



# CSE

## Child sexual exploitation Strategy

October 2014 – October 2016



North East Lincolnshire  
**LSCB**  
Local Safeguarding  
Children Board

*The sexual exploitation of children and young people under 18 involves exploitive 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's or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.*

(This definition arises from joint work between project members of the National Working Group for Sexually Exploited Children and Young People (NWG) 2008. The National Working Group is a support group for individuals and service providers working with children and young people who are at risk of or who experience sexual exploitation. The Group's membership covers voluntary and statutory services including health, education and social services)

## **1. Mission Statement**

Chapter 2 of **Working Together to Safeguard Children (March 2013)** sets out details of the roles and responsibilities of the organisations involved in safeguarding and promoting the welfare of children, Chapter 3 focuses specifically on the role of the LSCB's; this guidance should be read in conjunction with this strategy along with North East Lincolnshire's Prevention and Early Intervention Strategy 2014-2016 and North East Lincolnshire Council's Child Sexual Exploitation (CSE) Practice Guidance and Procedure 2014.

"Sexual Exploitation is not limited to particular geographical areas and all LSCB's should assume that it is an issue in their area. Even in areas where there is no apparent, clear evidence of CSE, the guidance is relevant in the context of awareness raising and preventative education. The guidance is aimed primarily at LSCB partners, managers and practitioners, but is relevant for all professionals working with children, young people and families"

LSCB's have a key role to play in coordinating and ensuring the effectiveness of the work of its members. They should act in accordance with this guidance in carrying out their functions and should make arrangements to ensure that children and young people are appropriately safeguarded from sexual exploitation. Providing an appropriate response to CSE requires the combined efforts and skills of a protective network for children and young people and depends heavily on a multi-agency response.

Safeguarding and promoting the welfare of children and young people depends on effective joint working between different agencies and professionals that work with children and young people. Their full involvement is vital if children and young people are to be effectively supported and action is to be taken against perpetrators of sexual exploitation. All agencies should be alert to the risks of sexual exploitation and be able to take action and work together when an issue is identified.

This joint working should be underpinned by:

- A strong commitment from leaders and senior managers with clear lines of accountability
- A clear governance, operational structure and action plan (See appendix A) defining the here and now and future plans
- Clear risk management and risk action planning process in tandem with safeguarding policy and practice
- A shared understanding of the problem of sexual exploitation
- Clear information sharing agreements and protocols.
- Clear pathways for referral depending on the threshold of need, as per the Child Concern Model.
- Collective training and briefing sessions for all practitioners, elected members and the wider community
- Reaching young people through formal and informal education
- Effective coordination by the LSCB
- A clear communication strategy

This strategy sets out to address such issues and ensures that all children and young people in North East Lincolnshire live in a safe environment away from risk and harm and draws on *Working Together to Safeguard Children* (DfE 2013), *Safeguarding Children and Young People from Sexual Exploitation* (DCSF, 2009), and the *Tackling Child Sexual Exploitation Action Plan* (DfE, 2011), *The Sexual Exploitation of Children: It couldn't happen here, could it?* Ofsted Thematic inspection of CSE 2014.

The Purpose of the strategy is :

- To focus and co-ordinate robust multi-agency resources in tackling CSE.
- To ensure that children and young people and the wider community across North East Lincolnshire, in particular parents and carers, are aware of CSE and its effects
- To enhance training for professionals
- To ensure that children, young people and the community are made aware of the issues around exploitation
- To bring to justice the perpetrators of CSE and to ensure that children and young people are properly safeguarded in the course of any criminal proceedings.

## 2. Key Principles

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

- Recognition - Sexual exploitation includes sexual, physical and emotional abuse, as well as, in some cases, neglect.
- Children do not make informed choices to enter or remain in sexual exploitative relationships, but do so from coercion, enticement, manipulation or desperation.
- Children under sixteen cannot consent to sexual activity; sexual activity with children under the age of 13 is statutory rape.
- CSE covers a range of vulnerabilities which will need differing responses from a range of agencies; it is a multi causal issue that needs to be addressed within a multi-agency filter.
- Sexually exploited children and young people should be treated as victims of abuse, not as offenders.
- Many sexually exploited children and young people have difficulty distinguishing between their own choices around sex and sexuality and the sexual activities they are coerced into.
- The primary law enforcement effort must be against the coercers and sex abusers, who may be adult, but could also be the child's peers or young people who are older than the child.
- A Multi-agency network or risk assessment and management meeting/discussion should take place for all children and young people considered at risk of sexual exploitation.

Child Protection Procedures should always be followed where:

- The child or young person is at immediate risk of significant harm and/or has other additional vulnerabilities.
- There is concern that the sexual exploitation is being facilitated by the child/young person's parent/carer.
- There is concern that the sexual exploitation is facilitated by the child/young person's parent/carer failing to protect.
- There is concern that a related or unrelated adult in a position of trust or responsibility to the child or young person is organising or encouraging the sexual exploitation.

### 3. Introduction

Sexual exploitation of children and young people is child abuse and tackling child sexual exploitation is one of the most important current challenges for the LSCB. It is the responsibility of all partner agencies to identify all children and young people at risk of exploitation, in order to prevent them from becoming victims, and it is the responsibility of all partner agencies to protect and safeguard all children and young people who are experiencing exploitation from further harm. In order to meet this challenge, a shared understanding of the problem and a shared responsibility to proactively address all areas of sexual exploitation is required. This will be achieved by efficient working partnerships between agencies with active coordination by the LSCB, in recognition that the most effective way to tackle this form of child abuse is via a committed coordinated multi-agency approach, in partnership with children, young people, families and communities.

In doing so partner agencies should focus on the child's or young person's needs and recognise the fact that they are not always aware, recognise or acknowledge that they may be in an exploitative or abusive situation. Whilst also incorporating a needs led, child and family centred approach; a focused approach towards prevention, early identification and intervention is central whilst proactively targeting, disrupting and prosecuting individuals or groups who seek to exploit children and young people.

There are strong links between children and young people being at risk of sexual exploitation and other behaviours, in particular missing from home or care. Significant evidence highlights that children and young people who go missing from home or care are at increased risk of being at risk of, or experiencing sexual exploitation. It is therefore essential that all partner agencies act rigorously to reduce incidents of children and young people going missing. In addition, robust efforts to locate a child or young person if known to be missing is required, and once located, agencies must ensure that they have processes in place to assess why a child / young person went missing, what they experienced whilst missing and how any future risk of that child /young person going missing could be reduced

Children and young people who are subjected to sexual exploitation can have serious long term issues affecting their physical and mental health and their overall well-being. Although young people aged 16, 17 and 18 are able to consent to sexual activity, they can still be subjected to exploitation and the exploitation can continue through to adulthood. The LSCB will therefore work closely with Adult Services to ensure children and young people continue to receive support through the transition phase from childhood to adulthood. CSE can also affect the lives of the child or young person's family and carers and can lead to relationship breakdown.

Sexual exploitation of children and young people under 18 will normally, but not exclusively, involve an adult developing a relationship with the child or young person; this adult will then groom or utilise violence, coercion and intimidation to sexually exploit the child or young person.

Agencies have a responsibility to do what they can to prevent children and young people becoming victims of child sexual exploitation. All staff should recognise when a child or young person is involved in or at risk of sexual exploitation as a result of training and by being aware of the

vulnerabilities and warning signs/risk indicators (see Chapter 2 of CSE Practice, Guidance and Procedure document 2014) and should be aware of what action to take to ensure that the child or young person is appropriately safeguarded.

#### **4. Prevention and Early Intervention**

The effects of sexual exploitation are harmful and far reaching for children and young people and the ultimate aim for the North East Lincolnshire Child Sexual Exploitation Strategy must be to prevent them from being exploited in the first place.

Action to tackle sexual exploitation should be proactive, focussing on prevention, early identification and intervention, as well as on disrupting activity and prosecuting perpetrators. It is important for cases to be risk managed so that interventions to safeguard children and young people are at the appropriate level according to the risk score. This process also supports and encourages the gathering of evidence to increase the chance of successful criminal prosecutions of their perpetrators, thereby safeguarding potential future victims.

In order to help children and young people achieve good outcomes it is important to identify issues and problems early and to take prompt preventative action. Early intervention is likely to be far more effective than intervention at a later stage when the impact on the child or young person's health or development is likely to have escalated. Prevention strategies should therefore be regarded as a key part of agencies' approaches to sexual exploitation. Early identification that a child or young person is at risk of, or experiencing, sexual exploitation and involving their families early in interventions can be a key step in helping them achieve good outcomes. Looked after children are particularly vulnerable to child sexual exploitation and going missing from home or care. All care plans will take into account particular risks in relation to individual children.

CSE must be tackled effectively to prevent further problems in later life. Many adults involved in prostitution report difficult childhood histories that include domestic violence, familial child abuse, neglect, emotional abuse, time spent in care, disrupted schooling and low educational attainment. Many were also coerced into sexual exploitation as children or young teenagers.

Children and young people should be provided with preventative education at the earliest opportunity providing them with critical thinking skills and knowledge in relation to safe and healthy relationships. This will help them to avoid situations that put them at risk of sexual exploitation and know who to turn to if they need advice and support.

#### **Children and Young People:**

It is paramount that the child/young person is kept at the heart of practice and their voice is heard throughout and that this can be evidenced for the duration of their experience.

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

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

### **Parental support:**

Child sexual exploitation affects the whole family. Parents have often reported feelings of anger, guilt, shame, embarrassment, confusion and profound isolation. As part of the grooming process the perpetrator will deliberately seek to sever family relationships and instil a sense of distrust by the child towards their family. The child might act violently or out of control, leading to possible problems at schools or with the police. Relationships or marriages can come under strain and parents' own mental health can be seriously challenged. Young and Safe will work closely with parents to ensure holistic support is offered to the whole family

### **Parents are key to safeguarding children**

- Parents are the primary safe guarder of a child, with 75% of exploited children living at home. Parents are providing the 24/7 support when others are no longer there.
- Parents and family carers are best placed to understand their child, to identify changes in behaviour and to intervene early when risks are identified.
- Parents can explore their own feelings in a safe and non-judgemental environment.
- Parents who are informed about CSE and grooming can begin to see why their child has become a changed person since the abuse started.
- Parents can speak to their child(ren) about the dangers of CSE.
- Informed and engaged parents, working with Parents Against Child Exploitation (PACE) as a bridge, can establish good working relationships with police, social care, health and education professionals.

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

### **Children's Social Care**

Children's Social Care has the lead responsibility for responding to children and young people at risk of sexual exploitation and should act in accordance with their responsibilities under the Children Act 1989.

Following a referral, all Local Authorities have a duty, under [Section 17] of the Children Act 1989, to ensure that the needs of all children and young people who are involved in, or are at risk of, being sexually exploited are assessed and that appropriate multi-agency engagement and appropriate interventions are undertaken.

The assessment of all new referrals to the Referral and Assessment Service should include the use of the Risk Assessment and Management Tool (in Appendix 1 of the CSE Practice, Guidance and Procedure 2014 document )where it is thought that CSE is an issue. Likewise, practitioners should ensure that for ongoing / open cases in Children's Social Care, the guidance is used appropriately and that children and young people's needs are met, employing a multi-agency approach.

This process is only applicable where there are no other child protection issues and parents / carers have no part in the sexual exploitation of the child or young person. Should the assessment identify concerns in relation to the parents/carers, then normal safeguarding procedures should be followed.

Where a child or young person is already in local authority care, concerns may be raised by another professional or by the child's social worker. The risk of harm to the child or young person needs to be re-assessed in light of the information relating to CSE and any existing plans amended accordingly.

### **Police**

The priorities for the police are the safeguarding of children and young people and the investigation and prosecution of offenders who have been involved in abusing children and young people through sexual exploitation. Through working with other agencies in securing the safety of victims, the police will seek to secure evidence against those suspected of exploiting children and young people. The police will work together with other agencies to support the child or young person throughout any prosecution.

The police will focus their enquiries on investigating and prosecuting those who sexually abuse a child or young person and will pursue prosecution of the most serious charges that evidence will support. The police, who support the child or young person through any prosecution, will take any measures that are necessary to ensure that the child or young person is safeguarded through the criminal justice

system, giving particular consideration to the use of 'special measures' during the court process (see Chapter 5 of CSE Practice, Guidance and Procedure document 2014).

Enquiries should consider information about the alleged abuser/s own family and whether they should be referred to Children's Social Care as a cause for concern and whether further enquiries should be made. Where there are concerns that the child/young person's family have had a role to play in the abuse or have not taken appropriate action to protect the child or young person, consideration will be given to investigating this as neglect.

Where an officer has a concern of CSE (or any other vulnerability), a referral should be made to the Police Protecting Vulnerable People (PVP) made by using the form 125. Consideration should be given to providing immediate protection where it becomes apparent that action needs to be taken to safeguard a child or young person's welfare. This may involve the use of Police Protection Orders (Children Act 1989 Section 46) and joint working with Children's Social Care.

### **National Probation Service (NPS)**

On 1<sup>st</sup> June 2014 the National Probation Service (NPS) was established across England and Wales, a public sector organisation as part of the National Offender Management Service responsible for the delivery of public protection. The NPS is responsible for;

- Multi-Agency Public Protection Arrangements (MAPPA) in conjunction with the Police
- The management of offenders assessed to present a high risk of serious harm
- The management of Life and Indeterminate sentenced Prisoners
- Approved Premises
- The delivery of Sex Offender Treatment Programme
- Court Services

Although the NPS and previously Humberside Probation Trust in North East Lincolnshire does not work directly with young people, one of the key roles is the sharing of intelligence to the Police and Children & Young People's Services. This is central to identifying children at risk of sexual exploitation and taking early and pro-active action to address any such risk.

The NPS primarily contributes to addressing CSE through the MAPPA framework. MAPPA provides a co-ordinated, multi-agency approach to the management of offenders convicted of specified violent and sexual offences who are made the subject of community based and prison sentences. All offenders are risk assessed and managed in conjunction with partnership agencies to ensure a comprehensive and enhanced strategic and operational delivery of public protection in the community. The Sex Offender Treatment programme is delivered as a statutory requirement to relevant offenders directly targeting the reduction in their assessed risk of causing serious harm and their risk of re-offending.

The NPS is a statutory member of the Local Safeguarding Children's Board with identified local operational management leads for safeguarding. The NPS is also responsible for the provision of a Probation Officer to the Youth Offending Service to ensure the appropriate transition between children's and adult services is delivered in line with the needs of the individual and their risk management plan.

During 2013 / 14 all staff previously employed by Humberside Probation Trust were required to undertake mandatory online basic CSE awareness training. This was completed for all operational and non-operational staff.

### **Support to Looked after children**

Evidence submitted to the All Party Parliamentary Group for Runaway and missing children and adults and the All Party Parliamentary Group for looked after children and care leavers in June 2012, highlighted the increased vulnerability of Looked after children. They are more likely to have previously suffered abuse and to have a damaged sense of relationships. Some such young people are more likely to be susceptible to emotional manipulation. In some areas it is evident that perpetrators have targeted children's homes. Residential workers and foster carers have already attended the training sessions held. The social workers and case workers supporting the children and young people are also trained. This training must be used to keep staff working with looked after children alert to the indicators that a child or young person is at risk of CSE and actions must be taken at all times to keep the child safe. Much has taken place locally to ensure appropriate placements and to identify the risk and whereabouts of missing children and young people.

### **Looked after children (health related):**

Looked after children, particularly those who go missing are described as a vulnerable group of children who are being failed by Local Authorities (OFSTED 2014). One study by the University of Bedfordshire, reported 22 per cent of all young people using child sexual exploitation service on one day in 2011 were in care (DOH 2014).

At a Strategic and operational level, Local Authorities and Clinical Commissioning Groups are responsible for the health of looked after children. This includes those children and young people who have become looked after and experience sexual exploitation whilst in care or in care as a result of sexual exploitation, whether they are placed in the local area or live outside of the authority that looks after them. When Local Authorities and Clinical Commissioning Groups place a looked after child out of the local area, the originating CCG remains the responsible CCG for commissioning and securing secondary healthcare services. Providing continuity of current health needs/services ensures children are not disadvantaged by their looked after status particularly when moving area. The health of looked after children who experience sexual exploitation, will be monitored as part of the review of a child's care plan.

## Young People's Support Services (YPSS)

Young and Safe is part of YPSS and encompasses 'vulnerability' and crime reduction through targeted street based youth work linked to the Youth Offending Service. This team offers individual and tailored support to young people identified at risk of domestic abuse, CSE, harmful sexualised behaviour (HSB), sexual health teen parents, teen pregnancy and universal educational packages delivered through the schools PSHE curriculum. Young and Safe have developed an allocations process which enables the effective coordination and allocation of referrals. These meetings identify young people in need of support and services inclusive of targeted preventative services (universal plus) and allocate to the most appropriate member of the team.

The Prevention and Early Intervention offer includes the following:

- Street based Youth Work offer which includes early identification of hotspot areas and those deemed to be at risk of CSE.
- Educational Packages delivered under the MASH (Multi Agency Sexual Health) umbrella. These packages are delivered in both educational and community settings.
- One to One tailored support for young people which involve regular planning and reviews with said young person.
- Group work delivered in locality settings in conjunction with academies.
- CAF is the identified pathway to support and services for those deemed at risk of CSE, ensuring that this is a multi-agency approach.
- Development and delivery of approved LSCB Level 2 CSE Safeguarding Training which is audited via North East Lincolnshire Council Workforce Development.
- Child Exploitation Online Protection(CEOP) Training delivered to both professionals and young people.
- Information and intelligence gathering which is supplied to Humberside Police Service to support with new and on-going investigations.
- Operation Priam is a partnership Police Patrol involving a team of dedicated CSE Police Officers and Youth Workers operating on a weekly basis between 17:00 – 23:00 hours. This Patrol is focused upon early identification and prevention of CSE and is task focused receiving direction from both the CSE Operational and Risk Management Group.
- Awareness Raising Briefings are delivered by Young and Safe, this includes a host of agencies including elected members.
- Dedicated Young Persons Independent Sexual Violence Adviser (ISVA) is based within the Young and Safe Team.
- Youth and community services have a key role to play in offering educating children and young people to stay safe and preventing the risk of CSE through awareness-raising, resilience building and keeping safe work

## Health

Health services are provided in NE Lincolnshire by a range of service providers. NE Lincolnshire Council provide community based primary care for children and young people through its Health Visiting and School nursing services. These services have the potential to influence the child's mental and emotional health from before birth by working closely with midwifery services and then with children's centres, nurseries and schools. The Department of Health Working Group (2014) recognised the role of school nursing in identifying early young people who may be at risk of CSE, and local school nurses have all undertaken the LSCB CSE training. Health Visitors work closely with mothers from 36 weeks gestation to identify early those babies likely to have poorer outcomes because of risk factors affecting physical and mental health and well-being, social factors or family and environmental factors like housing. Health Visitors can identify these issues early and plan support for the family and child, with the intentions of strengthening family outcomes and improving attachment for the baby and growing child. They are also well placed to influence babies development physically, socially and emotionally. This will better equip children to grow with stronger esteem and confidence and resilience.

Northern Lincolnshire and Goole Foundation NHS Trust (NLG) provide acute health services across all of NE Lincolnshire including maternity services, A&E, children's therapy services (speech and language, physiotherapy and OT) and Paediatrics, including acute community nursing services. In addition, NLG provide health services for Looked After Children (LAC) and work with a range of professionals and foster carers to support health needs of LAC. These services are at the frontline of delivery and likely to see children presented with immediate and acute health needs or the effects of chronic conditions.

Lincolnshire Partnership Foundation Trust (LPFT) are commissioned to provide Specialist CAMHS within NE Lincolnshire and provide a range of mental health pathways for children with a range of mental health and emotional difficulties, including dedicated services for LAC and YOS. Since August 2013 LPFT have provided a Tier 3+ team, who manage mental health crisis care of children and young people in the community 24/7, providing intensive home treatment for those children and young people who are categorised as in need of Emergency or Urgent care. These children and young people would previously have reached crisis point and gone to A&E, often followed by referral to Tier 4 hospital admission for mental health care, however local data shows that there has been a significant reduction in the number of children and young people under 18 years, referred for hospital admission for mental illness.

Sexual health services are provided by Virgin Healthcare who provide specific services to children and young people and also to adults. They work within communities, schools and also primary care settings and work closely with School Nurses where longer-term sexual health care of young people is required.

Healthcare professionals are likely to be among those who are alerted to some of the warning signs of sexual exploitation such as repeated sexually transmitted infections, physical injuries, changes in appearance and self harm.

Sexually exploited children have a range of vulnerabilities with many physical and mental health implications. Some vulnerabilities contribute to the exploitation, whilst others arise from it. The impact on the health and wellbeing of young people sexually exploited can have severe

consequences on their physical and mental health including poor emotional health (post-traumatic stress disorder, depression, anxiety), self-harm, drug and alcohol misuse, exposure to bullying and violence, a negative impact on sexual health (infections, pelvic inflammatory disease, pregnancy, terminations which require attendance at maternity and gynaecology services) and sustaining injuries that require them to visit accident and emergency departments and/or Paediatric services (including failing to attend such appointments).

All health professionals will need to ensure they contribute proactively to commissioning and providing a health service to improve the health and well-being of children who have been sexually exploited through care and referral pathways for health treatment and recovery. NE Lincolnshire Council works closely with the Care Commissioning Group (CCG) to plan for and commission health services for children and young people. This is through a range of groups and forums including the Children's Partnership Board and a triangulation meeting for women and children which includes membership of a GP, lay community member, public health, and children's and women's commissioners.

Appendix B sets out an action plan specifically for health.

## **Education**

Staff in schools, academies, further education colleges and other education establishments are uniquely placed to recognise and refer children and young people who are identified as at risk of CSE. They are also in a position to support children and young people to reduce their vulnerability to, and risk of, sexual exploitation and to support children and young people who may find themselves as victims.

Staff in all education establishments should be alert and competent to identify and act upon concerns that a child or young person is vulnerable to, at risk of, or experiencing abuse through CSE. They should be familiar with the sexual exploitation Risk Assessment and Management Tool (Appendix 1 of the CSE Practice, Guidance and Procedure document 2014) and appropriate associated actions in relation to each level of risk.

The Personal Social Health Education (PSHE) curriculum provides clear opportunities for schools, academies, further education colleges and other education establishments to teach about all aspects of relationships. Specifically, children and young people as learners should be given opportunities to understand the features of safe and potentially abusive relationships and the risks involved in sexual activity, including potential sexual exploitation. By exploring the features of safe and healthy relationships, schools, academies, further education colleges and other education establishments can help children and young people to develop the skills to negotiate behaviour in personal relationships, identify potential risks, stay safe and seek help if needed. PSHE provides a sound platform through which to deliver basic safeguarding information, to explore ideas around 'healthy' sexual relationships. This also needs to include opportunities for children and young people to understand the risks involved in staying out late and going missing from their education establishment, home or care.

Staff should be aware of the importance of reporting any concerns related to children and young people who go missing during the school or college day given the correlation between children who go missing and CSE.

## **Voluntary Agencies**

Because of their often chaotic circumstances and past family experiences, many children and young people are reluctant to engage with statutory services and might often find voluntary agencies more approachable sources of help. By working in partnership with statutory bodies, voluntary agencies are able to offer services which help children and young people understand the grooming process and raise awareness of risks and the implications of risk taking behaviour.

There is a wide range of specialist and other voluntary and community agencies and groups who might be well placed to identify children and young people who are at risk of, or are experiencing abuse, through CSE. Voluntary and community sector agencies often have a close relationship with their local communities and can develop trusting relationships and maintain a link to the children or young person if they become 'lost' to statutory services. Outreach agencies are often the first point of contact for children and young people in risk situations and specialist voluntary agencies often have the opportunity to provide vital risk reduction support.

Staff should be alert and competent to identify and act upon concerns that a child or young person is vulnerable to, at risk of, or experiencing abuse through sexual exploitation.

It is essential that voluntary and community groups and agencies operate as multi-agency network partners in order to provide children and young people with access to the widest possible range of intervention and support services.

### **References:**

Department of Health (2014) Health Working Group Report on Child Sexual Exploitation. January 2014. An independent group chaired by the Department of Health focusing on: improving the outcomes for children by promoting effective engagement of health services and staff.

OFSTED (2014) The sexual exploitation of children: it couldn't happen here, could it? Thematic inspection.

Dr P Kirtley (2013) NWG Network Tackling Child Sexual Exploitation. Report of a Grass Roots Survey of Health Professionals with Regards to their experiences in dealing with child sexual exploitation.

Working Together to Safeguard Children (March 2013)

## Appendix A

### CSE Action Plan

Action	How will we do this?	Lead Agency	Timescale	RAG Rating
<p><b><u>To raise awareness of CSE in all formal and informal settings</u></b></p> <ul style="list-style-type: none"> <li>Continuation of level 2 accredited LSCB training programme delivered to professionals across the borough from all sectors.</li> <li>Develop and deliver yearly briefing / awareness sessions and full workshops to all partners across the borough from all sectors</li> <li>Marketing and Communications plan developed to assist in awareness raising in areas such as educational establishments – leisure and retail – licensing</li> </ul>	<ul style="list-style-type: none"> <li>Propose future dates to learning and development team for fiscal year 2015/2016</li> </ul>	CASS Young & Safe Police Partnership Comms Team	April 2015	<b>Amber</b>
	<ul style="list-style-type: none"> <li>To offer bespoke training / awareness sessions to all partnership agencies including Health and GP practises</li> </ul>	CASS Young & Safe Police Partnership Comms Team	On Going	<b>Amber</b>
	<ul style="list-style-type: none"> <li>Utilise NWG See Something Say Something campaign to highlight the issue of CSE to local business, bed and breakfast establishments and community groups.</li> </ul>	Operational Group membership	April 2015	<b>Amber</b>
	<ul style="list-style-type: none"> <li>Utilise the Crime Stoppers</li> </ul>	Crime	November 14	<b>GREEN</b>

Action	How will we do this?	Lead Agency	Timescale	RAG Rating
<ul style="list-style-type: none"> <li>Raise awareness of CSE across the community</li> <li>All agencies to ensure staff working with or in contact with children understand the signs of precursor types of behaviour and develop intervention strategies to prevent escalation. This will include those displaying precursor behaviour in relation to victimisation and offending as well as understanding how the offender operates</li> </ul>	<p>campaign with media attention, leaflets</p> <ul style="list-style-type: none"> <li>Develop information leaflets</li> <li>Ensure all internal procedures in all agencies reflect CSE signs symptoms and procedure for reporting and assessing</li> </ul>	<p>Stoppers</p> <p>Operational Group Curriculum for Life Police CASS Integrated Family Services</p>	<p>April 2015</p>	<p>AMBER</p>
<p><b><u>Raising awareness of on line safety within formal and informal educational settings</u></b></p> <ul style="list-style-type: none"> <li>Develop Child Exploitation On Line Protection (CEOP)</li> </ul>	<ul style="list-style-type: none"> <li>A structured approach to implement Child Exploitation On Line Protection ( CEOP) training in the local educational arena to reach all young people with age appropriate resources and information.</li> <li>Develop Train the Trainer programme by increasing</li> </ul>	<p>Young and safe. Police. Integrated Family Services. Curriculum for Life</p> <p>Young and Safe</p>	<p>April 2015</p> <p>September 2015</p>	<p>AMBER</p> <p>AMBER</p>

Action	How will we do this?	Lead Agency	Timescale	RAG Rating
<ul style="list-style-type: none"> <li>• Develop bespoke awareness sessions on staying safe, stranger danger and relationships (Friend or Foe)</li>   <li>• Continue to develop Sexual Relationship Education (SRE) within current PSHE process within schools and colleges</li>   <li>• To develop awareness for young people and single point of contact for information</li> </ul>	<p>current CEOP Ambassadors within Young and Safe and partnerships and PCSO youth advocate scheme</p> <ul style="list-style-type: none"> <li>• Working closely with schools and academies in the local area to offer tailored support to young people in relation to staying safe and being healthy in conjunction with curriculum for life</li>   <li>• Continual development of current NELC Multi Agency Sexual Health (MASH) process within Young and Safe</li>   <li>• Develop Young and Safe web site for young people to access how and where to report concerns, how to gain support and to develop publicity through young people's voice and influence</li> </ul>	<p>Police Integrated Family Services Curriculum for Life</p> <p>Young and Safe Police Integrated Family Services Curriculum for Life</p> <p>Young and Safe Operational Group</p> <p>Operational Group Young and Safe Curriculum for Life Lincs Inspire Freshney Place</p>	<p>September 2015</p> <p>September 2015</p> <p>April 2015</p>	<p><b>AMBER</b></p> <p><b>AMBER</b></p> <p><b>AMBER</b></p>

Action	How will we do this?	Lead Agency	Timescale	RAG Rating
<p><b><u>To develop a clear process in supporting all young people and allowing their individual experiences to develop local practise and guidance, by:-</u></b></p> <ul style="list-style-type: none"> <li>• Articulating their own personal experiences</li>   <li>• That local strategies and plans are informed by young people's opinions and experiences.</li>   <li>• Consult with young people on CSE issues to inform service delivery and development including consultation with local communities</li> </ul>	<ul style="list-style-type: none"> <li>• To continue to develop the ME and the Assessment Planning Implementation and Review (APIR) Framework assessment process at the beginning of intervention work with the young person, develop VIEWPOINT to seek the views of the young person throughout the journey. Use this to inform future practice.</li>   <li>• This reported and shared via performance mechanism to LSCB Operational and Leadership Boards</li>   <li>• To revisit young people who have been through the safeguarding process, and to obtain their point of view on how they felt about their journey. To identify areas of improvement through the eyes of a child to meet future</li> </ul>	<p>Young and safe CASS Police</p> <p>Operational group</p> <p>CASS Young and Safe Police It's My Right</p>	<p>April 2015</p> <p>April 2015</p> <p>April 2015</p>	<p><b>AMBER</b></p> <p><b>AMBER</b></p> <p><b>AMBER</b></p>

Action	How will we do this?	Lead Agency	Timescale	RAG Rating
<ul style="list-style-type: none"> <li>Engage with children and young people to gain a better understanding of the practice of CSE and develop activities which will dissuade children and young people becoming involved in CSE and identify those at risk of CSE.</li> </ul>	<p>safeguarding needs</p> <ul style="list-style-type: none"> <li>Look at the individual needs, aims ambitions and aspirations of the child, and engage them in activities to keep them occupied and focused to encourage self-development</li> </ul>	<p>CASS Young and Safe Integrated Family Services Police It's my Right</p>	<p>April 2015</p>	<p>AMBER</p>
<p><b><u>Parents and CSE</u></b></p> <ul style="list-style-type: none"> <li>Adopt a whole family approach to support parents when working with children and young people identified as at risk of CSE</li> <li>To work closely with Integrated Family Services to challenge those families who will not engage in the safeguarding of children at risk of CSE</li> </ul>	<ul style="list-style-type: none"> <li>Seek to secure funding for a dedicated parental support worker. Utilise existing services and sign post parents to Parents Against Child Exploitation (PACE) for online and telephone support</li> <li>Develop systems to identify parents who are not effectively safeguarding children</li> <li>Ensure all methods of engagement and enforcement are utilised</li> </ul>	<p>Young and Safe CASS Integrated Family Services</p> <p>CASS Integrated Family Services</p>	<p>April 2015</p> <p>September 2015</p>	<p>AMBER</p> <p>AMBER</p>

Action	How will we do this?	Lead Agency	Timescale	RAG Rating
<p><b><u>To ensure all partner agencies identify and address vulnerability through proper risk management</u></b></p> <ul style="list-style-type: none"> <li>Ensure all schools and academies are utilising CAF as a single gateway for support in relation to CSE</li> <li>Ensure all sexual health services include a recognised risk assessment tool for CSE, Such as the 'Spotting the signs' <a href="http://www.brook.org.uk/about-brook/single/spotting-the-signs-a-national-proforma">http://www.brook.org.uk/about-brook/single/spotting-the-signs-a-national-proforma</a></li> </ul>	<ul style="list-style-type: none"> <li>CAF coordinators to work closely with schools and academies to support the referral process for CSE and to effectively use the CAF process to support vulnerable young people</li> <li>There are a range of providers covering sexual health that children and young people might access- these include the integrated sexual health services (Virgin Care), GP practices, Pharmacists, school nurses, abortion services (NLaG/BPAS- British Pregnancy Advisory Services) and SARC (sexual assault referral centre)</li> <li>The commissioners of sexual health services will seek assurance that their providers have a suitable tool and process in place.</li> </ul>	<p>Integrated Family Services</p> <p>NELC - Integrated sexual health services. CCG - Abortion services SARC- for under 16 yrs. and over 16yrs- NHS England</p>	<p>April 2015</p> <p>December 2014</p>	<p>AMBER</p> <p>AMBER</p>

Action	How will we do this?	Lead Agency	Timescale	RAG Rating
<ul style="list-style-type: none"> <li>• That representatives from sexual health services are part of the CSE risk assessment / operational groups for information sharing on identified children and young people at risk</li> <li>• Quality assure effectiveness of risk management safety planning and harm minimisation for victims</li> <li>• To develop current information sharing around risk of young people identified as Missing from care or home</li> <li>• Develop Information Sharing Protocol specific for CSE</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioners to seek assurance from providers</li> </ul>	Chair of groups to seek representation	November 2014	<b>GREEN</b>
	<ul style="list-style-type: none"> <li>• Set Terms of Reference for risk management and allocations meetings to promote good practise and quality assure this on a monthly basis</li> </ul>	Police CASS Young and Safe	April 2015	<b>AMBER</b>
	<ul style="list-style-type: none"> <li>• To develop synergy between CSE and Missing from Care and Home Groups re sharing information of individual young people at risk of both indicators</li> <li>• Develop missing episode return de briefs</li> </ul>	Young and Safe CASS LAC Police	April 2015	<b>AMBER</b>
	<ul style="list-style-type: none"> <li>• Liaise with LSCB to ascertain if individual Information Sharing Agreement is needed for CSE risk meetings or does this come under LSCB overarching agreements</li> </ul>	Assistant Director PEI Head of YPSS	January 2015	<b>AMBER</b>

Action	How will we do this?	Lead Agency	Timescale	RAG Rating
<ul style="list-style-type: none"> <li>Raise awareness with all staff currently working in Foundations (drug and alcohol service)</li> <li>Ensure Foundations staff are equipped to recognise risk in relation to CSE.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure staff within Foundations have received the appropriate level 2 training in CSE.</li> <li>Foundations to cross reference RDaSH system against the Brook pro forma to ensure it meets best practice in relation to recognising risk. <a href="http://www.brook.org.uk/about-brook/single/spotting-the-signs-a-national-proforma">http://www.brook.org.uk/about-brook/single/spotting-the-signs-a-national-proforma</a></li> </ul>	<p>Foundations</p> <p>Foundations</p>	<p>January 2015</p> <p>January 2015</p>	<p>AMBER</p> <p>AMBER</p>
<p><b><u>Governance and performance</u></b></p> <ul style="list-style-type: none"> <li>CSE Operational group to drive forward the action plan with direct report to the LSCB Operational Board.</li> </ul>	<ul style="list-style-type: none"> <li>Monthly meetings feeding into an overarching Keeping Children Safe strategic group encompassing Harmful Sexualised Behaviour, Missing from home and care, Domestic Violence, which in turn reports to the monthly LSCB Operational Board. Performance reported on a quarterly basis.</li> </ul>	<p>Head of YPSS</p>	<p>November 2014</p>	<p>GREEN</p>

Action	How will we do this?	Lead Agency	Timescale	RAG Rating
<ul style="list-style-type: none"> <li>Annual report to be compiled</li> </ul>	<ul style="list-style-type: none"> <li>To be completed alongside fiscal year</li> <li>Based on our current CSE overview report we will look at developments throughout the year and agree and refresh the action plan accordingly</li> </ul>	Young and Safe CASS Police	May 2015	<b>AMBER</b>
<ul style="list-style-type: none"> <li>CSE performance reporting to be developed alongside LSCB guidelines</li> </ul>	<ul style="list-style-type: none"> <li>CSE performance to be completed quarterly and disseminated to LSCB Operational board</li> </ul>	Young and Safe CASS Police Health	Ongoing	<b>GREEN</b>
<ul style="list-style-type: none"> <li>Continually review and audit performance.</li> </ul>	<ul style="list-style-type: none"> <li>To carry out monthly peer reviews of case files.</li> <li>To review effectiveness of policy, guidance, risk.</li> </ul>	CASS Police Young and Safe LSCB	Ongoing	<b>AMBER</b>
<ul style="list-style-type: none"> <li>To develop local response to sending young people out of area for therapeutic and clinical support</li> </ul>	<ul style="list-style-type: none"> <li>Investigate and develop local support for young people as victims of CSE to reduce costs and give young people local options</li> </ul>	CASS Police Young and Safe LAC	September 2015	<b>AMBER</b>

### **Child Sexual Exploitation – Health action plan.**

*Taken from The profile Health Working Group Report on Child Sexual Exploitation - An independent group chaired by the Department of Health focusing on: Improving the outcomes for children by promoting effective engagement of health services and staff. (Executive Summary (January 2014)).*

Child sexual exploitation is a form of child sexual abuse. As with all types of abuse, it can have a devastating impact on the child or young person who is being exploited. It can disrupt their social lives and education, and cause long-term mental health problems including self-harm, attempts at suicide, depression, post-traumatic stress disorder or disturbed behaviour, or a combination of these, and relationship behaviours which can affect achieving a fulfilling life

It is often a hidden problem, not easily spotted by health professionals, families and carers, or reported readily by victims, some of whom may not see it for what it is: children being exploited. The English Children's Commissioner estimated 16,500 to be at risk in the year to March 2011 and identified 2409 victims; where gender was known, 7 in 10 were girls and 1 in 10 were boys. The age range of those affected appears to be going down too, with evidence of some 10 year olds being involved and an incident with a 4 year old. Some of the children and young people also have other vulnerabilities, including a history of familial child abuse, but children from any background irrespective of class or ethnicity may be affected. Young people themselves may be involved in recruiting their friends and also act as perpetrators too.

The Report of the Health Working Group on Child Sexual Exploitation (DH 2014) examines in detail what more can be done by health services and should be read with this action plan. Sexually exploited children and young people are likely to come into contact with health services for a variety of reasons, so there is much that the health services can do to help identify, engage and support them back into normal, healthier lives. The action plan below details the recommendations from the DH (2014) Working Group Report and is specific to health services but is integral to the Child Sexual Exploitation Strategy for NE Lincolnshire.

<b><u>Recommendations (DH 2014)</u></b>	<b>How will we do this in NEL?</b>	<b>Lead Agency</b>	<b>Timescale</b>	<b>RAG Rating</b>
<u>Responding well – Understanding and evidence</u> 1. The Department of Health is currently commissioning work on where the gaps are in the existing evidence base on child sexual exploitation, what the priorities to address them should be and how best to address them (potentially through system wide actions and focused work, such as research with a clear understanding of who leads on each strand.	CCG & LSCB should ensure that they are vigilant for this evidence base as it grows and are able to respond to it through the LSCB Health Sub-Group and the Children’s Partnership Board.  LSCB Health Sub-Group should have standing agenda item of new national guidance/CSE related documents.	LSCB Health Sub-Group  LSCB Health Sub-Group		N/A  amber
2. The Department of Health has requested NICE guidance on how to identify and treat children who have been sexually abused and sexually exploited.	All health and social care agencies should audit its activity against NICE guidance and ensure we are delivering best practice. The LSCB Health Sub-Group should receive reports of audit activity.	LSCB Health Sub-Group		amber
<u>Responding well – Identification and assessment</u> 3. The CCG and all NEL health partners should ensure that: <ul style="list-style-type: none"> <li>designated doctors and nurses for safeguarding are able to support the work on child sexual exploitation in NEL;</li> <li>the NEL multi-agency group discussing cases of concern are fully represented from all the relevant NHS agencies including professionals from primary and secondary, physical and mental health care.</li> </ul>	the LSCB Health Sub-Group should agree how all relevant health speciality areas are represented at CSE strategy level and operational level.  the LSCB Health Sub-Group should receive updates from group representatives to ensure that all are kept informed of progress and activity at strategy and operational levels.	LSCB Health Sub-Group  LSCB Health Sub-Group		Amber  Amber

<b><u>Recommendations (DH 2014)</u></b>	<b>How will we do this in NEL?</b>	<b>Lead Agency</b>	<b>Timescale</b>	<b>RAG Rating</b>
<p><u>Responding well – Intervention and interruption</u></p> <p>4. All child safeguarding education and training should contain a comprehensive section on sexual exploitation, recognising that it has profound health consequences, so that health professionals are supported to respond appropriately to victims. Bodies responsible for this include:</p> <ul style="list-style-type: none"> <li>• bodies at national level ie Royal Colleges, GMC, NMC, HEE,</li> <li>• the CCG with the designated health professionals; NLG as a provider Trust and their named health professionals, NELC Named professionals.</li> </ul>	<p>the LSCB Health Sub-Group should discuss a plan to integrate this into training delivered by the Health Safeguarding teams. Safeguarding children training should include a comprehensive section on sexual exploitation so that health professionals are supported to respond appropriately to victims.</p> <p>A discussion should also be taken to the LSCB Training sub-group.</p>	<p>LSCB Health Sub-Group/ Safeguarding health team trainers.</p> <p>Safeguarding health team trainers/ LSCB Training sub-group</p>		<p>Amber</p> <p>Red</p>
<p>5. NEL should ensure that the LSCB training group is aware of and makes recommendations for access to the Department of Health e-learning material (2014) which is available for all staff to have basic child sexual exploitation training to enable them to do the following:</p> <ul style="list-style-type: none"> <li>• take preventative action, identify, understand and make safe exploited children; engage with multi-agency partners appropriately and provide recovery services as needed.</li> </ul>	<p>the LSCB Health Sub-Group should review this e-learning resource and then discuss with the LSCB Training sub-group as appropriate.</p> <p>This work also includes action 10 below.</p>	<p>Safeguarding health team trainers/ LSCB Training sub-group</p>		<p>Red</p>

<b><u>Recommendations (DH 2014)</u></b>	<b>How will we do this in NEL?</b>	<b>Lead Agency</b>	<b>Timescale</b>	<b>RAG Rating</b>
6. Local health commissioners would wish to promote a joined-up response with partner agencies through care and referral pathways for health treatment and recovery services for children who have been sexually exploited, and where appropriate, engage non-statutory agencies in delivering or co-delivering these services.	The CCG Triangulation Group, and LSCB Health Sub-Group should develop care and referral pathways, with partners, that includes health treatment and recovery services for children who have been sexually exploited. This work also includes action 10 below.	The CCG Triangulation Group, and LSCB Health Sub-Group		Amber
<u>Responding well – strategic cooperation</u> 7. The NEL Health & Well-Being Strategy should reflect CSE and have clear plans. This should be supported by a JSNA that is informed by evidence from a range of local sources, including the local safeguarding children board and the community safety partnership.	The children and young people work-stream of the Health & Well-being action plan should clarify the work regarding CSE.  The JSNA should be developed to include a specific data set that reflects a picture of CSE in NEL. the LSCB Health Sub-Group should define the data-set.	NELC – JH  LSCB Health Sub-Group		Amber  Amber
<u>Leadership and the New Health and Care System</u> 8. Health bodies should promote the role of school nurses in recognising, addressing and coordinating the response to child sexual exploitation	NEL commissioners should make clear what the role of school nurse is in recognising, addressing and coordinating the response to child sexual exploitation.	NELC – JH		Amber
9. Public Health England should seek to tackle child sexual exploitation through Directors of Public Health and their central role in the local health and care system.	NEL should clarify the Director of Public Health’s central role in the local health and care system and specifically their role in tackling child sexual exploitation.	NELC - Steve Pintus DPH		Red

<b><u>Recommendations (DH 2014)</u></b>	<b>How will we do this in NEL?</b>	<b>Lead Agency</b>	<b>Timescale</b>	<b>RAG Rating</b>
<p>10. NEL should clarify amongst health professionals and its partners , the specific role that health make to the CSE pathway. This is likely to be a focus for The Care Quality Commission (CQC) and Ofsted inspections who will scrutinise the health contribution to the local response to child sexual abuse and exploitation.</p>	<p>It is important that health staff can use a local child abuse and sexual exploitation care pathway which provides clear decision making points, easy and timely access to the services needed for acute and recovery support. A good care pathway will link to the local Sexual Assault Referral Centre (SARC).</p>	<p>LSCB Health Sub-Group</p>		<p>Amber</p>
<p><u>Information Sharing</u> 11. CSE training of all health staff and partners should clarify Information Sharing. NHS organisations and staff should manage information in a way that is open and transparent to safeguard children who may be sexually exploited or at risk of exploitation. Staff should be clear that safeguarding considerations override the usual requirements for confidentiality and be confident to act accordingly, following the advice of the safeguarding professional. The child should be informed as appropriate and their consent to share information sought wherever possible.</p>	<p>LSCB Health Sub-Group should clarify the arrangements that should be in place across health professionals working in NEL. LSCB Health Sub-Group should clarify and address any gaps in processes.</p> <p>Safeguarding children training should include discussion about information sharing in respect of suspected or actual CSE cases.</p>	<p>LSCB Health Sub-Group</p> <p>Safeguarding health team Trainers/LSCB Training sub-group.</p>		<p>Amber</p> <p>Amber</p>