



## **Aspire Complex Safeguarding Service Procedures**

### **“Building on Strengths to Stay Safe”**

#### **1. Definition of Complex Safeguarding**

1.1 Complex Safeguarding is used to describe criminal activity (often organised) or behaviour associated to criminality, involving often vulnerable children and young people where there is exploitation and/or a clear or implied safeguarding concern.

1.2 In Stockport, domestic abuse has been included within our approach to complex safeguarding because of the similarities between the process of grooming and controlling victims of both domestic abuse and those subject to complex abuse. This means that there is a need for a specialist and sensitive approach to working with children and families at highest risk of all these areas of concern is critical to reduce risk and affect positive outcomes. Stockport Family has agreed that the following areas are covered by the work of the complex safeguarding service:

- Domestic Abuse including so-called honour based violence and forced marriage
- Child Sexual Exploitation
- Serious Organised Crime and Criminal Exploitation
- Modern Slavery and Trafficking
- Female Genital Mutilation
- Radicalisation and Extremism

*Please see appendix 1 for definition of these issues*

## 2. Vision

*'To provide an integrated response to complex safeguarding concerns which will efficiently share information within agreed protocols to protect and safeguard our most vulnerable children, young people and adults. This will be done through enhanced communication in a multi-agency environment to enable the early identification of risk and harm so that timely assessments of need and protection can be completed that identify co-ordinated, supportive and targeted plans and interventions to keep children and vulnerable people safe. The service works together with children, young people and families using a restorative strength based response to the complex needs of children and families. The service will work with persistence and commitment to engage children, young people and families within these challenging areas of need aiming to reduce risk and improve outcomes for them.*

*The service will provide awareness raising, training and consultation across Stockport to build the knowledge and skills of colleagues across both children's and adult's workforce in the areas of complex safeguarding'.*

This procedure must be read in conjunction with the following Greater Manchester Safeguarding partnership procedures:

[Domestic Abuse and Violence Policy](#)

[MARAC policy](#)

[Forced Marriage and Honour Based Violence Policy](#)

[Safeguarding Children and Young People abused through child sexual exploitation](#)

[Female Genital Mutilation Multi-Agency Protocol](#)

[Safeguarding Children and Young people vulnerable to violent extremism](#)

[Safeguarding Children and Young People who maybe affected by Gang Activity](#)

[Threat to Life](#)

### 3. Service Structure

3.1 The complex safeguarding service is made up of the following staff:

- Service leader (CSC)
- Team leaders x 2 (CSC)
- Aspire senior practitioners x 2 (CSC)
- Domestic abuse senior practitioner (CSC)
- Aspire social workers (CSC)
- Emotional health and wellbeing social workers (CSC)
- Business support co-ordinator (CSC)
- School nurse (NHS Stockport) - Team leader SRE Team
- Sexual relationship education (SRE) Team Workers
- Youth offending service officer (YOS)
- Trusted Relationship clinical psychologist (Healthy Young Minds Service, consultation and support to staff team)
- Achieving Change Together social worker (ACT) ACT social workers follow the ACT model and principles, working with children that have two essential criteria; young people at risk of, or experiencing, exploitation and placement instability, wherever that may be. The ACT practitioner role is to work therapeutically and flexibly around the young person's needs and timeframes, which could mean working different hours to suit them. This allows the young person to be supported on their terms and at the centre.

3.2 The emotional health and wellbeing team offer a service to Looked After Children in Stockport Family. They complete formulations and offer interventions and recommendations to carers and children to strengthen placements, relationships and improve emotional wellbeing. The team are managed by the Aspire clinical psychologist who offers the team clinical supervision and guidance with the formulations. They are also managed by an Aspire team leader.

3.3 The SRE team offers direct work to young people in a variety of ways at universal and level two need. The service can offer 1:1 direct work or

group work in the form of the Reach programme. The Reach programme is offered to all high schools and is an eight-week programme that covers subjects such as contraception, sexually transmitted diseases, healthy relationships and online safety. Members of the SRE team also offer drop-in sessions at Central Youth which are open to all young people in Stockport.

- 3.4 An independent domestic violence advocate (IDVA) and a young person independent domestic violence advisor (YPVA) are co-located within the team on a weekly basis and the team also works in partnership with a number of key services across Stockport, both statutory and third sector providers.
- 3.5 The team are co-located with the Stockport Phoenix and Challenger Greater Manchester police teams and are based within the multi-agency safeguarding and support hub at Fred Perry House and work closely with the public protection investigation unit (PPIU) police team.

*NB: Whilst the Emotional Health Wellbeing team and the SRE team are part of the service, the remit of these teams differs from the Aspire Complex Safeguarding service, therefore a comprehensive overview of the SRE team and the EHWT is not covered within this document.*

#### **4. Areas of responsibility and functions of Aspire**

4.1 The Aspire service works with children and families where the following Complex Safeguarding issues exist:

- Domestic Abuse, including so-called honour based violence and forced marriage
- Child Sexual Exploitation
- Child Criminal Exploitation
- Serious Organised Crime and Criminal Exploitation
- Modern Slavery and Trafficking
- Female Genital Mutilation
- Radicalisation and Extremism

4.2 The service provide the following services:

Daily governance and tasking takes place for children at risk of Child Sexual and/or Criminal Exploitation between the Detective Sergeant - Stockport Phoenix/Stockport Challenger and the Aspire Team Leader or one of the senior practitioners from Aspire on a daily basis. A discussion regarding matters arising from the last 24hrs or the weekend

if it is Monday, and plans for the day are considered. As required, there is a joint response to issues and immediate safeguarding is implemented at any time during day.

Young People and Children Missing From Home (MFH) and Care are identified and responses are implemented through the MFH hub; the MFH Hub and Aspire complex safeguarding service are co-located and liaise as required. Details of children/young people who are missing are shared every morning with Aspire Social Workers, Aspire Health Worker and Aspire YOS officer so that relevant actions can be considered.

Staying Safe Panel The missing from home panel and MASE (Child Sexual Exploitation panel) have merged to form a staying safe panel. Children and young people at risk of exploitation and/or children missing are heard at this weekly multi-agency panel. All children that have been assessed as either medium or high risk of CSE or whom have been missing for over 24 hours or 4 or more occasions (living in Stockport) are referred to this process. The staying safe panel is chaired by a service leader (Aspire or the MASSH) and is attended by a wide range of services including; health, education, children's social care, police, YOS, MOSAIC, sexual health services and GMP. This acts as our Tier 1 strategy meeting for missing children. It is a professional information-sharing meeting where concerns about the child are raised and a plan addressing the risk(s) is formulated. Additional functions of the panel are to gather intelligence about potential offenders or recruiters, to share information about hotspots and identify patterns of relationships between groups of children and contextual safeguarding concerns.

Aspire lead from a Children's Social Care perspective at a number of multi-agency meetings to manage risk and action plan for children and families such as:

- Multi-agency public protection arrangement meetings (MAPPA) for offenders who pose a risk of harm due to sexual and violent offending (as required)
- Multi-agency risk assessment conference (MARAC) for victims of high risk Domestic Violence (fortnightly)
- Channel panel meetings to discuss children who are risk of radicalisation and grooming into terrorist activity (monthly)

Either the team leader or senior practitioners attend these meetings, contribute information from children's social care about the cases discussed, share ideas about how best children and families can be supported and safeguarded and take actions back to case holders so that these can be delivered. In addition, where

appropriate, information will be shared and actions agreed are recorded within the Liquid Logic case management system.

Consultations are provided by Aspire senior social work practitioners. Any Stockport Family practitioner working with domestic abuse/complex safeguarding issues can access an Aspire consultation. The practitioner may be provided with advice and guidance on working with families; such as completion of a Phoenix CSE measurement tool or domestic abuse risk assessment; planning and delivery of direct work with children, consideration of how best to support and engage victims, safety planning, sharing of tools, resources and best practice research.

Daily duty worker A duty system is in place daily - an Aspire social worker sits at the Aspire duty desk in the MASSH, working closely with the first response team. The duty worker will attend the daily risk meeting, strategy meetings, support on duty visits with other social workers and colleagues from across Stockport Family. Additionally, if a response is required urgently with the police, the duty social worker can act on this immediately.

Daily Risk Meeting There is a daily risk meeting held for domestic abuse referrals in the MASSH, at 11.00am every day. The Aspire duty social worker attends, together with the IDVA, GMP Sergeant, adult social worker, children's social care locality social worker (where relevant) and any other agency that may be pertinent to the meeting for the individual discussed.

Complex Safeguarding Practitioner Forum A complex safeguarding practitioner's forum is held quarterly which is chaired by the Aspire Senior Practitioner. This enables partners to share good practice and raise practice issues. Representatives at the forum include; education, health professionals, independent reviewing officers, third sector organisations, MFH officers, residential children's homes, Greater Manchester Police, MOSAIC (drug and alcohol service), YOS and voluntary agencies. Guest speakers are often invited to offer information to those in attendance to increase knowledge and understanding of specialist services and areas of complex safeguarding.

Support with Police operations Aspire social workers assist Operation Challenger in executing warrants in relation to organised criminality where children are or may be present at the address. The social workers provide support to the children during this time and offer advice and support to parents. Aspire social workers will ensure appropriate

safeguarding measures are implemented and arranged effectively. This has proven to be valuable on a number of warrants that have been executed and families have provided positive feedback about the benefits of this joined up working.

Trusted Relationship Psychologist The Aspire service has a clinical psychologist who offers guidance and case formulation, reflective supervision and case discussion on all Aspire cases. Additionally, the psychologist offers the team psychological support on a monthly basis, which provides some space for team members and police officers and other professionals with the team space to think about the complexity of their work and the impact this can have on them professionally in their roles but also personally.

Delivery of awareness raising and training to other professionals and communities, this has been provided by police officers, social workers, complex safeguarding nurse and partners around all areas of complex safeguarding. A significant amount of awareness raising and training has taken place which includes; schools, GP's, midwives, health visitors, school nurses, head teachers, social work teams, neighbourhood police teams, magistrate's courts, foster carers, via the children's safeguarding partnership's multi-agency safeguarding training and during the yearly week of action.

## **5. Co-work model**

Aspire social workers will on the whole be allocated to co-work with a locality social worker, who will remain the key social worker for the family. This model allows the Aspire Social Workers to act as the specialist worker, providing knowledge and expertise and offering an enhanced service to families with the most complex needs and/or where risk is considered high. The Aspire Social Worker will take the lead on any specialist assessments and intervention. This model not only builds capacity for the locality teams to be able to focus on the children and family assessment, plans and their statutory responsibilities but also supports the upskilling of social workers as they gain confidence in these areas.

When an Aspire social worker is allocated directly to work with young people who are victims of or risk of CCE and CSE, It is important that the Aspire social worker is able to maintain a defined and separate relationship with the child, which is distinct from the safeguarding role. All social workers have a clear duty to safeguard the child in the work that they do with them and their family, however the Aspire social worker will not be making key decisions such as entering into child protection processes, initiating care proceedings or

making changes to LAC placements etc. This enables them to focus on the relationship building with the child and to build trust and engagement without this being compromised by decisions that the child is unhappy about or doesn't agree with. The consistent and authentic relationship is crucial in supporting the child to make disclosures about things which may have happened to them, and engaging them in direct work or therapeutic interventions.

It is important that the locality social worker and team leader support this distinction in the roles between the two teams.

A meeting will take place with the family and the two social workers to ensure that the family are clear about the roles of the two services and how this is different and written information is provided to them for future reference This is explored in more detail at 7.4 below.

## **6. Criteria for Accessing Aspire Services**

The team will work with children and families with the following presenting risks/concerns:

### **6.1 Domestic Abuse including so-called honour based violence and forced marriage**

6.1.1 An Aspire social worker will be allocated as a secondary worker in cases where:

- (a) There has been a domestic violence homicide and there are children within the household/immediate family of the victim.
- (b) Any MAPPA level 2 or 3 offender where there are safeguarding concerns for a child living in Stockport.
- (c) Incidents which have been assessed as high risk through completion of a Domestic Abuse, Stalking and Honour Based Violence (DASH) form by the police with the victim, where a referral has been made to MARAC, and there are complex issues. The considerations here in terms of complexity to include (but not exclusively)
- (d) Multiple domestically abusive relationships for the victims and/or perpetrator
- (e) So-called honour based violence/forced marriage

- (f) Any victims who have been living with domestic abuse over a significant period of time and which has not been reported/disclosed
- (g) Nature and severity of violence i.e. sexual violence, use of weapons, physical violence, previous custodial sentence etc.
- (h) Significant mental health, and/or substance misuse issues.
- (i) High level of coercion and control.

There may also be cases which are not high risk but assessed as medium through completion of a DASH assessment that have elements of complexity that would require allocation to the team and cases will be looked at on an individual basis to make these decisions.

Where it is not appropriate to allocate an Aspire social worker as a secondary worker for a family the allocated locality Social Worker can access:

- ❖ Consultation, advice and support in addressing the issues of Domestic Abuse within the family, including advice and guidance on completion of a domestic Abuse risk assessment where required. Conducting joint visits, attending any strategy meetings and provision of resources to deliver interventions. Where it is appropriate, the team may also deliver short pieces of work with victims and perpetrators.
- ❖ A home office funded domestic abuse senior practitioner is currently in post and will be until March 2021. This post has offered additional support and consultation to the wider service. There has been targeted training and a variety of workshops offered to improve practice and our response to Domestic Abuse across the service. A toolkit for practitioners has been created and a continued training programme is in place.
- ❖ A group work programme for perpetrators of domestic abuse was piloted in 2019/20 called 'Caring Dads'. The Caring Dads course works with fathers to change patterns of abusive behaviours, increase fathers' awareness of child-centred fathering, and to promote respectful co-parenting with children's mothers. Caring Dads is not a parenting course, but is designed to meet the needs of fathers who have been abusive to their children's mother, through the lens of them being a "caring" dad. The goals of a Caring Dad's group are to improve fathers' relationship with their child and family, and to help them to better understand children's development and needs. The outcomes of the pilot were extremely positive. This course will be rolled out further in 2020/21.

## 6.2 Child Sexual Exploitation

- Any child considered to be at risk of, or who has been a victim of, sexual exploitation will be allocated an Aspire social worker to co-work the case alongside the locality Social Worker. The child where appropriate will be allocated a police officer from the Stockport Phoenix Police team.

### 6.3 Serious Organised Crime and Criminal Exploitation

- Any child considered to be at risk of, or who has been a victim of, criminal exploitation will be allocated an Aspire Social Worker to co-work the case alongside the locality Social Worker. The child where appropriate will be allocated a police officer from the Stockport Challenger Police team.
- Any family where it is believed adults/parents have links to, or are part of serious organised crime and there are safeguarding concerns for children as a result will have an Aspire Social Worker allocated as the secondary Social Worker.

### 6.4 Modern Slavery and Trafficking

- Any child identified as being at risk of being groomed into, or who has been a victim of, modern slavery and/or trafficked will be allocated an Aspire social worker who will co-work the case alongside the locality social worker.
- Any family where it is believed adults/parents have links to modern slavery and/or trafficking will be allocated an Aspire social worker as the secondary Social Worker.

### 6.5 Female Genital Mutilation (FGM)

- Any child identified as being at risk of FGM will be allocated an Aspire social worker who will be the key Social Worker and who fulfil the safeguarding role. The team (ideally the team leader/senior practitioner or duty worker) must be invited to attend any strategy meeting so that they can be involved from the onset of involvement with the family and a worker can be allocated at the earliest possible opportunity.

### 6.6 Radicalisation and Extremism

- Any child identified as being at risk of being radicalised or groomed into extremist views will be allocated an Aspire social worker who will co-work the case alongside the Locality Social Worker.
- Any family where adults/parents within the family have been identified as having links to radicalisation and/or extremist views

and there are safeguarding concerns for the children in that family, Aspire Social Worker as the secondary Social Worker.

## 6.7 Transitions into Adulthood

- The Aspire team may work with children and young people up to the age of 25 years, if they have been open to children's social care and are transitioning into adulthood, or eligible for a leaving care service. Any young people who have been victims of child sexual/criminal exploitation or other complex safeguarding concerns who have ongoing needs and vulnerabilities, or are subject to a criminal prosecution case as a victim will have ongoing support and intervention while these needs remain. The team will ensure that all consideration is given to making referrals to appropriate adult services; that young people are fully supported to transition between children's and adult's services and ensure that their needs as a young adult are met appropriately.
- This includes consideration of the impact of their experiences and any trauma experienced on the challenges of parenthood and independent living.

## 7. Referral pathways to the Aspire service

- 7.1 Any professional or individual who has concerns that a child is at risk due to complex safeguarding concerns should make a referral to the MASSH Tel: (0161) 217-6028. Staff should continue to use their own documentation e.g. the Inter-agency referral form and the Early Help Assessment (EHA). If the risk of harm is immediate then a call should be made to the police on 999 before any contact is made to the MASSH.
- 7.2 Any referrals to the MASSH where there is evidence of complex safeguarding concerns from initial presenting information will initially be triaged by the First Response team. A discussion will take place with the Aspire team leader or senior practitioner at the first opportunity to share the information regarding the risks so that they can make a decision about whether the criteria for allocation to the Aspire team has been met and whether a co-worker or key social worker needs to be allocated. The team leader will make arrangements for either a social worker to attend any convened strategy meeting or to convene a strategy meeting where appropriate. Aspire duty social workers are available on a daily basis for advice and consultation to the First Response Team on any case that involves domestic abuse or complex safeguarding to assist in triage and decision-making.

- 7.3 For existing cases open to children's social care where concerns arise, or where there is a change of circumstances for a family which may require a co-worker from the Aspire service, a case discussion will take place between the locality team leader and the Aspire team leader. Information will be shared about the presenting risks which meet criteria for an Aspire social worker to be allocated and a joint decision will be made.
- 7.4 A meeting will take place at the start of the Aspire social worker involvement with the locality Social Worker to clarify the role of the Aspire team with the family and to ensure that both social workers and team leaders are in agreement, about what the scope of the work will be. Aspire team leader will record a manager's decision on the child's case record to outline what the Aspire social worker role and actions will be.
- 7.5 The Aspire social worker will attend any relevant meetings for the child and family including strategy meetings, TAC/CP and LAC meetings and contribute information both verbally and in written format, where required, for any care planning processes.
- 7.6 Allocations to the team may also be agreed during the daily briefings as agreed with the team leader, as a response to increased risk and/or concerns and information from different professionals/agencies.

## **8. Assessment**

- 8.1 The Aspire service use the following assessment tools in their specialist work:
- The child and family social work assessment remains the key assessment document for any cases in which an Aspire social worker is the key worker.
  - In cases where there is concern that a child is at risk of Child Sexual or Criminal Exploitation, the Phoenix CSE measurement tool will be completed and reviewed every three months by the Aspire social worker in conjunction with the child, the locality social worker, family and other professionals.
  - In cases where domestic abuse is the presenting concern, the domestic abuse risk assessment will be completed to identify the level of risk and to assist with identifying the intervention and actions required to reduce these concerns.
- 8.2 Assessment tools are constantly evolving; Aspire will adopt any newly developed which could assist with looking at the issues in relation to FGM, assessment of Radicalisation and extremism and modern slavery/trafficking. We will work with colleagues across Greater

Manchester who are leading on the complex safeguarding agenda to ensure that any developments in this area are adopted as appropriate within Stockport. We will also build a bank of knowledge and research into each area of complex safeguarding so that the team are able to develop and share specialist knowledge and best evidenced based practice.

## **9. Planning**

- 9.1 Once an assessment has been made of the child and family's needs, the Aspire social worker will draw up a plan in partnership with the child and their parents/carers to reduce risk and build on positives and strengths in their lives.
- 9.2 The Aspire social worker will work within the appropriate planning process whether this is team around the child, child protection plan or looked after child safeguarding and care plan.

## **10. Interventions with young people**

- 10.1 The Aspire social worker will use a range of different interventions to engage the child and family and to address the areas of risk which have been identified. The team will use creative and innovative approaches where ever possible and tailor these interventions to the individual needs.
- 10.2 The starting point for delivery of interventions will be the building of a relationship with the child and their family through positive activities and understanding the interests, wishes and feelings of the child. This enables trust to develop. At the appropriate time for the child the Aspire social worker will start more structured work with the child.

Some examples of interventions delivered to children include:

- What is CSE? Looking at the grooming stages. Looking at grooming examples and scenarios from the Bwise2 Sexual Exploitation resource
- Real Love Rocks
- Completing some life story to help a y/p understand why they have been vulnerable and at risk.
- Looking at "push and pull" factors of CSE (including drugs/alcohol/family environment/domestic abuse/self-esteem).
- Drugs, Sexual Health and consent. What is legal or illegal?

- Identifying healthy and unhealthy relationships (including looking at the power and control wheel and the wheel of equality). Referral to MARAC for Y/P aged 16 years or over using the Y/P's MARAC RIC.
- Internet safety and sexting.
- Protective behaviour work – signs of safety, safety planning and support network
- Review of what has been learnt. Has anything changed? Goal setting. What does the future hold?
- Using the Home Office's "Serious and Organised Crime: An Interactive Toolkit for Practitioners working with Young People" to look at "What is Organised Crime? What are some of the factors that draw people into it? Why does it seem attractive to some young people? Why does it differ to other types of crime?"
- Using case examples from the toolkit and accompanying film to discuss with YP why the character of the young person got involved with organised crime/what other choices were available to that YP/ what were the intentions of the adult. Exploring the Grooming Line.
- Looking at the role of money/status/protection and exploitation
- Exploring the links between organised crime and sexual exploitation
- Looking at the legal implications of organised crime – sentencing and criminal records. Understanding what is legal/illegal? To help a young person think about the consequences of "on the spot" decisions such as using weapons.
- What does the future look like if continue with organised crime? How would it impact on a young person's opportunities?
- Exploring a young person's political and religious views and beliefs
- Explore young person's identity and belonging – life story work
- Exploring alternative views/ideologies to provide balance rather than a singular perspective/ looking at British cultural values
- Exploring how a young person can be groomed into radicalisation
- Engaging them in positive activities – social cohesion rather than isolation from their community
- Helping a young person understand the law.

- Exploring human rights
- Exploring empathy/victim awareness.

## **11. Contextual Safeguarding**

Contextual safeguarding is a new approach to working with adolescents; this provides a framework for understanding the systems, communities and risk surrounding the young person. This model takes into consideration the extra-familial dynamics of risk in adolescence; it requires practitioners to focus on these extra-familial contexts, for example their peer relationships and their community in order to safeguard the young person. It is recognised that this framework overlaps with a significant proportion of work within the complex safeguarding team specifically in relation to child sexual exploitation and child criminal exploitation. Aspire has embraced this new concept and begun to understand and work within this model for their assessment, planning and intervention with young people.

## **APPENDICES**

### **Appendix 1**

#### **Domestic Abuse including honour based violence and forced marriage**

The cross-government definition of domestic violence and abuse is:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

#### Controlling behaviour

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

#### Coercive behaviour

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This is not a legal definition.

#### Forced Marriage

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor.

#### Honour Based Violence (HBV)

HBV can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

Honour based violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community.

### **Child Sexual Exploitation**

Child Sexual Exploitation is a form of Child Sexual Abuse. Sexual Abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).

The definition of Child Sexual Exploitation is as follows:

*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.*

### **Child Criminal Exploitation**

Although Child Criminal Exploitation (CCE) is a rapidly growing problem in the country, it is not yet legally defined. The nature of criminal exploitation exhibits very similar patterns of grooming to sexual exploitation.

There is no legal definition of CCE. The current Home Office Definition (2018) is:

*This occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity*

*(a) In exchange for something the victim needs or wants, and/or*

*(b) For the financial or other advantage of the perpetrator or facilitator and/or*

*(c) Through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology*

## **Serious Organised Crime**

Organised crime can be defined as serious crime planned, co-ordinated and conducted by people working together on a continuing basis. Their motivation is often, but not always, financial gain. Organised criminals working together for a particular criminal activity or activities are called an organised crime group.

Organised crime includes drug trafficking, human trafficking, and organised illegal immigration, high value fraud and other financial crimes, counterfeiting, organised acquisitive crime and cyber-crime.

## **Modern Slavery and Trafficking**

Modern slavery is a serious crime. It encompasses slavery, servitude, and forced or compulsory labour and human trafficking. Modern slavery victims can often face more than one type of abuse and slavery, for example if they are sold to another trafficker and then forced into another form of exploitation.

A person is trafficked if they are brought to (or moved around) a country by others who threaten, frighten, hurt and force them to do work or other things they don't want to do.

## **Female Genital Mutilation**

Female Genital Mutilation (FGM) is a collective term for a range of procedures which involve partial or total removal of the external female genitalia for non-medical reasons. It is sometimes referred to as female circumcision, or female genital cutting. The practice is medically unnecessary, is extremely painful and has serious health consequences, both at the time when the mutilation is carried out, and in later life.

FGM has been classified by the World Health Organization (WHO) into four major types, all of which may be relevant to the offences arising under the FGM Act 2003:

- Type I - Clitoridectomy: partial or total removal of the clitoris
- Type II - Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora

- Type III - Infibulation: narrowing of the vaginal opening through the creation of a covering seal
- Type IV - Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area

## Radicalisation and Extremism

Violent Extremism is defined by the Crown Prosecution Service (CPS) as:

*"The demonstration of unacceptable behaviour by using any means or medium to express views, which:*

- *Encourage, justify or glorify terrorist violence in furtherance of particular beliefs*
- *Seek to provoke others to terrorist acts*
- *Encourage other serious criminal activity or seek to provoke others to serious criminal acts*
- *Foster hatred which might lead to inter-community violence in the UK."*

There are a number of offences that can be considered when dealing with violent extremism. They include offences arising through spoken words, creation of tapes and videos of speeches, internet entries, chanting, banners and written notes and publications.

The main offences employed to date have been soliciting murder and inciting racial hatred.

The Greater Manchester Local Safeguarding Children Boards recognise the government position that Violent Extremism inspired by an Al Qaeda ideology, which advocates a distorted version of Islam, is considered to be the greater threat to the UK by the security services. However, they also seek to protect children and young people against the messages of all violent extremism including that linked to a Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and that linked to Animal Rights movements.