies responsible for children missing from home or care
- an agreed inter-agency framework for assessing and classifying the degree of risk when a child goes missing from home or care or when a missing child comes to agency notice
- guidance on what responses different agencies will offer in relation to each degree of risk
- an agreed list of measures to ensure that police 'missing' and 'absent' definitions are applied to children with due consideration given to their age, vulnerability and developmental factors
- details of what assessments will be carried out following missing and absent episodes, particularly assessments under S17 and S47 of the Children Act 1989 and how this information should be shared
- responses for groups facing specific risks of going missing, such as children with learning difficulties who may have little understanding of their actions or the risks to them, or to previously trafficked children who may be at risk of returning to exploitation
- which agencies will support the family while the child is missing and after they return
- details of how safe and well checks are conducted
- arrangements for independent return interviews, agencies which can provide them and how they will be offered to young runaways

### **Additional arrangements relating to looked after children**

- the actions residential or foster carers should take to locate the child before they are reported as missing (such as trying to contact the child by phone or contacting known friends)
- appropriate responses to children going missing or away from placement without authorisation, including an assessment of risk, the actions and arrangements for making reports to the police when looked after children go missing
- agreed local authority reporting and recording systems on children missing and away from placement without authorisation, including children placed in other local authority areas
- details of any agencies providing independent advocacy services to looked after children
- arrangements to monitor outcomes and analyse patterns including of children placed in the area by other local authorities

### **Intelligence and prevention**

- arrangements for information sharing between the local authority, the police and other agencies
- arrangements for information sharing between different local authorities when a child runs away to another area
- details of data to be analysed on a regular basis, arrangements and frequency for data monitoring by LSCB and partners
- agreed safeguards for runaways and missing children to identify those at risk of significant harm, particularly looking at the length of the missing episode, frequency of running away, risk factors, family history of the child
- details of preventative approaches to avoid further instances of running away, including the provision of alternative accommodation when appropriate
- details of work with children, including both those in care and those not in care, so that they understand the risks associated with running away and the support that is available to them

## When a child goes missing

21. The response set out in the RMFCH protocol should be put into action as soon as a child is reported as missing.

### Access to support

22. When a child has run away or is missing from home they should be able to easily access support services, such as help lines or emergency accommodation. Support should also be made available to families to help them understand why the child has run away and how they can support them on their return.

### Risk assessment

23. The police will prioritise all incidents of children categorised as 'missing' from home or care as medium or high risk. Where a child is categorised as 'absent', the details will be recorded by the police, who will also agree review times and any on-going actions with child's family, carer or responsible local authority.

24. A missing child incident would be prioritised as '*high risk*' where:

- the risk posed is immediate and there are substantial grounds for believing that the child is in danger through their own vulnerability; or
- the child may have been the victim of a serious crime; or
- the risk posed is immediate and there are substantial grounds for believing that the public is in danger.

25. The high risk category requires the immediate deployment of police resources. Police guidance makes clear that a member of the senior management team or similar command level must be involved in the examination of initial enquiry lines and approval of appropriate staffing levels. Such cases should lead to the appointment of an Investigating Officer and possibly a Senior Investigating Officer and a Police Search Advisor (PoISA). There should be a media strategy and / or close contact with outside agencies. Family support should be put in place. The UK Missing Persons Bureau should be notified of the case immediately. CEOP and local authority children's services should also be notified.

26. A missing child incident would be prioritised as '*medium risk*' where the risk posed is likely to place the subject in danger or they are a threat to themselves or others. This category requires an active and measured response by police and other agencies in order to trace the missing person and support the person reporting. This will involve a proactive investigation and search in accordance with the circumstances to locate the missing child as soon as possible.

27. Where a child is categorised as 'absent' within the police definition, the details will be recorded by the police. Review timings and any on-going actions will be agreed as set out in the RMFCH protocol. The case will remain the subject of constant review, particularly in the light of new information and changes in circumstances.

## When a child is found

28. The attitude of professionals, such as police officers and social workers, towards a child who has been missing can have a big impact on how they will engage with subsequent investigations and protection planning. However “streetwise” they may appear, they are children and may be extremely vulnerable to multiple risks. A supportive approach, actively listening and responding to a child’s needs, will have a greater chance of preventing the child from going missing again and safeguarding them against other risks.

## Safe and well checks

29. Safe and well checks are carried out by the police as soon as possible after a child reported as missing has been found. Their purpose is to check for any indications that the child has suffered harm, where and with whom they have been, and to give them an opportunity to disclose any offending by or against them. Further guidance is available in the ACPO guidance on Missing People.<sup>5</sup>

30. Where a child goes missing frequently, it may not be practicable for the police to see them every time they return. In these cases a reasonable decision should be taken in agreement between the police and the child’s parent or carer, or their social worker, with regard to the frequency of such checks bearing in mind the established link between frequent missing episodes and serious harm, which could include gang involvement, forced marriage, bullying or sexual exploitation. The reason for a decision not to conduct a safe and well check should be reported on the case file.

## Independent return interviews

31. When a child is found, they must be offered an independent return interview. Independent return interviews provide an opportunity to uncover information that can help protect children from the risk of going missing again, from risks they may have been exposed to while missing or from risk factors in their home.

32. The interview should be carried out within 72 hours of the child returning to their home or care setting. This should be an in-depth interview and is normally best carried out by an independent person (ie, someone not involved in caring for the child) who is trained to carry out these interviews and is able to follow-up any actions that emerge. Children sometimes need to build up trust with a person before they will discuss in depth the reasons why they ran away.

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<sup>5</sup> Association of Chief Police Officers and National Policing Improvement Agency: [Guidance on The Management, Recording and Investigation of Missing Persons, Second Edition \(2010\)](#)

33. The interview and actions that follow from it should:

- identify and deal with any harm the child has suffered – including harm that might not have already been disclosed as part of the ‘safe and well check’ – either before they ran away or whilst missing;
- understand and try to address the reasons why the child ran away;
- help the child feel safe and understand that they have options to prevent repeat instances of them running away;
- provide them with information on how to stay safe if they choose to run away again, including helpline numbers.

34. The interview should be held in a neutral place where the child feels safe. The interview provides an opportunity hear from the child about why they went missing and to understand the risks and issues faced by the child while missing. This could include exploring issues where a child:

- has been reported missing on two or more occasions;
- is frequently away from placement (or their home) without authorisation;
- has been hurt or harmed while they have been missing;
- is at known or suspected risk of sexual exploitation or trafficking;
- is at known or suspected risk of involvement in criminal activity or drugs;
- has contact with people posing risk to children; and/or
- has been engaged (or is believed to have engaged) in criminal activities while missing.

35. The assessment of whether a child might run away again should be based on information about:

- their individual circumstances, including family circumstances;
- their motivation for running away;
- their potential destinations and associates;
- their recent pattern of absences;
- the circumstances in which the child was found or returned; and
- their individual characteristics and risk factors such as whether a child has learning difficulties, mental health issues, depression and other vulnerabilities.

36. Following the safe and well check and independent return interview, local authority children’s services, police and voluntary services should work together:

- to build up a comprehensive picture of why the child went missing;

- to understand what happened while they were missing;
- to understand who they were with when they were missing and where they were found; and
- what support they require upon returning to home or their care placement in accordance with the 'Working Together' guidance.

37. Safe and well checks and independent return interviews provide an opportunity to inform case planning, for wider strategic planning and for professionals to take into account children's views. The outcomes of the checks and interviews should therefore be recorded on case files so that they can be shared with professionals.

38. Where children refuse to engage with the independent interviewer, parents and carers should be offered the opportunity to provide any relevant information and intelligence of which they may be aware. This should help to prevent further instances of the child running away and identify early the support needed for them.

39. When children missing from home are located but have not been reported missing to the police by their families, parents and carers should be encouraged to report any future episodes of running away. This may require particular work in some communities, for example those with high levels of gang crime. Local authorities should pro-actively consider investigating further to identify early any safeguarding concerns, or whether the child and their family need further support.

## **Emergency accommodation**

40. It is important that emergency accommodation can be accessed directly at any time of the day or night. Bed and breakfast (B&B) accommodation is not considered suitable for any child under the age of 18 even on an emergency accommodation basis.

41. The police have powers to take immediate action to protect a child<sup>6</sup>. Should it be necessary to take the child into police protection, the child must be moved as soon as possible into local authority accommodation. The local authority should consider what type of accommodation is appropriate in each individual case. It is important that children are not placed in accommodation that leaves them vulnerable to exploitation or trafficking.

## **16 and 17 year olds**

42. When a 16 or 17 year old runs away or goes missing they are no less vulnerable than younger children and are equally at risk, particularly of sexual exploitation or involvement with gangs. A 16 or 17 year old who has run away may present as

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<sup>6</sup> [The Children Act 1989, Part V - Protection of Children, Section 46](#)



homeless. In this case, local authority children's services must assess their needs as for any other child. Where this assessment indicates that the child is a child in need and requires accommodation under section 20 of the Children Act 1989, they will become looked after.

43. The accommodation provided must be suitable, risk assessed and meet the full range of a child's needs. Sustainability of the placement must be considered. Children who have run away and are at risk of homelessness may be placed in supported accommodation. For example, the accommodation may include provision of specialist support for those who have been sexually exploited.

44. Local authorities should have regard to statutory guidance issued in April 2010<sup>7</sup> to children's services authorities and local housing authorities about their duties under Part 3 of the Children Act 1989 and Part 7 of the Housing Act 1996 to secure or provide accommodation for homeless 16 and 17 year olds.

## **Children who repeatedly run away and go missing**

45. Repeatedly going missing should not be viewed as a normal pattern of behaviour. For example, repeat episodes of a child going missing can indicate sexual exploitation. In addition to strategies and issues already highlighted, the following should also be considered when dealing with this specific group.

46. If a child has run away two or more times, local authorities should ensure a discussion is held, either with the child, their family or both, to offer further support and guidance. Actions following earlier incidents should be reviewed and alternative strategies considered. Access to and timeliness of independent return interviews should also be reviewed.

47. There may be local organisations in the area that can provide repeat runaways with an opportunity to talk about their reasons for running away, and can link runaways and their families with longer-term help if appropriate. They may also be able to provide support to children while they are away from home or care. Local authorities should work with organisations that provide these services in their area.

## **Collecting, sharing and analysing data on children who go missing**

48. Early and effective sharing of information between professionals and local agencies is essential for the identification of patterns of behaviour. Relevant data may include

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<sup>7</sup> Department for Education: [\*Provision of Accommodation for 16 and 17 year old young people who may be homeless and/or require accommodation \(2010\)\*](#)

times and duration of missing episodes, information from return interviews, absence data from schools, etc. This may be analysed to identify areas of concern for an individual child, or to identify 'hotspots' of activity in a local area. This will help authorities to identify risks in their area, such as exploitation, gangs or crime related activity that might not be apparent. It will also help identify trends, for example, whether children are going missing from a particular children's home or other patterns across the local authority.

49. Data and analysis of children who go missing both from home and from care should be included in regular reports to council members, especially to the lead member for children's services and in reports by the local authority to the LSCB.

## **Additional actions to protect looked after children**

50. Looked after children are particularly vulnerable. Though the number of looked after children going missing is a small percentage of the overall number of children that go missing, it is disproportionately high compared with the children's population as a whole. Further responsibilities on local authorities for looked after children who go missing are detailed below.

### **Looked after children who are away from placement without authorisation**

51. Sometimes a looked after child may be away from their placement without authorisation. While they are not missing, they may still be placing themselves at risk because of where they are. For example, they may choose to stay at the house of friends where the carer has concerns about risks of sexual exploitation. The police will not consider this child as missing or absent, but the RMFHC protocol should describe the appropriate course of action to protect the child and seek their return.

### **Reducing the risk of looked after children running away**

52. Local authorities have a duty to place a looked after child in the most appropriate placement available, subject to their duty to safeguard and promote the welfare of the child. Placing the child in an appropriate placement should help to minimise the risk of the child running away. The care plan should include details of the arrangements that will need to be in place to keep the child safe and minimise the risk of the child going missing from their placement.

53. Any decision to place a child at distance should be based on an assessment of the child's needs including their need to be effectively safeguarded. Evidence suggests that distance from home, family and friends is a key factor for looked after children running away.

54. Listening to a child is an important factor in protecting and minimising the chances of a child running away. The Children's Rights Director (2012) reported that "*one of the major influences of them running away is having a sense that they are not being listened to and taken seriously*", particularly about placement decisions and moves. All looked after children should be informed about their right to be supported by an independent advocate.

## Care planning and review

55. Care plans should include a detailed assessment of the child's needs, including the need for the provision of an appropriate placement that offers protection from harm.

Where a child goes missing from a placement, a statutory review of their care plan can provide an opportunity to check that it addresses the reasons for an absence. The review should result in the development of a strategy to minimise a repeat of the missing episode. In particular, any issues relating to the vulnerability of the child to sexual exploitation, trafficking or criminal or gang involvement should be identified. Actions to address these needs and ensure the child is kept safe should be clearly set out in the care plan. The police and other relevant agencies should be given the opportunity to contribute to the review.

56. Where a child already has an established pattern of running away, the care plan should include a strategy to keep them safe and minimise the likelihood of the child running away in the future. This should be discussed and agreed as far as possible with the child and with the child's carers and should include detailed information about the responsibilities of all services, the child's parents and other adults involved in the family network. Independent Reviewing Officers (IROs) should be informed about missing and away from placement without authorisation episodes and they should address these in statutory reviews.

## Out of area placements

57. When a child is placed out of their local authority area, the responsible authority must make sure that the child has access to the services they need. Notification of the placement must be made to the host authority and other specified services.

58. If children placed out of their local authority run away, the local RMFHC protocol should be followed, in addition to complying with other processes that are specified in the policy of the responsible local authority. It is possible that the child will return to the area of the responsible authority so it is essential that liaison between the police and professionals in both authorities is well managed and co-ordinated. A notification process for missing and away from placement without authorisation episodes should be agreed between responsible and host local authorities.

## Children's home staff and foster carers

59. Children's home staff and foster carers should be trained and supported to offer a consistent approach to the care of children. This should include being proactive about strategies to prevent children from running away and understanding the procedures that must be followed if a child goes missing.

60. The competence and support needs of children's home staff and foster carers in responding to missing from care issues should be considered as part of their appraisal and supervision.

## **National Minimum Standards – looked after children**

61. The National Minimum Standards (NMS) for Children's Homes and those for Fostering Services<sup>8</sup> set out expectations about how providers should take account of the needs of the children who rely on their services. Standards concerned with protecting children from abuse and neglect, countering bullying, promoting leisure opportunities, privacy and confidentiality, access to advocacy, and maintenance of familial contact are likely to be relevant to creating a constructive caring environment designed to minimise the likelihood that children will run away from their placements.

62. Registered children's home providers are required to have quality assurance arrangements in place. As a minimum, this will involve an independent person visiting the home at least once a month to monitor the effectiveness of the home's arrangements for safeguarding children and for promoting their wellbeing. This visit may be unannounced. The independent person undertaking the visits will wish to be satisfied that the home has an effective approach to behaviour management. They should routinely examine missing person's reports to check the home provides stable, secure and safe care. The visit must, wherever possible, include private interviews with children and young people living at the home (and if appropriate their parents, relatives or carers). Staff employed at the home must also be interviewed privately. A written report on the conduct of the home must be prepared after the visit and sent to Ofsted, to the local authorities responsible for the care of each child in the home, to the homes provider and manager, and, on request to the authority where the home is located.

63. The Children's Home Regulations require providers to have explicit procedures in place both to prevent children going missing and to take action if they do go missing. This policy must specify the procedures to be followed and the roles and responsibilities of staff when the child is absent. For example, this may include whether there is an expectation that staff attempt to locate missing children and how staff should support children on return to the home. This procedure must take into account the views of appropriate local services and have regard to police and local authority protocols for responding to missing person's incidents in the area where the home is located. The NMS specifies that staff should actively search for children and, where appropriate, work with the police.

64. On 1 April 2013, regulations came into force requiring Ofsted to provide details of the locations of children's homes to local police forces to support the police in their

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<sup>8</sup> Department for Education: [Children's Homes: National Minimum Standards \(2011\)](#)

strategic and operational approach to safeguarding children. This duty is in addition to the existing obligation for Ofsted to provide this information to local authorities. A protocol published alongside the regulations sets out the responsibilities of the public authorities to use information about the location of children's homes only for the purposes for which it was disclosed, and to share it onward only where this is compatible with safeguarding children and promoting their welfare<sup>9</sup>.

## Care Leavers

65. Care leavers, particularly 16 and 17 year olds may go missing from their home or accommodation and face the same risks as other missing children. Local authorities must ensure that care leavers live in "suitable accommodation" as defined in regulation 9(2) of the Care Leavers (England) Regulations 2010, (made under section 23B(10) of the Children Act 1989). In particular, young people should feel safe in their accommodation and the areas where it is located. Local authorities should ensure that pathway plans set out where a young person may be vulnerable to exploitation, trafficking or going missing, and put in place support services to minimise this risk.

## When a looked after child goes missing

66. Whenever a child runs away from a placement, the foster carer or the manager on duty in their children's home is responsible for ensuring that the following individuals and agencies are informed within the timescales set out in the local RMFHC protocol:

- the local police;
- the authority responsible for the child's placement – if they have not already been notified prior to the police being informed; and
- parents and any other person with parental responsibility, unless it is not reasonably practicable or to do so would be inconsistent with the child's welfare.

Please see the accompanying document, *Statutory guidance on children who run away or go missing from care: Flowchart to accompany the statutory guidance*.

## When a looked after child is found

67. The responsible authority should ensure that plans are in place to respond promptly once the child is located. Care staff should inform the child's social worker and the independent reviewing officer that the child has returned. If the child is located but

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<sup>9</sup> Department for Education: [Joint protocol: children's homes - procedure for disclosing names and addresses \(2013\)](#)

professionals are unable to establish meaningful contact, then the responsible authority should contact the police and consider the appropriate action to take.

68. When the child has been located, the responsible local authority should review whether the child's placement remains appropriate. The decision should be informed by discussions with the child and carers where appropriate. The outcomes and reasons for the decision should be recorded.

69. An independent return interview should be offered when a missing looked after child is found. Where possible, the child should be given the opportunity to talk before they return to their placement. The person conducting the interview should usually be independent of the child's placement and of the responsible local authority. An exception maybe where a child has a strong relationship with a carer or social worker and has expressed a preference to talk to them, rather than an independent person, about the reasons they went missing. The child should be offered the option of speaking to an independent representative or advocate. When a looked after child is placed in a host authority, the responsible authority should ensure the independent review interview takes place, working closely with the host authority.

70. Children's home staff or foster carers should continue to offer warm and consistent care when a child returns, and running away should not be viewed as behaviour that needs to be punished. The need for safe and reliable care may be particularly significant for a child who faces pressure to run away from their placement as a result of circumstances beyond the control of their carers. In these circumstances, it will be even more important that the child's care and placement plans are kept up-to-date and include a strategy to reduce the pressure on the child to run away.

## **Data on looked after children who go missing or are away from placement without authorisation**

71. Looked after children who go missing, or who are away from placement without authorisation, can be at increased risk of sexual or other forms of exploitation or of involvement in drugs, gangs, criminal activity or trafficking. Particular attention should be paid to repeat episodes. Data on these episodes should be analysed regularly in order to map problems and patterns. Regular reports on this data should be provided to council members and the LSCB.

72. Data for children missing or away from placement without authorisation should be reported to the Department for Education by the responsible authority through their annual data returns on looked after children.

## Looked after children who may have been trafficked from abroad

73. Some looked after children are unaccompanied asylum seeking children or other migrant children. Some of this group may have been trafficked into the UK and may remain under the influence of their traffickers even while they are looked after. Trafficked children are at high risk of going missing, with most going missing within one week of becoming looked after and many within 48 hours. Unaccompanied migrant or asylum seeking children who go missing immediately after becoming looked after should be treated as potential victims of trafficking.

74. The assessment of need to inform the care plan will be particularly critical in these circumstances and should be done immediately as the window for intervention is very narrow. The assessment must seek to establish:

- relevant details about the child's background before they came to the UK;
- an understanding of the reasons why the child came to the UK; and
- an analysis of the child's vulnerability to remaining under the influence of traffickers.

75. In conducting this assessment, it will be necessary for the local authority to work in close co-operation with the UK Human Trafficking Centre (UKHTC) and immigration staff familiar with patterns of trafficking into the UK. Immigration staff who specialise in trafficking issues should be able to advise on whether information about the individual child suggests that they fit the profile of a potentially trafficked child.

76. Provision may need to be made for the child to be in a safe place before any assessment takes place and for the possibility that they may not be able to disclose full information about their circumstances immediately. The location of the child should not be divulged to any enquirers until their identity and relationship with the child has been established, if necessary with the help of police and immigration services. In these situations the roles and responsibilities of care providers must be fully understood and recorded in the placement plan. Proportionate safety measures that keep the child safe and take into account their best interests should also be put in place to safeguard the child from going missing from care or from being re-trafficked.

77. It is essential that the local authority continues to share information with the police and immigration staff, concerning potential crimes against the child, the risk to other children, or other relevant immigration matters.

78. 'Safeguarding Children Who May Have Been Trafficked'<sup>10</sup> contains practical guidance for agencies which are likely to encounter, or have referred to them, children

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<sup>10</sup> HM Government: [Safeguarding children who may have been trafficked: practice guidance \(2011\)](#)



and young people who may have been trafficked. Where it is suspected that a child has been trafficked, they should be referred by the local authority into the UK's victim identification framework, the National Referral Mechanism (NRM). The Trafficked Children Toolkit<sup>11</sup>, developed by the London Safeguarding Children Board, has been made available to all local authorities to help professionals assess the needs of these children and to refer them to the NRM.

79. NSPCC Child Trafficking Advice Centre provides specialist advice and information to professionals who have concerns that a child may have been trafficked. Phone 0808 800 5000 Monday to Friday 9.30am to 4.30pm; email [help@nspcc.org.uk](mailto:help@nspcc.org.uk) ; or web [http://www.nspcc.org.uk/Inform/research/ctail/ctail\\_wda84866.html](http://www.nspcc.org.uk/Inform/research/ctail/ctail_wda84866.html)

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<sup>11</sup> London Safeguarding Children's Board: [The Trafficked Children Toolkit](#)

## Annex A

### Checklist for local authorities

This is a short checklist that local authorities may find helpful to refer to the relevant paragraph in the guidance.

Checklist	Paragraph
Do you have a lead manager in place with strategic responsibility for children who run away or go missing?	13-14
Do you have a Runaway and Missing From Home and Care Protocol (RMFHC Protocol)?	15, 16, 20
Do you have a clear definition of a child who has run away?	10, 11-12, 20
Does your LSCB have in place systems to monitor prevalence of and the responses to children who go missing, including gathering data from LSCB members and other local stakeholders in order to understand trends and patterns?	15, 20, 49, 71
Do you have effective working relationships with your local police force?	16, 20, 23-27, 66
Do you have effective partnerships with the voluntary sector, relevant specialist services and information about national level resources, eg, helplines for missing children?	18, 22, 79
Do you have clear procedures in place to offer return interviews when a missing child is found?	31-39, 69
Do you have support services in place for children and their families?	22, 40-41
Do you have a strategy to prevent children from running away and to deal with repeat runaways?	20, 45-47, 52-54

# Annex B

## Associated resources

### General guidance

- Working Together to Safeguard Children (2013) clarifies the core legal requirements on individuals and organisations to keep children safe, including the legal requirements that health services, social workers, police, schools and other organisations who work with children must follow.  
<https://www.gov.uk/government/publications/working-together-to-safeguard-children>
- Joint statutory guidance, DCLG and DfE 'Provision of Accommodation for 16 and 17 year old young people who may be homeless and/or require accommodation' (April 2010)  
<https://www.gov.uk/government/publications/provision-of-accommodation-for-16-and-17-year-olds-who-may-be-homeless-and-or-require-accommodation>

### Missing children guidance, strategy and police resources

- Association of Chief Police Officers (ACPO) guidance on the Management, Recording and Investigation of Missing Persons <http://www.acpo.police.uk/documents/crime/2011/201103CRIIMP02.pdf>
- Missing Children and Adults strategy (2011) <https://www.gov.uk/government/publications/missing-children-and-adults-strategy>
- Child Exploitation and Online Protection Centre (CEOP) website <http://www.ceop.police.uk/>

### Prevention and supporting missing children and their families

- Railway Children Reach model, which looks at before, during and after incidents (RMFHC)  
<http://www.railwaychildren.org.uk/our-solution/where-we-work/uk/reach-model/>
- ChildLine (telephone: 0800 1111)  
<http://www.childline.org.uk/pages/home.aspx>
- Safe@Last, working with and on behalf of children and young people at risk through running away  
<http://www.safeatlast.org.uk/>

- What to do if a child goes missing: a guide for those working in education and youth work (2013) from the Children's Society [http://www.childrenssociety.org.uk/sites/default/files/tcs/pro\\_guide\\_to\\_runaways\\_-\\_online\\_versionfinal\\_0.pdf](http://www.childrenssociety.org.uk/sites/default/files/tcs/pro_guide_to_runaways_-_online_versionfinal_0.pdf)
- What to do if your child goes missing: practical advice for parents and carers (2013) from the Children's Society [http://www.childrenssociety.org.uk/sites/default/files/tcs/runaways\\_parents\\_guide\\_2013\\_final\\_six-page.pdf](http://www.childrenssociety.org.uk/sites/default/files/tcs/runaways_parents_guide_2013_final_six-page.pdf)
- Developing local safeguarding responses to young runaways. Planning guide for professionals (2013) from the Children's Society <http://www.childrenssociety.org.uk/what-we-do/resources>
- Missing People research: reports on various related issues <https://www.missingpeople.org.uk/missing-people/about-the-issue/missing-people-research>

## Child sexual exploitation

- Safeguarding Children and Young People from Sexual Exploitation (2009) <https://www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance>
- Tackling child sexual exploitation action plan (2011) <https://www.gov.uk/government/publications/tackling-child-sexual-exploitation-action-plan>
- What to do if you suspect a child is being sexually exploited. A step-by-step guide for frontline practitioners (June 2012) <https://www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited>
- National Working Group website, a UK network of over 1000 practitioners working on the issue of child sexual exploitation (CSE) and trafficking within the UK. includes relevant resources for practitioners [www.nationalworkinggroup.org](http://www.nationalworkinggroup.org)
- Parents Against Child Sexual Exploitation (PACE) <http://www.paceuk.info/>

## Child trafficking

- Safeguarding Children Who May Have Been Trafficked Guidance (2011) <https://www.gov.uk/government/publications/safeguarding-children-who-may-have-been-trafficked-practice-guidance>

- NSPCC Child Trafficking Advice Centre (CTAC)  
[http://www.nspcc.org.uk/Inform/research/ctail/ctail\\_wda84866.html](http://www.nspcc.org.uk/Inform/research/ctail/ctail_wda84866.html)
- London Borough of Hillingdon resources for trafficked children  
at <http://www.hillingdon.gov.uk/article/16450/Child-trafficking-sub-group>
- On the Safe Side: Principle of Safe Accommodation of Child Victims of Trafficking (ECPAT UK, 2011) link available  
here: [http://www.ecpat.org.uk/sites/default/files/on\\_the\\_safe\\_side.pdf](http://www.ecpat.org.uk/sites/default/files/on_the_safe_side.pdf)
- Conducting good return interviews for young people who run away (2014) from the Children's Society  
[http://www.childrenssociety.org.uk/sites/default/files/tcs/8pp\\_a5\\_runaway\\_return\\_interviews\\_final.pdf](http://www.childrenssociety.org.uk/sites/default/files/tcs/8pp_a5_runaway_return_interviews_final.pdf)



Department  
for Education

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Department  
for Education

Office of the Chief Social Worker  
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3 March 2015

To: Directors of Children's Services

Cc: Chief Executives  
Lead Members

### **Tackling child sexual exploitation - review of assessment and decision making tools**

Today the Government has issued its response to the chronic failures to protect children from sexual exploitation in Rotherham, which were the subject of recent reports by Alexis Jay and Louise Casey. The findings of these reports show that organised child sexual exploitation had been happening on a massive scale, over many years. They also point to a system that has lost its focus on high quality, confident front line practice and the Government's response includes a package of measures to address these failings.

As part of the Government's response, the Secretary of State for Education has asked me to write to you to request that you immediately review any assessment and decision making tools in use in your authority designed to support professionals making decisions about risk. As part of this review, you should assure yourself that any tools are not only fit for purpose, but being properly implemented as well. In her report, Alexis Jay raised particular concerns about a tool used in Rotherham and South Yorkshire which was based on a numeric scoring system that resulted in risks being underestimated.

At the heart of good social work practice is the ability to make sound decisions about the safety of children. Decision making tools can be helpful but they should only ever be used to *assist* in decision-making. Operational implementation of assessment tools should only ever proceed once their validity has been seriously explored.

Indeed, even the most able social workers, with the help of the best evidence based tools, will still depend upon frequent and high quality dialogue with expert practice supervisors to help develop and test hypotheses about what is happening within families, construct meaningful and effective interventions

and make decisions about the safety of children. It is this approach we should be fostering.

While there can be a place for assessment tools to aid professionals, I ask, on behalf of the Secretary of State, that you take swift action to consider and review those that you use locally.

Yours sincerely

A handwritten signature in black ink, consisting of a large, stylized loop followed by a long, sweeping horizontal stroke that ends in a small dot.

**Isabelle Trowler**  
**Chief Social Worker for Children and Families**



<b>18 June 2015</b>	<b>ITEM: 9</b>
<b>Corporate Parenting Committee</b>	
<b>Children In Care Pledge Update Report</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non - key
<b>Report of:</b> Paul Coke – Service Manager, Through Care Services and Natalie Carter, Open Door	
<b>Accountable Head of Service:</b> Andrew Carter, Children’s Social Care (CATO)	
<b>Accountable Director:</b> Carmel Littleton, Director of Children’s Services	
<b>This report is Public</b>	

## Executive Summary

This report provides information about Thurrock’s Pledge, with an update as to the current monitoring, reviewing and performance.

It also provides an outline of the current proposals and recommendation in respect to the Pledge.

### 1. Recommendations

That members:

- 1.1 Support the amended proposals to the Pledge.
- 1.2 Support the development of the Pledge leaflet in a suitable style that can be given to all looked after children and young people and that it be available for those that become looked after in the future.
- 1.3 Agree that the Pledge is monitored and reviewed by the Children in Care Council (CiCC) on a yearly basis.
- 1.4 Support the publicising of the Pledge through the Council’s Website and the Looked After Children’s website.

### 2. Introduction and Background

- 2.1 The Pledge is a requirement directed by the Government in their documents, ‘Care Matters: Transforming the Lives of Children and Young People in Care’, October 2006 and ‘Time for Change’ published in June 2007.

- 2.2 These documents require local authorities to adopt a pledge that should be developed by the Children in Care Council, which in turn should then be adopted by the local authority as a key communication tool that develops partnership working with the children and young people, plus a tool for challenge.
- 2.3 The current Pledge was designed by the Thurrock Children in Care Council and established on the 30 October 2010 by a group of CiCC members in consultation with other young people in care and care leavers.
- 2.4 The current Pledge consists of promises made to young people in the care of Thurrock Council. It is an agreement between the children/young people, and Thurrock Council who as corporate parents are represented by Councillors, the Chief Executive, the Director and Head of Services and other officers.
- 2.5 These promises cover a number of aspects of a child/young person's life which will enable them to reach their full potential.
- 2.6 The Pledge applies to all children and young people who are looked after and have left care by Thurrock Council regardless of where they are placed.
- 2.7 The Promises are categorised into the 5 outcomes that were previously used within the Care Matters Agenda and Ofsted Reports:
- Health
  - Stay Safe
  - Enjoying and Achieving
  - Making a positive contribution
  - Economic well-being
- 2.8 A report was presented to the Corporate Parenting Committee in September 2012, entitled 'Pledge Performance and Indicators and Descriptors'.
- 2.9 This gave an overview of the Pledge and the Thurrock's performance in line with the Ofsted Inspection dated 27 July 2012.
- 2.10 As part of the CiCC Work Plan for 2013/14 a further review of the Pledge was undertaken and reported to the Corporate Parenting Committee.
- 2.11 As part of its end of 2014/15 and beginning of 2015/16 work plan, the CiCC has proposed a number of amendments to the current Pledge. These amendments are attached to this report in Appendix 1 and can be summarised as:

- social workers will visit at least 12 times a year and give you the opportunity to meet with them independently during this visit (Amendment 1 )
- giving you access to life story work in conjunction with Thurrock's life story policy including a book / memory box containing important information about your childhood. This information will include: where you were born, the area you grew up in, schools you attended, photos, family tree, calendar of events and other memories you may wish to add (Amendment 2 )
- social workers should give young people their contact details such as email, mobile number and/or office number (Amendment 3)
- Respect your privacy when possible (Amendment 4)
- We will seek your views about contact arrangements and support you in attending family contacts (Amendment 5)
- supporting you in opening a bank account / savings account (Amendment 6)
- providing you with identification such as passport, birth certificate or alternative identification available to you (Amendment 7)
- supporting you to have access to your files (Amendment 8)

### **3. Issues, Options and Analysis of Options**

- 3.1 The Pledge is an integral part of how the local authority and the children and young people of Thurrock work together in improving services and outcomes for young people, plus a mechanism for challenge where appropriate.
- 3.2 The Pledge needs to be monitored, reviewed and updated to reflect the current climate. This has now been completed and will need the agreement and co-operation of the local authority in ensuring its implementation
- 3.3 Should the Corporate Parenting Committee accept the proposals it will be expected that the new Pledge will again be monitored and reviewed accordingly.

### **4. Reasons for Recommendation**

- 4.1 The Pledge is a key tool which the children and young people can use to challenge and judge the services provided by the local authority
- 4.2 It is a duty and responsibility for the local authority to ensure it has an up to date Pledge that all children and young people who are looked after are aware of and have access to.

**5. Consultation (including Overview and Scrutiny, if applicable)**

5.1 None

**6. Impact on corporate policies, priorities, performance and community impact**

6.1 The Council's responsibilities for looked after children and care leavers are unique and sit at the heart of all priorities.

**7. Implications**

**7.1 Financial**

Implications verified by: **Kay Goodacre**  
**Finance Manager**

The local authority will need to take into consideration the costs of printing the new leaflet and ensuring that this is disseminated to all looked after children, including those children and young people that become looked after in the future.

**7.2 Legal**

Implications verified by: **Lindsey Marks**  
**Principal Solicitor Children's Safeguarding**

As part of the local authority's statutory requirements, a Pledge needs to be available to all looked after children and young people. The Pledge needs to be readily available and accessible to all.

**7.3 Diversity and Equality**

Implications verified by: **Karen Wheeler**  
**Head of Strategy and Communications**

The Pledge is an important part of how the Council and the children and young people of Thurrock work together to improve services and outcomes for young people. As the Pledge is a document for all our looked after children and young people, it will be made widely available including on relevant websites. In addition, it can be made available in different languages and for those that are visually impaired upon request.

**7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)**

Not applicable.

**8. Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- **Corporate Parenting Committee – Pledge Performance and Indicators and Descriptors – 6/9/2012**
- **Corporate Parenting Committee – Participation and the Voice of Children and Young People + appendices – 5/9/2013**

**9. Appendices to the report**

- Appendix 1 – Proposed Amendments to the Pledge
- Appendix 2 – Current Pledge

**Report Authors:**

Paul Coke

Service Manager

Care and Targeted Outcomes

Natalie Carter

SOS Service Manager

CiCC Coordinator

Open Door

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### **Our pledge**

Our pledge makes 5 promises to children and young people in the care of Thurrock Council. These cover:

- health
- education
- reaching your potential
- positive relationships
- Leaving care.

The pledge was written by young people and has been adopted throughout the council.

It applies to all children and young people, from birth to 18 years of age that are in our care. Some also applies to those leaving care from the age of 18 up to 21 years, or 25 years in some cases.

The pledge applies regardless of sex, race, sexual orientation, disability, age, ability or background. It applies wherever you are placed, whether this is inside or outside Thurrock.

### **Our 5 promises**

#### **We promise to work to help you to develop healthily by:**

- helping you to keep fit and healthy and giving you the resources and information on how best to equip yourself to continue to develop
- ensuring that you are given support to have regular health and dental checks
- having social workers support you in all aspects of your development and giving you every opportunity to flourish

**We promise to do everything we can to keep you safe and feel important to us while in care by:**

- making staff available to speak to you when you need to contact them to discuss your problems, anxieties and achievements
- **social workers will visit at least 12 times a year and give you the opportunity to meet with them independently during this visit. (Amendment 1 )**
- involving you in decisions and plans that are made that will affect your current and future life
- **giving you access to life story work in conjunction with Thurrock`s life story policy including a book / memory box containing important information about your childhood. This information will include: where you were born, the area you grew up in, schools you attended, photos, family tree, calendar of events and other memories you may wish to add. (Amendment 2 )**
- not changing your social worker unless absolutely necessary
- giving you advice and support to stay safe both within your home and community
- **social workers should give young people their contact details such as email, mobile number and/or office number (Amendment 3)**
- calling you back within 24 hours

**We promise to help you reach your dreams while in care by:**

- celebrating your achievements and recognising your goals and helping to push you further while in care
- supporting you to attend and achieve in education
- providing you with good educational opportunities that best meet your abilities
- providing you with a translating dictionary in your language when you first come into care if your first language is not English
- giving you the same opportunities available to young people who are not looked after
- **Respect your privacy when possible (Amendment 4)**



**We promise to support your positive relationships and social activities by:**

- giving priority when you ask to stay with friends and relatives away from your normal placement
- **We will seek your views about contact arrangements and support you in attending family contacts. (Amendment 5)**
- aiding you in having easy access to libraries, youth clubs and positive activities
- giving you access to an independent visitor/ mentors
- supporting you in being heard throughout the local authority across all departments

**We promise to prepare you for adult life and leaving care by:**

- **supporting you in opening a bank account / savings account (Amendment 6)**
- **Providing you with identification such as passport, birth certificate or alternative identification available to you. (Amendment 7)**
- **supporting you to have access to your files (Amendment 8)**
- supporting you financially up until the time you start work or are entitled to claim benefits
- providing you with a grant to help you settle into your own accommodation when you leave care
- supporting you in higher education at university
- helping you with support to seek employment and training
- helping you with transport for attending education and looked after children appointments
- supporting you to apply for all documentation and providing you with necessary information on your rights

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Thurrock's

# Pledg



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To Children and  
Young People  
in Care

This pledge has been designed by the Thurrock Children in Care Council (CiCC). The pledge was established on 30th October 2010 by a group of CiCC members in consultation with other young people in care and care leavers.

### So what is The Pledge?

The pledge consists of 6  
people who  
Health, Education,  
relationships and

### Who does The Pledge apply to?



T

pled



# Thurrock's Pledge

We promise to do everything we can to keep you safe and feel important to us while in care by...

making staff available to speak to you when you need to contact them to discuss your problems, anxieties and achievements.

involving you in decisions and plans that are made that will affect our current and future life.

not changing your social worker unless absolutely necessary

giving you advice and support to stay safe both within your home and community.

calling you back within 24 hours.



# Thurrock's Pledge

We promise to help you reach your dreams while in care by...

celebrating your achievements and recognising your goals and helping to push you further while in care.

supporting you to attend and achieve in education.

providing you with good educational opportunities that best meet your abilities.

providing you with a translating dictionary in your language when you first come into care if your first language is not English.

giving you the same opportunities available to young people who are not looked after.

# Thurrock's Pledge

We promise to support your positive relationships and social activities by...

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giving priority when you ask to stay with friends and relatives away from your normal placement.

aiding you in having easy access to libraries, youth clubs and positive activities.

giving you access to an independent visitor/ mentors

supporting you in being heard throughout the local authority across all departments.



## Thurrock's

We promise to prepare you for adult life and leaving care by...

- supporting you financially up until the time you start work or are entitled to claim benefit
- providing you with grant to help you settle into your own accommodation when you leave care.
- supporting you in higher education at university.
- helping you with support to seek employment and training
- helping you with transport for attending education and LAC appointments
- supporting you to apply for all documentation and providing you with necessary information on your rights.

# Pledge



From the Director of Children's  
Services

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Thurrock Council wants to make sure we stick to the promises made to you and ensure that we are providing you our best service. Please discuss this pledge and let us know your views about how Thurrock Council is doing on its promises. This can be done through your Independent reviewing officer or you can get in contact with the CiCC. Additionally, the CiCC is always looking for new representatives and would welcome your interest if you want to get involved.

If you have any comments or questions about anything you see in this pledge, please contact your Social Worker.

email: [CiCC@thurrock.gov.uk](mailto:CiCC@thurrock.gov.uk) or  
call 01375 413730 for further  
information

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**Corporate Parenting Committee  
Work Programme  
2015/16**

Dates of Meetings: 18 June 2015, 10 September 2015, 3 December 2015, 3 March 2016

<b>Topic</b>	<b>Lead Officer</b>	<b>Date</b>
Placement Updates of Care Packages	Paul Coke / Andrew Carter	18 June 2015
Care Leavers Progress	Paul Coke	18 June 2015
Missing Children & Child Sexual Exploitation	Andrew Carter	18 June 2015
Children In Care Pledge Update Report	Natalie Carter / Paul Coke	18 June 2015
Placement Updates of Care Packages	Paul Coke	10 September 2015
Achieving Permanence/Adoption Report	Andrew Carter	10 September 2015
IRO Review	Neale Laurie	10 September 2015
Placement Updates of Care Packages	Paul Coke	3 December 2015
Housing for Care Leavers	Andrew Carter	3 December 2015
Education Results of Looked After Children	Keeley Pullen	3 December 2015
Placement Updates of Care Packages	Paul Coke	3 March 2016
Health of Looked After Children	Paul Coke / Patricia Perolls	3 March 2016
Children in Care Council and the voice of the child.	Opendoor/CIC Council	3 March 2016

Updated: 15 April 2015

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