

LONDON BOROUGH OF NEWHAM

Child Sexual Exploitation (CSE)

Practice Directive

This protocol has been written to advise on practice requirements and expectations in relation to CSE case management. It aims to provide a standardised approach to ensure consistency in the approach to CSE within the London Borough of Newham.

In formulating this protocol the LBN has been guided particularly by the following:-

- Pan-London CSE Operating Protocol
- London CP Procedures
- DfE Practice guidance
- Working together to safeguard children

1. What is CSE?

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

2. What should practitioners look out for?

2.1 Sexual health and behaviour

- A**bsent from school or repeatedly running away
- F**amilial abuse and/or problems at home
- E**mootional and physical condition
- G**angs, older age groups and involvement in crime
- U**se of technology and sexual bullying
- A**lcohol and drug misuse
- R**eceipt of unexplained gifts or money
- D**istrust of authority figures

N.B. this is not an exhaustive list. It is meant as a guide.

3. Initiating the CSE process

- 3.1.** To start the CSE process the case must first meet a statutory threshold.
- 3.2.** The allocated social worker is responsible for submitting a 87a in relation to the CSE concerns.
- 3.3.** The 87a will alert the CSE police officer to allow allocation of a dedicated safeguarding officer.
- 3.4.** Social care lead on CSE strategy meetings thus are responsible for convening, chairing and securing attendance.
- 3.5.** The strategy meeting must be multi-agency (i.e. not just limited to social care and the police).

4. Multi Agency Sexual Exploitation (MASE) panel

- 4.1.** The MASE is a strategic forum made up of senior partners and has a governance function over CSE cases.
- 4.2.** It maintains an oversight of all live CSE cases and assess the progress of the case/risk management.
- 4.3.** The MASE owns the LBN CSE problem profile and is responsible for updating the profile to inform the local response to CSE. It achieves this by mapping trends and themes and actioning disruption activity.
- 4.4.** Individual case discussion takes place only where at a strategy level barriers to progress have been identified. The senior partners will implement strategic interventions where applicable to address blockages within case progression and act as a source of advice and guidance.
- 4.5.** The MASE does not hold a caseload and does not replace strategy meetings. It is to be used in a consultative capacity.
- 4.6.** If a practitioner requires a case to be discussed at MASE a specific referral form must be completed (see Appendices section). The MASE is held on the 1st Thursday of every month and a referral must be submitted 2 weeks prior to this date.

5. Reporting requirements

- 5.1.** If a practitioner has a CSE case on their caseload; a monthly case report must be submitted every month until the child exits the CSE process. A final report is required detailing the rationale for the exit (see Appendices for a report template).
- 5.2.** Purpose of reports:
 - (i) For the MASE to retain oversight
 - (ii) To allow MASE chairs and CSE lead to ratify decision making and flag those cases with barriers to progress
 - (iii) Cases cross referenced with the police to compile an accurate list of cases live to CSE
 - (iv) To enable CSE lead to identify CSE prevalence, and map overlap with other vulnerabilities to assist the development of the problem profile.
- 5.3.** Deadline: Please submit by the 3rd Thursday of every month and send to Jane.Sharp@newham.gov.uk

6. Practice requirements re CSE Strategy meetings

- 6.1.** Meetings to be chaired by a TM or PM where TM is unavailable
- 6.2.** Meetings to take place every 8-10 weeks as a minimum
- 6.3.** LBN endorsed risk assessment tool to be used to set risk level (see Appendices)
- 6.4.** Up to date record keeping – all minutes and risk assessments to be uploaded in a timely fashion
- 6.5.** A final strategy meeting is required to formally close the CSE process which must include a detailed explanation of how the risks have been mitigated.
- 6.6.** Social workers to have an understanding of how the CSE process runs alongside live police investigation. Where a criminal offence has been identified and is being investigated the social worker is still required to complete the 87a to ensure the safeguarding officers are involved.
- 6.7.** MASE to support cases with barriers to progress (as described in section 4).
- 6.8.** All interventions must be reviewed consistently through CSE strategy meetings for impact.
- 6.9.** Single agency decision making cannot dictate risk management – the partnership must be consulted through the strategy meetings. For example if through supervision further actions are decided upon to aid the case management this must be communicated to the partnership as it may impact the work other agencies are undertaking.
- 6.10.** CSE strategy meetings can be dovetailed into other procedures e.g. core group meetings, LAC reviews etc where required. However the following requisites must be met:
 - (i) CSE partners to be invited to the meeting or appropriate section of the meeting;
 - (ii) dedicated CSE risk assessment tool used and refreshed;
 - (iii) dedicated section for CSE within minutes.
- 6.11.** Where there is no obvious health involvement with a child to ensure health attendance at strategy meetings the social worker must consult with the community nurse and acute services prior to strategy meeting. Details of the child to be shared with Agnes.Adentan@elft.nhs.uk (community nurse); and Ellie.Lloyd@bartshealth.nhs.uk (acute services). The named individuals can undertake checks on the child to identify if/how health should be involved. Consultation should also take place with the CFCS clinicians allocated to each neighbourhood.
- 6.12.** MASE to be used as an escalation procedure where there are barriers to progress
- 6.13.** If a child is placed out of borough strategy meetings are to continue even if the risk pertains to the location (albeit less frequently than the 8-10 weeks minimum; a rationale for decreased frequency to be included in last strategy meeting minutes).
- 6.14.** Where the young person does not want a parent/guardian notified of victimisation re a sexual offence an executive decision to be made by the MASE chairs if the strategy panel cannot come to a decision on how to manage the issue.
- 6.15.** See appendices for CSE strategy meeting minutes and agenda template.

Appendices

Multi Agency Sexual Exploitation (MASE) Meeting

REFERRAL/REVIEW FORM

Please Note: A safeguarding referral should be made to triage if the case is not open to CYPS

Carefirst ref:

Young person's Name	DOB/Age	Address	Ethnicity	Gender	
Legal Status	Parent(s) / carers name & contact number	School and local authority	Disability <small>If yes please detail.</small>	Sexual orientation	
Key Agencies involved	Current Police Involvement <small>If yes please provide details</small>	Concerns around going Missing	Gang Involvement <small>(Gang Matrix Reference if applicable)</small>	Peer associates/ key friends/ area	
Key locations/ frequents	Which LA has case responsibility	Alleged Perpetrator(s) Name, DOB, Address	CSE Strategy Meetings		
			CSE Strat held? <small>Yes/No</small>	Date (most recent)	Risk Level

Has the case been to MASE before	Date/s presented
YES / NO	

Background of case/summary update

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What is the immediate harm?

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Date	Significant event detail	Reference

What are the current barriers preventing the successful outcome of this case ?

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Name of Referrer	Agency	Name of Manager	Contact Details
Name of Social Worker	Contact Details	Agency/Service/Team	
Date:			

PLEASE EMAIL COMPLETED FORM TO: ChildSexualExploitation@newham.gov.uk; and
Jane.Sharp@newham.gov.uk

DRAFT

LBN CSE Cases

Case details	P no. Name: DoB/Age:. Gender: Ethnicity: Legal Status: School/College: Address: Parent/Guardian: Social worker; supervisor and service:
Date of initial CSE Strat (MAP)	
Date of last CSE Strat	
Reasons for referral (explain vulnerability indicators)	
Summary of work to date to address vulnerabilities and outcomes	
Actions outstanding with target dates for completion	
If the CSE risk has been mitigated please provide rationale for exiting the CSE process; and the date of the CSE strat where this was agreed	
CSE risk (cat) level with rationale	
Barriers to progress (if any) – if barriers have been identified has a MASE	

referral been completed?	
Offender details	Name: Aliases: DoB /age: Address: Gender: Ethnicity: School/College (if applicable):
List locations – e.g. areas where CSE may be occurring; if missing areas where the YP has been found or frequents etc	
Does the YP go missing? If yes provide summary from the last return home interview	
Any links to gang affiliation (either victim or offender). Describe links if identified.	
Any other vulnerabilities (e.g. DV, ASB, Trafficking etc)	

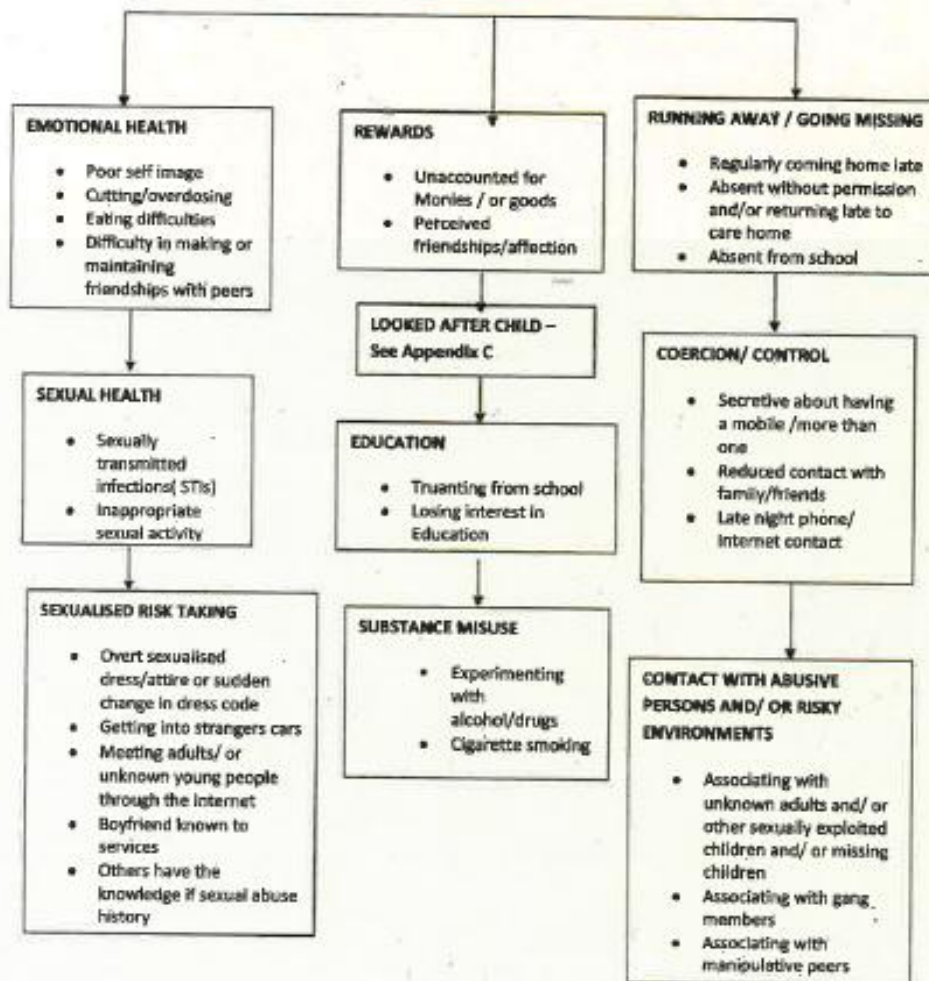
Appendix B

Police Category 1 - Framework for Safeguarding Children Abused Through Sexual Exploitation

Police Category 1

A vulnerable child or young person, where there are concerns they are being targeted and groomed and where any of the CSE warning signs have been identified. However, at this stage there is no evidence of any offences

INDICATORS



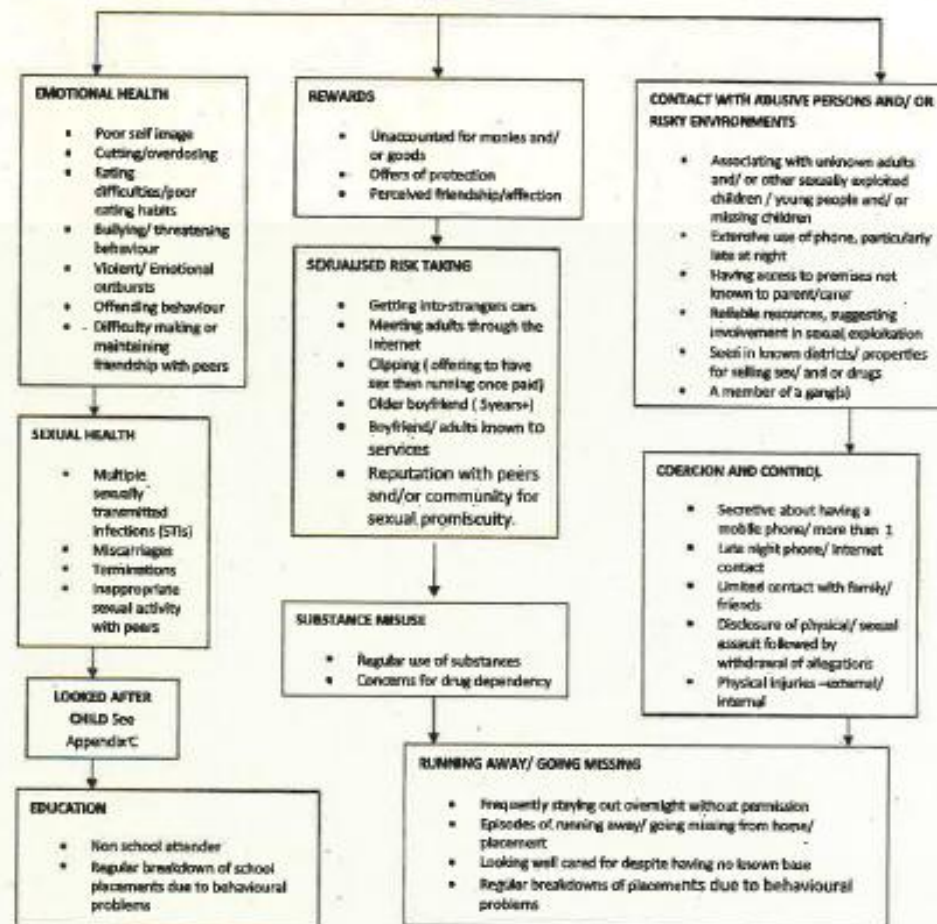
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Police Category 2 - Framework for Safeguarding Children Abused Through Sexual Exploitation

Police Category 2

Evidence a child or young person is being targeted for opportunistic abuse through the exchange of sex for drugs, perceived affection, sense of belonging, accommodation (overnight stays), money and goods etc. This will also include a child or young person being sexually exploited through the use of technology and without the child or young person receiving any reward, i.e. the exchange of indecent images on-line. The likelihood of coercion and control is significant.

INDICATORS

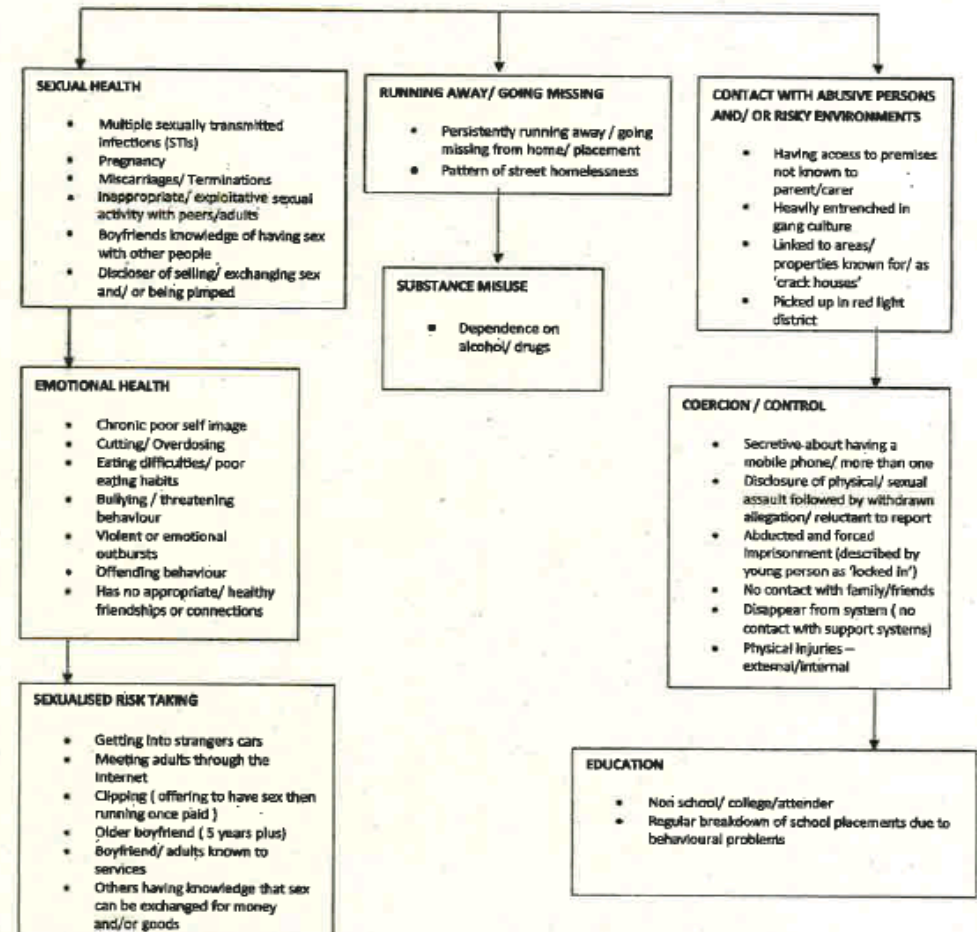


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Police Category 3 - Framework for Safeguarding Children Abused Through Sexual Exploitation

Police Category 3
A child or young person without sexual exploitation is harmed, self-harmed or where a temporary removal is required. This is often caused by multiple perpetrators.

INDICATORS



The London Child Sexual Exploitation
Operating Protocol
March 2015

London CSE Operating Protocol, March 2015, taken from Appendix B, Framework for safeguarding children abused through sexual exploitation

INDICATORS	Category 1 A vulnerable child or young person, where there are concerns they are being targeted and groomed and where any of the CSE warning signs have been identified. However, at this stage there is no evidence of any offences	Category 2 Evidence a child or young person is being targeted for opportunistic abuse through the exchange of sex for drugs, perceived affection, sense of belonging, accommodation (overnight stays), money and goods etc. This will also include a child or young person being sexually exploited through the use of technology and without the child or young person receiving any reward. IE: the exchange of indecent images on-line. The likelihood of coercion and control is significant.	Category 3 A child or young person whose sexual exploitation is habitual, self-denied and where coercion/control is implicit. This is often carried out by multiple perpetrators
EMOTIONAL HEALTH	Poor self-image Cutting/overdosing Eating difficulties Difficulty in making or maintaining friendships with peers	Difficulty making or maintaining friendship with peers Violent/ Emotional outbursts Offending behaviour Poor self image Cutting/overdosing Eating difficulties/poor eating habits Bullying/ threatening behaviour	Chronic poor self image Cutting/ Overdosing Eating difficulties/ poor eating habits Bullying / threatening behaviour Violent or emotional outbursts Offending behaviour Has no appropriate/ healthy friendships or connections
SEXUAL HEALTH	STIs Inappropriate sexual activity	Multiple sexually transmitted infections (STIs) Miscarriages Terminations Inappropriate sexual activity with peers	Multiple sexually transmitted infections (STIs) Pregnancy Miscarriages/ Terminations Inappropriate/ exploitative sexual activity with peers/adults Boyfriends knowledge of having sex with other people Disclosure of selling/ exchanging sex and/ or being pimped
SEXUALISED RISK TAKING	Overt sexualised dress/attire or sudden change in dress code Getting into strangers' cars Meeting adults/or unknown young people through the Internet Boyfriend known to services Others have the knowledge of sexual abuse history	Getting into strangers cars Meeting adults through the Internet Clipping (offering to have sex then running once paid) Older boyfriend (5years+) Boyfriend/ adults known to services Reputation with peers and/or community for sexual promiscuity.	Getting into strangers cars Meeting adults through the Internet Clipping (offering to have sex then running once paid) Older boyfriend (5 years plus) Boyfriend/ adults known to services Others having knowledge that sex can be exchanged for money and/or goods
REWARDS	Unaccounted for monies/goods Perceived friendships/affection	Unaccounted for monies and/ or goods Offers of protection Perceived friendship/affection	
EDUCATION	Truanting from school Losing interest in education	Non school attender Regular breakdown of school placements due to behavioural problems	Non school/college attender Regular breakdown of school placements due to behavioural problems
SUBSTANCE MISUSE	Experimenting with alcohol/drugs Cigarette smoking	Regular use of substances Concerns for drug dependency	Dependence on alcohol/drugs
RUNNING AWAY/GOING MISSING	Regularly coming home late Absent without permission and/or returning late to care/home Absent from school	Frequently staying out overnight without permission Episodes of running away/ going missing from home/ placement Looking well cared for despite having no known base Regular breakdowns of placements due to behavioural problems	Persistently running away/going missing from home/ placement Pattern of street homelessness
COERCION/CONTROL	Secretive about having a mobile/more than 1 Reduced contact with family/friends Late night phone/internet contact	Secretive about having a mobile phone/ more than 1 Late night phone/ internet contact Limited contact with family/ friends Disclosure of physical/ sexual assault followed by withdrawal of allegations Physical injuries –external/ internal	Secretive about having a mobile phone/ more than one Disclosure of physical/ sexual assault followed by withdrawn allegation/ reluctant to report Abducted and forced imprisonment (described by young person as "locked in") No contact with family/friends Disappear from system (no contact with support systems) Physical injuries –external/internal
CONTACT WITH ABUSIVE PERSONS AND/OR RISKY ENVIRONMENTS	Associating with unknown adults and/or other sexually exploited children and/or missing children Associating with gang members Associating with manipulative peers	Associating with unknown adults and/ or other sexually exploited children / young people and/ or missing children Extensive use of phone, particularly late at night Having access to premises not known to parent/carer Reliable resources, suggesting involvement in sexual exploitation Seen in known districts/ properties for selling sex/ and or drugs A member of a gang(s)	Having access to premises not known to parent/carer Heavily entrenched in gang culture Linked to areas/ properties known for/ as 'crack houses' Picked up in red light district