**Blackburn with Darwen Engage Team: Multi-Agency Practice Guidance**

Referral Pathways:

Cases with an allocated Social Worker – CSE vulnerabilities/ risks identified by partners

Unopened cases

Cases with an allocated Social Worker

Follow BwD

Co-Working Protocol

MASH

Allocated to the

ENGAGE TEAM – Partner discussion at Engage Daily Briefings on allocation and required tasks

Joint visit undertaken with allocated Social Worker and the Engage Team Young Person’s Worker or Engage Social Worker. Visits may include partner agencies as appropriate.

CSE Health Assessment

CSE assessment is completed within 10 days.

Contributions from all partner assessments.

Case doesn’t meet threshold for intervention – recommendations/signposting to appropriate universal or targeted services in health, education, community safety etc.

Case meets threshold for intervention – SMART plan created

Intervention with young person.

CSE assessment and plan reviewed every 3 months or after significant event (new or repeated CSE or Generic HRIs)

High Risk Cases reviewed through MACSE

**Referral process for cases already open to Children’s Social Care**

Social Workers/Teams - Please refer to the BwD Co-working Protocol

Partner Agencies – All CSE vulnerability indicators or evidence that child experiencing CSE risks that are identified by partner agencies, where the child already has an allocated social worker, can be referred through to MASH using the MASH Referral Form (or discussion with social worker to ensure referral to Engage Team following the BwD Co-working Protocol).

**Referral process for cases not open to Children’s Social Care**

All unopened cases should be referred into the MASH. Referrals can be generated by professionals or members of the public. The MASH protocol is followed and at this point the Engage Team Social Worker will be consulted.

If the MASH Manager’s decision (with partners in MASH) is that the case meets the threshold for CSC intervention and that a CSE assessment is required, an AST Social Worker will be allocated and the Engage Team Manager will allocate either a Young Person’s Worker or the Engage Team Social Worker. The BwD Co-working Protocol should then be followed (add link).

Where further information is required in MASH to clarify or determine the presence of CSE indicators (including cases not primarily referred for CSE, but where information in the referral raises suspicion of CSE), the MASH Manager (with input from MASH partners) in consultation with the Engage Team Social Worker will determine whether an initial visit is required before a decision is made by the MASH Manager (with partners in MASH) on next steps.

**CSE Assessment**

CSE assessments are completed within 10 working days of the referral being accepted by the Engage Team. This will usually entail a joint visit with the allocated Social Worker (Lead Professional at CAF if applicable) and the Engage Team worker. Follow up visits to the child and family are arranged by the Engage Team worker. Engage Team nurses are also notified of the referral to complete a health assessment and there is multi agency consultation throughout the assessment.

The assessment examines needs and vulnerabilities in the following ten domains:

* Episodes of missing from home
* School/college attendance
* Misuse of drugs or alcohol
* Parent/Carer – young person relationships
* Accommodation
* Ability to identify abusive/exploitive behaviour - both young person and parent/carer
* Engagement with appropriate services
* Sexual health, activities and awareness
* Association with gangs/criminals or adults and peers who pose a risk
* Social Media (internet and mobile usage)

Once all information is collated, professional analysis and judgement with regard to the BwD Risk Management Toolkit and the CSE Toolkit is made alongside identification of high risk indicators and underlying risk factors specific to CSE. A classification of risk level is determined and a recommendation of further action is made and management oversight is applied.

Department for Education (DfE) advice published in February 2017 outlines what current research has identified as effective assessment responses – that practitioners should be competent and knowledgeable to ‘work with risk’ so that the child/young person becomes an active partner in their ‘recovery and reintegration’ to achieve long-term meaningful change. In terms of undertaking assessments this will require completing actuarial and clinical analysis from a variety of information collated from partner agencies, speaking directly with the child (and peers where applicable) and speaking with family members. The DfE advice describes how safety should be assessed in three specific areas in which a range of changes may be happening to assess unmet needs, risks and resilience factors[[1]](#footnote-1):

* Physical Safety – growth/developmental changes and sexual maturity that will lead to new, sometimes risky, experiences;
* Psychological Safety – physical, intellectual and social changes that will impact on identity/diversity and emotions; and
* Relational Safety – changes in how a child/young person socialises with the world around them, including the online world.

Within the assessment it will also be vital to assess the impact all forms of diversity needs[[2]](#footnote-2) have on the ten domains listed above and how they in turn impact on safety.

For cases that remain open to the Engage Team, CSE assessments (including health and disruption/criminal protection activities) are reviewed every 3 months or when there is a significant change/event in the young person’s life (new or repeated evidence of High Risk Indicators specific to CSE or generic ones in line with BwD’s CSE Toolkit, Risk Management Toolkit and Continuum of Need and Response Framework).

**1:1 sessions with young people – relationship based practice leading to ‘sustained safeguarding’**

A range of resources are available to use with young people to increase their awareness and understanding of CSE. Learning needs and styles of the young person must be considered when deciding which of these resources are appropriate.

Support for a young person will be holistic and involve a range of contact with partners including facilitating health appointments eg SAFE centre attendance, support with ABE interviews, court preparation and court support.

Whilst a young person’s worker in the team will be the lead professional for the child to initiate and develop relationships with the child/young person, best practice is to ensure all partners in the team develop trusting relationships so that the child/young person feels confident in accessing services the social worker or health worker or police officer will be offering.

Research cited in the DfE advice (February 2017) identifies that children/young people will need to overcome significant barriers to disclose their experiences and how they may achieve safety (with service provision) at the three levels listed above. These barriers may arise from:

* Anxiety (reprisals/fear; loyalty to exploiters; fear of being disbelieved);
* Shame (child/young person may feel that they have breached multiple types of trust with family, peers or professionals with disclosures potentially affecting the relationships); and
* Guilt (may be blamed or not believed).

The guidance in the BwD Risk Management & CSE Toolkits must be used together by all partners to thoroughly analyse information collated for the assessment so that an effective CSE Plan can be devised that covers all the child outcome areas in the BwD Continuum of Need & Response Framework (Health; Education; Emotional & Behavioural Development; Identity, Family & Environmental factors; and Parenting Capacity – outlined further in the ‘outcomes’ sections of this guidance).

**CSE Plan and delivery**

Children/young people who meet the threshold for intervention will have a CSE Plan created using SMART planning principles. It is usual that children who are open to the Engage Team will be at level 3 or 4 of the Continuum of Need & Response Framework and therefore any CSE plans will be incorporated into existing CIN,CP or LAC Plans by the Social Worker. Engage Team Workers (and where relevant other partners from the Engage Team dependent on the significance of unmet needs/risks) will attend CIN meetings, Strategy Meetings, Child Protection Conferences, Core Groups, and LAC Reviews as necessary and there will be regular liaison (communication and formal information sharing) with the allocated Social Worker. All aspects of CSE plans are reviewed every 3 months. Where a child/young person is being managed at CAF (level 2 of the CoNR), the Engage Team Worker (and where relevant partner agencies) will be expected to attend Team Around the Family (TAF) meetings and liaise with the Lead Professional.

Intervention is individually tailored to address the child/young person’s vulnerabilities, needs and risks as identified in the CSE assessments. Sessions will be conducted formally (i.e. through structured, resource lead sessions) or informally (i.e. activities in the community) and usually follow a period of relationship building to allow for the development of trust which is considered vital. Multi-agency partners will contribute to the CSE plan including health (across primary, secondary and tertiary health providers co-ordinated by the CSE Nurse or School Nurse), PACE and the police.

**Multi-Agency Meetings to Discuss and Direct Case Management**

Morning Brief

There is an Engage Team Brief each weekday morning at 9am at Greenbank Police Station. This is attended by all members of the multi-agency co-located team. Missing children, new referrals and current cases are discussed and police intelligence relating to children, offenders and locations is shared.

All partners attending the morning brief where a child on their caseload is discussed must ensure that new intelligence and information, especially that relating to generic and CSE specific underlying risk factors and high risk indicators, is recorded on their own agency’s records so that any urgent service provision can be determined. Whilst circulation of notes or minutes, or information sharing may happen at a later stage, practitioners should not await receiving these to determine what services need to be offered and whether the assessment of need/risk requires updating.

Police Intelligence

The disruption of CSE relies heavily on the gathering of information and intelligence which can then be used by the police and other professionals to safeguard children and pursue offenders. Whilst working with children and families information will be gathered which if collated can be used to establish a clearer picture of risks, patterns, hotspot areas and identification of other potential victims and/or offenders.

MACSE (Multi Agency Child Sexual Exploitation Meeting) Meeting

This is a monthly meeting where the whole of the Engage Team and other relevant invited multi-agency partners meet to discuss the highest risk cases in East Lancashire. As highlighted in the section on Morning Brief, each partner agency attending the meeting is responsible for updating their record of the child to determine new/revised assessments and plans. Awaiting notes/minutes for a meeting before action is taken should not be the action from attending the meeting.

In addition to reviewing the high risk cases, the purpose of the meeting is also to identify any intelligence/trends about victim associations, patterns of methods/models being used by perpetrators and common hotspot areas so that early identification and decisions can be made of relevant protective services and disruption activities required and by a range of partners.

**Management Oversight & Supervision**

Section 11 of the Children Act (2004) places a number of duties on a range of partner agencies to have systems and processes in place that effectively safeguard and promote the welfare of children. One of the duties requires that all agencies have effective support and supervision processes which will involve:

* Induction processes so that staff are familiar with their child protection responsibilities;
* Employers are responsible that their staff are competent to carry out their responsibilities and should have regular reviews of their practice; and
* Employers create an environment where staff feel they are able to raise concerns and feel supported in their safeguarding role.

In a multi-agency team, where staff are required to have knowledge of a number of agency processes and responsibility to adhere to them, the complexity of practice and duties increases. It is essential that staff receive both team and agency oversight and supervision.

Where management oversight and supervision has taken place, it must be recorded in the case records clearly and agreed actions reviewed regularly to ensure they are completed.

**Outcomes for Children/Young People**

In line with the statutory definition of safeguarding (protecting children from maltreatment; preventing impairment to their health and development; ensuring they grow up with safe and effective care; and taking action that enables them to have the best outcomes), BwD’s Continuum of Need & Response Framework identifies the following outcome areas that will need to be demonstrated to effectively safeguard a child:

* All physical, emotional and sexual health needs are addressed through access to appropriate universal and specialist services to enable the child to meet physical and mental developmental milestones;
* There is regular and expected attendance in education (training or work if applicable) where attainment is age/ability appropriate with positive behaviours that increases the likelihood that the child/young person will develop appropriate resilience factors;
* There are secure and good quality attachments observed with family, friends, community and professionals that they have regular contact with and an ability to adapt emotionally and behaviourally as the nature of relationships change through ages/stages;
* There is a secure sense of self within the context of relationships (peers, family, societal and professional) where the child/young person has the ability to voice their wishes/feelings and that these are respected; any differences due to diversity needs do not lead to disadvantage and the child/young person develops as would any other child/young person without the difference;
* Family and environmental experiences are ordered so that the child/young person feels safe and resources within the family network (whatever the type of family unit) are used appropriately to meet the child/young person’s needs; and
* There is consistent guidance, safe boundaries and protective factors where the child/young person regularly experiences praise, warmth and encouragement.

**Outcomes for Parents/Carers**

From the CSE Assessment and its plan, or assessments/plans under CAF, CiN, CP or LAC, there will be actions required by parents or support to be provided to parents. The barriers to disclose (page 4) may be similar for parents in terms of barriers to access support. In line with BwD’s Continuum of Need & Response Framework, the following outcome areas will need to be demonstrated to enable parents to undertake their parenting role effectively:

* Parents are able to identify changes in behaviours (health, education, emotions, relationships & developmental changes) that increase their child’s vulnerability - they are able to offer resilience advice or appropriately seek support to achieve this;
* Parents can offer warmth, praise and encouragement to their child (including where actions/behaviours of the child that the parent assesses as outside their values/beliefs);
* Parents are confident and have the resources/resilience in place to offer the child safe boundaries and protective factors in the home and community;
* Parents have the knowledge and confidence to access required support from professionals (social care, police, health, voluntary sector etc) to promote their child’s welfare and fully access support for any of their own unmet needs which may be impacting their ability to safeguard;
* Parents have the knowledge and confidence to access the required support from professionals to manage the relational and emotional impact of CSE that they or wider family members may be experiencing; and
* Parents feel that they are included as an active partner by professionals in safeguarding their child.

1. Resilience Factors are defined in the DfE advice as: a child/young person being able to use internal capabilities and external resources to overcome adversity and avoid negative consequences rather than a character trait [↑](#footnote-ref-1)
2. There are nine strands to Diversity Needs as defined by the Equality Act (2010): Age; Disability/Learning Difficulty; Race; Religion/Belief; Sex/Gender; Sexual Orientation; Gender re-assignment; marriage/civil partnerships; and pregnancy/maternity [↑](#footnote-ref-2)