**Gloucestershire**



**Multi-agency protocol for safeguarding children who are at risk of abuse through child sexual exploitation**

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**1. Introduction**

**1.1 Statement of intent**

1.1.1 Sexual exploitation of children is child abuse and is unacceptable. Tackling child sexual exploitation is one of the key priorities for the Gloucestershire Safeguarding Children’s Board. Such exploitation can have serious long term impact on every aspect of the child or young person’s life, as well as the lives of their families.

1.1.2 It is our collective multi-agency responsibility to identify those children and young people at risk of exploitation and our joint responsibilty to protect them and safeguard them from further risk of harm. We shall also prevent children becoming victims of this form of abuse and reassure our communities that we can perform our duties effectively.

1.1.3 It is our clear intention to improve the lives of children living in Gloucestershire. We will do so by ensuring children and young people understand the risks of being exploited enabling them to cease contact with the perpetrators of this abuse.

**1.2 Definition and scope**

1.2.1 The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of engaging in sexual activities. This can occur through the use of technology without the child’s immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person’s limited availability of choice resulting from their social/economic and/or emotional vulnerability.[[1]](#footnote-1)

1.2.2 In recognising child sexual exploitation as child abuse this protocol identifies that children must be protected, and enabled to protect themselves, in all aspects of their lives and relationships. The sexual exploitation of children and young people crosses boundaries of culture, community groups, disability, social class, and gender.

**1.3 Protocol**

1.3.1 This protocol sets out a clear framework for supporting children who are vulnerable to exploitation. It incorporates guidance on raising awareness of the issue, on identifying risk, assessing and supporting children and their families, and disrupting and prosecuting offenders.

1.3.2 This protocol is issued under the auspices of Working Together to Safeguard Children (Children Act 1989 & Children Act 2004) and should be read in conjunction with the 2009 supplementary guidance from the Department for Children, Schools and Families (DCSF) – “Safeguarding Children and Young People from Sexual Exploitation” *(*[*http://www.education.gov.uk*](http://www.education.gov.uk)*)*.

1.3.3 Children who go missing are particularly vulnerable to sexual exploitation. The Gloucestershire Protocol for Children Who Run Away and Go Missing from Home and Care outlines the county’s response to children who go missing.

1.3.4 Professionals should consult the Gloucestershire Child Protection Procedures for concerns, decisions and actions related to, but not covered, in this procedure.

**2. Principles**

**2.1 A child-centred approach:**

2.1.1 All action to safeguard and promote the welfare of children and young people who are, or at risk of, being sexually exploited should be child-centred and focussed on their individual needs.

2.1.2 Parenting can be challenging and parents themselves sometimes require support. Asking for help should be seen as a sign of responsibility rather than as a failure. A child or young person suffering harm as a result of sexual exploitation by someone outside the family is not necessarily indicative of the parents’ failure to meet the needs of their child.

2.1.3 In such circumstances the needs of children and families should be assessed and met within the context of the wider range of support and services which are available to protect and support them.

**2.2 A shared responsibility:**

2.2.1 Safeguarding and promoting the welfare of children in the context of sexual exploitation, like safeguarding more generally, depends on effective joint working between agencies and practitioners that work with children and young people. The involvement of different roles, experience and perspectives is essential if children and young people are to be effectively supported and action taken against perpetrators of sexual exploitation.

**2.3 Recognising criminality:**

2.3.1 Children who are sexually exploited are victims of child abuse and are suffering harm. They are therefore not to be regarded as having bad or criminal behaviour; they are victims of sexual abuse. The responsibility for the sexual exploitation of children and young people lies with the abuser and proactive efforts must be made to bring those offenders to justice.

2.3.2 Many sexually exploited children have difficulty distinguishing between their own choices around sex and the sexual activities they are coerced into. This potential confusion needs to be handled with care and sensitivity.

2.3.3 The primary law enforcement effort must be against the coercers and sex abusers, who may be adults, but could also be the child’s peers or young people who are older than the child.

**2.4 Early proactive intervention:**

2.4.1 Effectively safeguarding and promoting the welfare of children and young people harmed through sexual exploitation requires professionals to consider intervention at an early stage, i.e. as soon as young people become involved in potentially risky activities.

2.4.2 Many young people engage in consensual sexual activity, treating each other with respect and taking account of their health and future. Professionals must develop the skills to enter into conversation with young people about their sexual choices, in order to understand whether extra support is needed, or whether coercive or exploitative behaviour is occurring.

2.4.3 Anyone who has regular contact with children and young people is in a good position to notice subtle changes in behaviour or physical signs that indicate they may be involved in a sexually exploitative situation.

2.4.4 Parents and carers, teachers, social workers, police officers, youth offending services staff, school nurses, looked after children’s nurses, sexual health practitioners and youth workers are particularly well placed to identify this risk.

2.4.5 Practitioners must be alert to the indicators of possible sexual exploitation and agencies must be proactive in identifying the scale and scope of the sexual exploitation of children in the county.

**3. Vulnerability factors and responses**

**3.1 Vulnerability factors to sexual exploitation**

3.1.1 Children are more vulnerable to abuse through sexual exploitation if they have experience of one or more of the following:

* Child sexual abuse;
* Domestic violence within the family;
* Family breakdown;
* Physical abuse and emotional deprivation;
* Bullying in or out of school;
* Family involvement in sexual exploitation;
* Parents with a high level of vulnerabilities (drug / alcohol, mental health etc);
* Drug / alcohol, mental health or other difficulties themselves;
* Involvement in gangs
* Being looked after in residential care; and
* Going missing frequently.

**3.2 Risk assessment framework**

3.2.1 A screening tool has been adopted to help professionals and workers from both statutory and voluntary agencies consider the risk that a child is at from sexual exploitation. Children and young people engage in sexual activity and not every circumstance will be one of exploitation. It is therefore important that an informed assessment is made of the individual situation of the child or young person.

3.2.2 Exploitation is characterised by the imbalance of power. A risk assessment framework has been developed to help the police and social care establish whether a child for whom there is concern is at risk of sexual exploitation and to assess the level of that risk.

* Category 1 (Not at risk): a child who may have some vulnerabilities present but is not at risk of being targeted and groomed for sexual exploitation or who has exited an exploitative situation and is no longer at risk.
* Category 2 (Mild risk): vulnerable child where some concerns are present about the longer term wellbeing of the child but their situation does not currently present as an exploitative one.
* Category 3 (Moderate risk): a child with a number of vulnerabilities and one or more risk indicators present that put them at risk of exploitation, e.g. periods of going missing, exclusion from school, lack of protective network, time spent with inappropriate adults.
* Category 4 (Significant risk): a vulnerable child with multiple risk indicators present where there is a clear indication they are at significant risk of sexual exploitation or are already being exploited.

3.2.3 The framework needs to be used flexibly to take account of the uniqueness of each child’s circumstances and the changes that may occur for him / her over time.

3.2.4 The risk assessment framework is set out at Appendix B.

**3.3 Initial professional response**

3.3.1 Professionals in all agencies should be alert to the possibility that a child they are in contact with may be being sexually exploited. The professional may already have concerns about the child e.g. that s/he is missing school, frequently missing from home, misusing substances, is depressed or self-harming etc.

3.3.2 Interventions to prevent sexual exploitation and support children to recover a healthy lifestyle are more likely to be successful if a child who is at risk can be identified and information about concerns shared within a multi-agency support network as early as possible.

3.3.3 Professionals are often in a position of having to develop the child’s trust, or having built it up are concerned about breaking that trust through the sharing of confidential information with other agencies. These issues should be discussed with the agency’s designated child protection officers, and efforts made to share information as soon as possible.

3.3.4 Sharing information about the child with other agencies may reveal that the child is at a different level of risk to that initially perceived. Therefore the professional should discuss their concerns with their agency’s nominated safeguarding children adviser and use the risk assessment framework to make a preliminary assessment of the risk of harm to the child.

3.3.5 If the risk is identified as being mild, moderate or significant then a referral should then be made into the Central Referral Unit with full details of the young person and significant others provided.

3.3.6 The Central Referral Unit will share the information with Children’s Social Care and an initial discussion will take place to agree next steps.

3.3.7 Where considered appropriate and useful a social worker will then make an initial visit to the young person and their family to gather more information and involve them in the process.

**4. Intervention**

**4.1 Multi-agency risk management meetings**

4.1.1 Children’s Social Care will respond in one of the following ways to the initial visit to the child:

• An initial assessment may be undertaken to identify the child’s level of risk and need for service provision;

• If the initial assessment identifies the child to be at risk of significant harm this will necessitate a child protection enquiry and a core assessment of need under section 47 of the *Children Act 1989*; or

• Where an initial assessment is not deemed necessary a plan of support may be agreed between young person, parents and additional professionals or non-statutory agencies where appropriate.

4.1.2 If the level of assessed risk is identified as being moderate or high then a risk management meeting will be held. This will include police, social care, and other relevant individuals. This does not replace strategy meetings where S.47 applies.

4.1.3 The child and their family should normally be made aware of the concerns, engaged in developing the diversion plan and, if their safety would not be compromised, involved in risk management meetings. However, engaging the child and family and alerting them to the risks should be approached with a high level of sensitivity to avoid compounding risks or furthering alienation. There may be occasions when a child’s parent/carer may not be invited to attend the meeting.

4.1.4 Attendance at the risk management meeting should include representation from the relevant agencies involved with the young person and other agencies that are able to provide required support.

4.1.5 The purpose of the meeting should be to:

• Share and clarify information;

• Establish the exact nature of concerns;

• Establish risk for any other children, including siblings;

• Consider the likelihood of prosecution of relevant adults;

• Agree on action and make recommendations to address the concern;

• Develop a safety plan for the child and parent/carer;

• Work towards a recovery strategy; and

• Identify the factors to be taken into account (these will include the indicators in the Risk Assessment Framework).

4.1.6 A record of the risk management meeting should be produced, together with a safety plan. A lead professional will need to be allocated and they will hold responsibility for co-ordinating the safety plan. Unless no further action is agreed, or child protection procedures are invoked, a date for a review meeting should be agreed. If the child’s parent/carer has not been present, the meeting must consider what information to give at this point, and who should undertake this. Parents/carers should usually be notified of concerns regarding their children, and what action is being considered to address these.

4.1.7 As with all child sexual abuse, child sexual exploitation involves varying degrees of coercion, reward, secrecy and fear, which means that interventions to support children may need to be long-term, and safeguarding and support plans should be progressed at the child’s pace.

**5. Responsibilities of agencies**

**5.1 All agencies**

5.1.1 Agencies from the following areas in particular have an integral role to play in the protection of children and young people from sexual exploitation:

* Children’s Services (Social Care and Education)
* Policing
* Health Providers
* Youth Support Services
* Crown Prosecution Service
* Local voluntary sector providers

5.1.2 Each of the organisations engaged to co-operate in tackling child sexual exploitation will be expected to agree to implement and adhere to the principles set out within this protocol.

5.1.3 They will also be required to agree to an Information Sharing Protocol and these requirements will extend to any collectively agreed amendments to these documents.

5.1.4 Each organisation will also be asked to nominate a lead professional to provide drive and direction in respect of the response to child sexual exploitation.

**5.2 Children’s Social Care**

5.2.1 Children’s social care hold the lead responsibility for responding to children abused through or at risk of sexual exploitation. However, decisions on what action to take, other than emergency action or diversion planning as a response to a child being at no or mild risk, should only be taken following discussion within a risk management meeting.

5.2.2 On their receiving a referral, children’s social care must consider whether the child is at immediate risk of significant harm, and if so, child protection procedures should apply. Whenever possible, a discussion should be held with the Referral and Assessment Team Manager within the locality team but action should not be delayed if they are not available.

5.2.3 Following a risk management meeting, if there is sufficient information to confirm concerns at a moderate or high level then the case will require allocation to progress the child’s safety plan.[[2]](#footnote-2)

5.2.4 Where a case is already allocated within social care, concerns may be presented by another professional or by the child’s social worker. The risk of harm to the child needs to be re-assessed in the light of the new information and a discussion held with the relevant team manager.

5.2.5 When a referral is received regarding a child in care, the allocated social worker should inform their team manager and follow the same process.

5.2.6 A risk management meeting should be considered, in accordance with the procedures in section 4 above. In addition, the following factors should be taken into account:

• The risks to other children in the placement;

• Whether the child should remain in their present placement; and

• The feasibility of controlling the child’s movements, and the likely effects of doing so.

5.2.7 A safety plan should be drawn up, which will form part of the overall care plan for the child. The safety plan should balance assertive action and the need to not unduly increase the likelihood of the child running away in response to the action being taken, and possibly placing themselves at even greater risk.

5.2.8 If the child is in a residential unit, the staff should be asked to take positive action to clarify the concerns and record suspicions.

5.2.9 Where the placement is in another authority, or children from other authorities are involved, that authority’s child protection manager (or equivalent) must be contacted, to agree roles and responsibilities. The placing local authority is required to take overall responsibility for convening the meeting and co-ordinating the response.

5.2.10 Residential care homes have a responsibility under the Children’s Homes Regulations 2001 (amended 2011) Schedule 5 to notify the local authority and the police of any child in the home who has been involved in or suspected of being involved in prostitution.

5.2.11 In any setting the child’s behaviour and attitude may be extremely challenging, and parents, carers and staff will require ongoing support, advice and training in knowing how to respond. These needs must be considered and resources identified, either by the team manager, the manager of the residential unit or the fostering link worker in the case of children in foster care.

**5.3 Police**

5.3.1 Sections 47 to 51 of the Sexual Offences Act 2003deal with the exploitation of children, whether through prostitution or pornography. The Act creates a number of offences that apply to both types of exploitation.

5.3.2 The priority for the police is the investigation and prosecution of offenders who have been involved in abusing the child through sexual exploitation. This role should be undertaken in accordance with the principle of multi-agency co-operation to safeguard children.

5.3.3 The initial police response to the discovery of a child who is being, or is at immediate risk of being, abused through sexual exploitation, must be to remove them from the source of harm and ensure that any necessary evidence is secured. This action must be followed by a CSE referral so that the assessment and intervention processes can commence.

5.3.4 If there are suspicions that a child is a victim of sexual exploitation, but there is no immediate or direct evidence, the police officer noting the concern should submit a child protection referral to the Central Referral Unit. The CRU will carry out initial research and share the information with social care. If a crime has been committed, the matter will be allocated to an appropriate officer to investigate based on the offence.

5.3.5 Criminal action in respect of the child victim should be avoided wherever possible. Such action should not be instigated until the matter has been discussed within a risk management meeting, when it is established that all attempts at diversion have failed.

5.3.7 All interviews with the child as an actual or potential victim should be conducted, as far as possible, in accordance with the achieving best evidence interview guidelines.

5.3.8 Where a number of children are suspected of being exploited by an individual or group of individuals then the county’s complex abuse policy should be followed.

**5.4 Education Services**

5.4.1 Members of staff in schools, further education colleges and other education establishments are uniquely placed to recognise and refer children who are abused through sexual exploitation.

5.4.2 Personal, Social and Health Education programmes can help children make informed and healthy choices about issues such as sexual activity, grooming techniques, drug use and keeping safe.

5.4.3 School staff should be alert and competent to identify and act upon concerns that a child is at risk of or experiencing abuse through sexual exploitation.

5.4.4 The nominated teacher for safeguarding children in each school should monitor information to identify when more than one child in the school or community may be being targeted for sexual exploitation.

5.4.5 Where school employees have significant concerns (moderate or high risk categories using the Risk Assessment Framework; section 3.2 above) they should, together with their nominated adviser, make a referral to either social care or the police. Where the concerns are not immediate or are unclear, staff should discuss the case with their nominated adviser.

5.4.6 The nominated adviser should inform social care and the Safeguarding Development Officer for Education.

**5.5 Health Services**

5.5.1 Government guidance on children involved in sexual exploitation states:

*‘Because of the universal nature of most health provision, health professionals may often be the first to be aware that a child may be involved, or be at risk of becoming involved, in sexual exploitation. Children involved in sexual exploitation are likely to need a range of services, including advice and counselling for harm minimisation, health promotion, advice on sexually transmitted diseases and HIV*”.

5.5.2 Health professionals should be alert and competent to identify and act upon concerns that a child is at risk of or experiencing abuse through sexual exploitation. Training in safeguarding children and young people at risk of sexual exploitation will be available to health professionals through the GSCB Business Unit. Such professionals have a crucial role in providing support for the physical and mental health of these children.

5.5.3 Where health professionals have immediate concerns (moderate or high risk, using the Risk Assessment Framework) they should make a referral to children’s social care or the police. Where the concerns are not immediate or are unclear, staff should discuss the case with their nominated adviser.

5.5.4 Health staff should offer and/or continue to provide health education, counselling, sexual health and medical intervention to the child as an appropriate part of early intervention.

**5.6 Voluntary groups and agencies**

5.6.1 Government guidelines on young people involved in sexual exploitation emphasise the importance of a multi-agency approach, which includes voluntary and community groups / agencies: *‘The child may seek to avoid statutory services. They are more likely to respond to informal contact, for example, with health outreach workers, or local non-statutory agencies.*

5.6.2 There is a wide range of specialist voluntary and community agencies / groups who may be well placed to identify children who are at risk of or are experiencing abuse through sexual exploitation; because:

• Voluntary and community sector agencies often have a close relationship with their local communities;

• Voluntary and community sector agencies can develop relationships of trust with the children and maintain a link to the child if they become ‘lost’ to statutory services;

• Outreach agencies are often the first point of contact for children in risk situations;

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

5.6.4 Professionals and volunteers in voluntary and community groups / agencies should be alert and competent to identify and act upon concerns that a child is at risk of or experiencing abuse through sexual exploitation. They are well placed to receive and verify information about sexual abuse and exploitation of children in the local community.

5.6.5 Where a professional or volunteer in a voluntary or community group / agency has immediate concerns (moderate or high risk using the Risk Assessment Framework above) they should make a referral to social care or the police. Where the concerns are not immediate or are unclear, staff should discuss the case with their agency’s nominated safeguarding children adviser.

**Appendix A: CSE Risk Assessment and Intervention Process**

**Risk Assessment tool** completed

If **consent** given and contact accepted as a **referral** by social care

Follow up action for family, YP, referrer and /or Police. Lead professional outside social care.

**‘Look and see’** visit by social worker to ascertain situation. **Consent** to contact other professionals sought from parents and Young Person

**Police (CRU)** carry out initial enquiries and research as appropriate. Police share with social care.

If **consent** not given. Social Care will then agree next action with Police, who will liaise with the person who completed the original risk assessment.

If risk assessed as moderate / high then **Risk Management Meeting** held. To include YP, parents, Police, Social Care and relevant professionals. **Signs of safety risk** model used.

**Safety Plan** established and lead professional identified.

Follow up action for family, YP, referrer and /or Police. Lead professional outside social care.

**Initial Assessment** completed

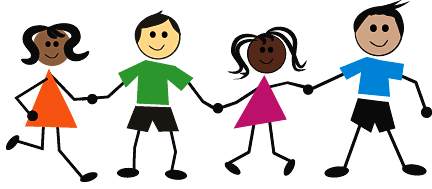
*Contact* from Police received by **R&A team**. ICS system checked. Initial discussion held between social care and Police to agree next action.

**Appendix B: CSE Screening Tool**









CSE Screening Tool

(To be completed by referrer)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person completing |  | Agency and contact details |  |
| Child/Young person’s name/alias/known as |  | Gender |  |
| Date completed |  | Interpreter required | Yes  No |
| Age/DOB |  | Has sexual exploitation previously been identified as a specific issue for this child? Please provide details | Yes  No  Unknown |
| Ethnicity/Religion |  | If other agencies or professionals are involved (please list them here) |  |
| Language spoken  (Is this their first language?) |  | Disability/Special Needs: (If yes, please clarify further) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Vulnerabilities** | **Please score 1 for each tick** | **Vulnerabilities** | **Please score 1 for each tick** |
| Emotional neglect by parent/carer/family member |  | Family history of domestic abuse |  |
| Physical abuse by parent/carer/family member |  | Family history of substance misuse |  |
| Sexual abuse |  | Family history of mental health difficulties |  |
| Breakdown of family relationships |  | Low self-esteem |  |

|  |  |
| --- | --- |
| **Vulnerabilities** | **Score 1 if present on date of assessment** |
| Unsuitable/inappropriate accommodation |  |
| Isolated from peers/social networks |  |
| Lack of positive relationship with a protective/nurturing adult |  |

|  |  |
| --- | --- |
| **Moderate risk indicators** | **Score 1 if present on date of assessment or during past 6 months** |
| Staying out late |  |
| Multiple callers (unknown adults/older young people) - (record details i.e. description/names etc)(refer to information log) |  |
| Unusual or increased use of a mobile phone that causes concern |  |
| Self harming indicators including, eating disorder. challenging behaviour, aggression) |  |
| Exclusion/suspension from school or unexplained absences from or not engaged in school/college/training/work |  |
| Disclosure of sexual/physical assault |  |
| Sexually Transmitted Infections (STI’s) |  |
| Other children involved displaying similar behaviour |  |
| Drugs misuse |  |
| Alcohol misuse |  |
| Unusual or increased use of the internet that causes concern | Computer  Mobile |

|  |  |  |
| --- | --- | --- |
| **Significant risk indicators.** | **Score 1 if present over 6 months** | **Score 5 if present on date of referral or during past 6 months** |
| Multiple STI’s / pregnancy / miscarriage |  |  |
| Periods of going missing overnight or longer |  |  |
| relationship with controlling person (including older boyfriend/girlfriend) |  |  |
| Physical abuse by that controlling person |  |  |
| Emotional/sexual activity with that controlling person |  |  |
| Entering/leaving vehicles driven by unknown adults |  |  |
| Unexplained amounts of money, expensive clothing or other items |  |  |
| Frequenting potentially areas (specify where if known) |  |  |
| No contact with known support systems |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Screening score** |  | **Risk Category** |  |
| **Principal area of concern:** | | | |

|  |
| --- |
| **Please include a rationale for what you have scored** |
|  |
| **Intended action: Please document any further action, treatment or monitoring arrangements** |

**Risk Management Framework**

***Category 1 – Not at risk of sexual exploitation (score 0-5)***

A child who is not at risk of being targeted and groomed for sexual exploitation or who has exited an exploitative situation and is no longer at risk.

***Category 2 - Mild risk of sexual exploitation (score 6-10)***

A vulnerable child where some concerns are present but their situation does not currently present as an exploitative one.

***Category 3 – Moderate risk of sexual exploitation (score 11-15)***

A vulnerable child with a number of risk indicators present that put them at risk of exploitation, e.g. periods of going missing, exclusion from school, lack of protective network, time spent with inappropriate adults.

***Category 4 – Significant risk of sexual exploitation (score 16+)***

A vulnerable child with multiple risk indicators present who is or is likely to be experiencing exploitation either currently or in the near future with specific individual(s).

***Upon completion please send referral to***

**Police Central Referral Unit:** [cruenquiries@gloucestershire.pnn.police.uk](mailto:cruenquiries@gloucestershire.pnn.police.uk)

1. Safeguarding Children and Young People from Sexual Exploitation; Supplementary Guidance to Working Together to Safeguard Children. DCSF 2009 [↑](#footnote-ref-1)
2. Section 17 Children Act 1989 [↑](#footnote-ref-2)