

**YOUR KINGSTON
YOUR HEALTH**



JSNA **JOINT
STRATEGIC
NEEDS
ASSESSMENT**

Child Sexual Exploitation

JSNA Needs Assessment

March 2017

Julia Waters

CONTENTS

ACKNOWLEDGEMENTS	3
OVERVIEW	4
INTRODUCTION	10
LOCAL PICTURE	44
WHAT WORKS.....	62
CURRENT SERVICES.....	84
COMMUNITY VOICE	98
RECOMMENDATIONS	100
GLOSSARY	122
USEFUL LINKS.....	126
HELP AND INFORMATION	129
APPENDICIES.....	131

ACKNOWLEDGEMENTS

Wai Chan, Performance Manager, Achieving for Children, Richmond Upon Thames and Kingston Upon Thames

Doug Sharp, Performance Analyst, Achieving for Children, Richmond Upon Thames and Kingston Upon Thames

Elisabeth Major, LSCB Professional Adviser, Achieving for Children, Richmond Upon Thames and Kingston Upon Thames

Vicky R. Washington, Temporary Chief Inspector, Kingston Upon Thames

Lucie C. Canon, Detective Sergeant, MASH, Kingston Upon Thames

Jane Silva, Detective Sergeant, CSE, MASH, Kingston Upon Thames

OVERVIEW

In recent years, the issue of child sexual exploitation (CSE) has gone from being largely hidden and rarely acknowledged to the subject of significant health, political, and media attention and concern. There are now a number of groups within and outside government, at national and local level, which are focused on improving the response to CSE and to preventing it.

CSE is a sensitive and complex issue and it is not limited to geography, ethnicity or social background. It is extensive^{1,2} and all councils should assume that [CSE is happening in their area and take proactive action to respond to it and prevent it](#). In many cases, reviews have shown that these young people had attended many adult services where CSE could have been, but was not, considered.

The term 'child sexual exploitation' has the potential to sanitise the horror of child rape and sexual abuse. In the UK there is no specific offence of sexual exploitation within legislation, resulting in police using the various pieces of legislation (predominantly from the Sexual Offences Act 2003) to convict for sexual exploitation (see Appendix 1). This means that offenders are prosecuted using 15 separate sexual offences. The importance of understanding sexual exploitation as a more nuanced form of sexual abuse is crucial for professionals to ensure that the most appropriate interventions and support are provided. Because child sexual exploitation is not a separate category of abuse in child protection procedures, data is often:

- Missing or incomplete. Furthermore, reporting young people as missing reduces with increasing age of the child.
- Concealed in other categories of abuse or crime (it is not possible to obtain figures from police statistics of sexual exploitation offences)¹.
- Unreported. Children are less likely to disclose that they have been sexually exploited if they:
 - Experienced [contact sexual abuse from a peer](#) (as opposed to an adult)
 - Are particularly [young](#) (the younger the child was when the sexual abuse started, the longer it took for them to disclose)
 - Were [sexually abused online](#)
 - Are [male](#)
 - Have [learning disabilities](#) including those with Autism Spectrum Conditions and Attention Deficit and Hyperactivity Disorder.

The NSPCC estimates between 650,000 and 2 million children under the age of 16 are living with child sexual exploitation^{3,4}. The average age of these children is 15 years old and most are girls although they report a "growing cohort of 10-14 year olds" and that boys are abused but less likely to disclose.

In Kingston, all CSE cases monitored have a PNC (Police National Computer Marker) against their record. CSE is reported locally to the quarterly Kingston and Richmond Child Sexual Exploitation and Children missing from Education (CSE / CME) subgroup which in turn reports to the Local Safeguarding Children's Board (for Kingston and Richmond).

High-profile court cases, like Rochdale, have elevated CSE into the public consciousness but at the same time have left the impression that the perpetrators are groups of men, however figures from Greater Manchester Police and Rochdale Sunrise CSE team show that only 10% and 15% respectively of recorded crimes currently being investigated involve multiple offenders, with the remaining being single perpetrators. Furthermore, a thematic assessment by the [Child Exploitation and Online Protection Centre](#) identified that "Research tells us that the majority of known perpetrators in the UK of this crime are lone white males". However, it is important that councils and partners do not shy away from confronting the reality of CSE in their area. Through the Local Safeguarding Children's Board, a clear profile of local need should be developed that clearly identifies the prevalence and profile of sexual exploitation taking place. If a particular group or community is disproportionately involved in the abuse of children and young people, this must be acknowledged and tackled.

CSE can take many different forms, including the exploitation of boys, and it is not clear to the public in what way CSE differs from child sexual abuse. Clear communication with the public is essential. There has been a significant cultural change in legislation in that what was previously seen as an issue of child prostitution is now seen as an issue of child protection. However, offences relating to child prostitution still remain on the statute book, including the offence of loitering or soliciting for prostitution that can be committed by a child aged 10 or over.

The vast majority of sexually exploited children are already vulnerable (See Appendix 2 for Warning Signs and vulnerabilities checklist). Factors which can increase a child's vulnerability to sexual exploitation include:

- disrupted family life and domestic violence
- a history of physical or sexual abuse
- poor mental health
- problematic parenting
- parental drug or alcohol misuse
- parental mental health problems
- learning disability.

The link between CSE and children and young people going missing is inextricable since going missing can be both a [cause and a consequence of being sexually exploited](#). One in five children and young people who goes missing from home, care, or school is at risk of serious harm, including child sexual exploitation. There must be concern about the high number of looked after children nationally who continue to generate multiple missing reports, as these children are particularly vulnerable to CSE.

For children who are groomed and abused online, there does [not appear to be a clear vulnerability profile for risks](#), however, certain groups, such as young people with learning

difficulties, those with mental health problems and lesbian, gay, bi-sexual, transgender and questioning (LGBTQ) young people, and boys and young men appear to be particularly vulnerable to online harm. 99% of eight to 17 year olds living in the UK have access to the internet. This has opened up the opportunity of becoming victims of grooming, sexual abuse and exploitative situations by predators. In the UK the number of child abuse investigations has increased by 88% between 2012 and 2015 and information from 20 police services shows that there have been 363 reported cases of online grooming between 2013 and 2015. This is widely accepted to be just the tip of the iceberg as it is estimated many children, [who have encountered harmful or inappropriate content, do not report it.](#)

Headline recommendations areas for Kingston are:

1. Improve identification, recording, and reporting of CSE
2. Improve multiagency working and information sharing
3. Looked After Children, Missing Children, and Quality and Safety of Placements
4. Primary prevention – schools and awareness raising through training and campaigns
5. Post-abuse support services and use of robust mental health services pathways for victims and their families
6. Police and Justice – disruption and prosecution
7. Community Voice: including the voice of the child and of the parents
8. Overall explicit Outcome Performance Indicators.

Top Ten Priority Recommendations

Of the full 73 recommendations outlined in the [Recommendations](#) section, the ten recommendations below are considered the highest priority for Kingston and are intended to be achieved by January 2018 as part of the CSE Action Plan:

1. Alcohol and Substance Misuse commissioners from AfC and Kingston Commissioning Service (KCS) (children and young people's commissioners and drug and alcohol commissioners) should:
 - Determine current alcohol service responses to CSE and ensure they are identifying, recording, and reporting CSE concerns.
 - Identify the training and resource needs of alcohol service providers.
 - Utilise Alcohol Research UK research findings information on the role of alcohol in CSE (available from circa 2019).
2. Improve communication between the Local Safeguarding Children Board ([LSCB](#)) and CSE and the community safety partnership ([Safer Kingston Partnership](#)) through the development of the respective Community Safety Partnership dataset and oversight in relation to child and adult sexual exploitation, and arrangements for transitions for young people to adults' services. Ensure the LSCB is working with the Safeguarding

Adults' Boards to consider the transition needs of young people over 18, who have been identified as at risk of CSE.

3. AfC should address the CSE Risks around post-16 unregulated accommodation and need for support into adulthood including adult services more closely in service planning and identification of risk, given that young people turning 18 can still be at risk or overcoming the impact of earlier abuse or in court processes.
4. The LSCB should undertake a review of [the number of repeat placements and out-of-area placements](#) to inform whether:
 - AfC have a function for commissioning niche placements, for example, secure places for those children at risk of CSE.
 - AfC ensures that there is a commissioning requirement for residential care homes to let Kingston Local authority know who is coming and when they have been discharged. This would give the host authority the chance to get real-time information.
5. The LSCB leads in offering CSE training making it compulsory for elected members and professionals who work with children and young people to attend. LSCB to offer training to Environmental Health Officers, food outlets, hotels, licensed premises, taxi firms. The Clinical Commissioning Group (CCG) safeguarding leads, Kingston Hospital safeguarding leads, GP safeguarding leads, the police, RBK, and AfC should continue to ensure that all staff attend and follow up those who do not attend CSE training.
6. Although there have been no gang activity identified in Kingston, in order to bolster prevention of gang activity, the Police should support an initiative called '[Growing against Gangs and Violence](#)' (GaGV) with structured modules cover a variety of topics aimed at safety for young people. The police should also consider [HM Government's 2016 Ending gang violence and exploitation](#) and the [National Crime Agency's \(NCA\) County Line's Gang Violence, Exploitation and Drug Supply 2016](#).
7. The Police and Crown Prosecution Service (CPS) should [achieve best evidence](#) by ensuring effective support for any young person and their family where their case is progressing through to prosecution - ensuring child victims are supported through related legal proceedings including through the use of [special measures](#) where appropriate. Use of Family Court Judges to engender a child-friendly environment for children, [Independent Sexual Violence Advisers \(ISVAs\)](#), [Registered Intermediaries](#) or specialist Voluntary and Community Service (VCS) eg [Triangle](#), where available, may also have important roles to play.
8. AfC should address the way in which [mental health response and longer term recovery services](#) are commissioned and delivered in order to address the gap in this

provision for sexually abused/exploited children, their families, and those who are at risk of CSE. This should include:

- ensure mental health trusts have a policy of [fast-tracking children](#) who are victims of abuse in child and adolescent mental health services (CAMHS). Older teenagers who experience this trauma must receive urgent mental health support so they can stay safe and rebuild their lives.
 - addressing particular needs of those (often young people) who were groomed and/or abused on-line and would be informed by [engaging victims of CSE](#) (see *Community Voice: the voice of the child and of the Parents in Recommendations*), and stronger partnership working with CAMHs.
 - appropriate and robust mental health services and pathways. Services areas should cover:
 - An inclusive approach: ensure all victims are considered eg boys and young men, ethnic minority groups and groups with learning difficulties.
 - Assessment procedures that accommodate for the lack of self-identification of risk or harm by young people. A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation. It is vital that practitioners assessing young people do not allow children and young people to fall out of the assessment and referral pathways as a result of this.
 - support to parents and carers to enable them to proactively support their children.
 - long-term intervention to help a young person to fully recover and to prevent re-victimisation.
9. Undertake an ongoing review of the CSE recovery service specification(s) with Voluntary and Community Organisations (currently the Phoenix Project) to ensure interventions are managed as part of local procedures and in collaboration with statutory agencies to deliver :
- [therapeutic work](#) with children and young people who have suffered sexual exploitation
 - support to parents and carers to enable them to proactively support their children and
 - long-term intervention to help a young person to fully recover and to prevent re-victimisation.
10. The following Best Practice should be adapted and adopted as and where relevant, achievable, and realistic:
- The [Railway Children's Reach Model](#). This should target those identified at higher risk (Children in Need, [Looked After Children](#)), children going through transition periods, and exclusion from school).

- The “See Me, Hear Me” Framework for protecting children and young people by the Police, LSCB, AfC, RBK, KCS, from strategic planning to operational interventions should utilise the ‘Evidence Examples of Questions to ask Children exposed to CSE and roles of agencies’ (see page 68 of the [Children’s Commissioner’s Inquiry 2013](#) or Figure 7 in [What Works](#)) to gain the opinions and experiences of those who have been at risk of or have suffered from CSE.
- The [Evidence-based Assertive Outreach Approach](#) by the specialist provider for CSE victims and those at risk of CSE and the Barnardo’s model of practice which focuses on the ‘four As’ for the Phoenix Project.
- The [maintained and improved outcomes measures](#) by AfC for young people accessing the specialist provider for CSE victims and those at risk of CSE.
- [HM Government’s 2016 Ending gang violence and exploitation](#) and the [National Crime Agency’s \(NCA\) County Line’s Gang Violence, Exploitation and Drug Supply 2016](#) by the health sector including mental health services, adult safeguarding, emergency departments and sexual health clinics.
- [Practice guide Supporting professionals to meet the needs of young people with learning disabilities who experience, or are at risk of CSE](#) by commissioners and staff working with Children who have special education needs and learning disabilities (including those with Autism Spectrum Conditions and Attention Deficit and Hyperactivity Disorder).

References for ‘Overview’

¹The Office of the Children’s Commissioner’s Inquiry into Child Sexual Exploitation in Gangs and Groups, interim report, 2012. ‘I thought I was the only one. The only one in the world’.

²The Office of the Children’s Commissioner’s Inquiry into Child Sexual Exploitation in Gangs and Groups, final report, 2014. ‘If only someone had listened’.

³ Cawson, P et al (2000), Child Maltreatment in the United Kingdom: A Study of the Prevalence of Child Abuse and Neglect. NSPCC

⁴ Radford L et al (2011), Child abuse and neglect in the UK today. NSPCC

INTRODUCTION

1.0 Definitions and Terminology

In 2008, the UK National Working Group for Sexually Exploited Children and Young People¹ developed a definition of CSE, which was recognised in [English guidance](#) to safeguard children and young people from sexual exploitation.

Recent reports^{2,3,4} highlighted the need for revision of the definition of CSE and in February 2016, the Government launched a four week consultation to seek views on proposed changes to the statutory definition of child sexual exploitation. The consultation also seeks views' on whether the revised definition should be included in statutory guidance '[Working Together to Safeguard Children](#)' (2015). The proposed reflects the increased understanding of this form of abuse and are intended to remove any ambiguity and ensure that practitioners are working to the same definition across all sectors.

The [definition of child sexual exploitation \(2017\)](#) is now 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.'

Violence, coercion and intimidation are common. Involvement in exploitative relationships is characterised by the child's or young person's limited availability of choice resulting from their social, economic or emotional vulnerability. A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation.

In law, a child is anyone who has not yet reached their 18th birthday. However, some young people aged 18 or over may have vulnerabilities that put them at risk of CSE, or it may be ongoing into young adulthood.

1.1 Gangs and Groups

The Office of the Children's Commissioner has defined CSE in gangs and groups in its [2013 report](#). This includes:

Gangs – mainly comprising men and boys aged 13-25 years old, who take part in many forms of criminal activity (e.g. knife crime or robbery) who can engage in violence against other gangs, and who have identifiable markers, for example a territory, a name, or sometimes clothing.

Groups – involves people who come together in person or online for the purpose of setting up, co-ordinating and/or taking part in the sexual exploitation of children in either an organised or opportunistic way.

Child sexual exploitation in gangs

- Gangs are relatively durable, predominantly street-based, social groups of children, young people and, not infrequently, young adults who see themselves, and are seen by others, as affiliates of a discrete, named group who (1) engage in a range of criminal activity and violence; (2) identify or lay claim to territory; (3) have some form of identifying structural feature; and (4) are in conflict with similar groups.
- Groups are two or more people of any age, connected through formal or informal associations or networks, including, but not exclusive to, friendship groups.

Sexual exploitation is used in gangs to:

- Exert power and control over members
- Initiate young people into the gang
- Exchange sexual activity for status or protection
- Entrap rival gang members by exploiting girls and young women
- Inflict sexual assault as a weapon in conflict.

Girls who are considered to be engaging in casual sex were seen as forfeiting their right to refuse sex⁵. The majority of sexual exploitation within gangs is committed by [teenage boys and men in their twenties](#).

Gang Associate

An individual can be gang associated for one or more of the following reasons. They:

- Offend with or for gang members, either willingly or through coercion or exploitation but do not identify themselves as a gang member and there is no other corroborative information that they are a gang member.
- Associate with gang members. This is known by police, partner agencies and/or community intelligence.
- Have shown, through their conduct or behaviour, a specific desire or intent to become a member of a gang.
- They are a family member, friend or are otherwise connected to a gang member, but are not a gang member themselves.

Young people associated with a gang are at risk of being sexually exploited by that gang. Sexual violence may result because rape and sexual assault is carried out as part of a

conflict between rival gangs, for example the sister of a gang member may be raped as a way of attacking her brother by proxy. Sexual violence may be used as a form of punishment to fellow gang members and/or a means of gaining status within the hierarchy of the gang.

1.2 Types of Child Sexual Exploitation

The act of CSE is generally a hidden activity and is much more likely to occur in private dwellings than in public venues. However, the act or method of coercion by the perpetrator(s) can take place on the streets. The following examples describe the different types of exploitation offenders use and how children can be coerced.

Boyfriend Model

Here the offender befriends and grooms a young person into a 'relationship' and then coerces or forces them to have sex with friends or associates. The boyfriend may be significantly older than the victim, but not always.

Peer on Peer Exploitation

Young people can be sexually exploited by people of a similar age as well as adults. Research is increasingly demonstrating that a significant number of sexually exploited young people have been abused by their peers and peer-on-peer exploitation has been found⁶ to be the most frequently identified form of child sexual exploitation in London.

Nationally, a [study](#) showed that more than one in three children (34%) who experienced contact sexual abuse by an adult did not tell anyone else about it but four out of five children (82.7%) who experienced contact sexual abuse from a peer did not tell anyone else about it. Young people can be exploited by their peers in a number of ways. In some cases both young women and young men, who have been exploited themselves by adults or peers, will recruit other young people to be abused. In other instances, sexual bullying in schools and other social settings can result in the sexual exploitation of young people by their peers. Sexual exploitation also occurs within and between street gangs, where sex is used in exchange for safety, protection, drugs and simply belonging. For 16 and 17 year olds who are in abusive relationships, what may appear to be a case of domestic violence may also involve sexual exploitation. In all cases of peer-on-peer exploitation, a power imbalance will still inform the relationship, but this inequality will not necessarily be the result of an age gap between the abuser and the abused.

In [2012 Barnardo's reported](#) an increase in sexual exploitation by peers in eight of their services. They found young people were sexually exploiting peers either directly by sexually abusing victims themselves or indirectly by introducing children and young people to abusers.

The [Children's Commissioner Inquiry](#) found that of the 2,409 victims reported to them, 155 were also identified as perpetrators of child sexual exploitation.

According to the [Child Exploitation and Online Protection Centre \(CEOP\)](#), perpetrators can use one victim to gain access to others, asking victims to bring their friends along to pre-

arranged meetings or 'parties'. In some cases, if victims try to break free, the [perpetrator will use their peers to draw them back in](#).

Organised / Networked sexual exploitation or trafficking

Young people (often connected) are passed through networks, possibly over geographical distances, between towns and cities where they may be forced / coerced into sexual activity with multiple men. Often this occurs at 'parties' and young people who are involved may recruit others into the network. Some of this activity is described as serious organised crime and can involve the organised 'buying and selling' of young people by offenders. Organised exploitation varies from spontaneous networking between groups of offenders, to more serious organised crime where young people are effectively 'sold'. Children are known to be trafficked for sexual exploitation and this can occur anywhere within the UK, across local authority boundaries and across international borders.

Inappropriate relationships

These usually involve one offender who has inappropriate power or control over a young person (physical, emotional or financial). One indicator may be a significant age gap. The young person may believe they are in a loving relationship.

Familial

Young people can be individually exploited, or it may also involve other family members. The motivation is often financial and can involve substance use. Parents or family members control and facilitate the exploitation.

Opportunistic

This may occur quickly and without any form of grooming. Typically older males identify vulnerable young people who may already have a history of being groomed or sexually abused. The perpetrator will offer a young person a 'reward' or payment in exchange for sexual acts. The perpetrator is often linked with a network of abusive adults.

2.0 Links between CSE and other Types of Crime

According to the Children's Commissioner Report, [if only someone had listened](#), one of the signs that a child is already being exploited is their involvement in offending. Children may come to notice as a victim of CSE only when identified as an offender for a crime, it is only then that their victimisation becomes disclosed. Children may also become involved in offending as a result of CSE victimisation; they may act out, get into fights as a way of 'release' or become involved in offending such as drug supply on behalf of the exploiters. [Previous research](#) identified that 40% of CSE victims had an offending history and that CSE affected young people were more likely to first come to the attention of the authorities as offenders.

Sexual exploitation also has links to other types of crime. This [includes](#):

- Child trafficking (into, out of and within the UK)
- Domestic violence. A third of children witnessing domestic violence, also experience another form of abuse. A review of the evidence⁷ found that children who are exposed to the domestic abuse, often have greater behavioural and emotional problems compared to other children. This may include depression, anxiety, aggression or anti-social behaviour and they are at greater risk of unwanted pregnancy, substance misuse and CSE.
- Sexual violence in intimate relationships
- Grooming (both online and offline)
- Abusive images of children and their distribution (organised abuse)
- Organised sexual abuse of children
- Drugs-related offences (dealing, consuming and cultivating)
- Gang-related activity
- Immigration-related offences
- Domestic servitude.

3.0 Prevalence and Profile of Children and Young People who have experienced CSE

Sexual violence or abuse against children represents a [major public health and social welfare problem](#) within UK society. It is difficult to obtain a reliable estimate of the prevalence of child sexual abuse. Research by the National Society for Prevention of Cruelty against Children (NSPCC) put it in the range of 5 to 16 per cent of children under 16 years old. That is between 650,000 and 2 million children^{8, 9}.

The [2012 CSEGG Inquiry](#) estimated that at least 16,500 children were at risk of child sexual exploitation during the period from April 2010 to March 2011. Whilst 2,409 children were confirmed as victims of sexual exploitation in gangs and groups during the period from August 2010 to October 2011, there is no confirmation of the numbers of children sexually exploited by individuals.

The research evidence¹⁰ on the links between child sexual exploitation and health is limited:

'This is a very difficult group to research; the few studies that do exist... tend to be in depth, participatory and qualitative, based on non-probability sampling methods (typically used when the members of a population are difficult to locate). These studies provide rich data and important insights, but are not designed to give estimates of prevalence or provide representative data on patterns of health needs.'¹⁰

It remains that better evidence specifically related to child sexual exploitation is needed. It would include, for example, the different age and developmental stage of the victims –

adolescence, and the impact of the different models of exploitation on victims. These two factors, amongst others, influence the shape of the care pathway and the configuration of the multiagency response at each intervention point.

3.1 Reporting and Underreporting of CSE

The [Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups](#) identified 11 indicators of CSE risk in children aged 10+ that can be measured using education, police or other public service datasets, to identify children at risk locally who are:

- in Need or Looked After: What percentage of this group were placed out of borough?
- persistently absent from education
- permanently excluded from school
- misusing drugs and/or alcohol
- engaged in offending
- reported missing, or Children reported to be 'absconding' or 'breaching'
- reported as victims of rape
- lacking friends of similar age
- putting their health at risk
- displaying sexually inappropriate behaviour
- who are self-harming or showing suicidal intent.

See Appendix 2 for more details on warning signs of CSE.

Disclosure

Sexual violence or abuse against children is greatly under identified and reported. [NSPCC Research \(2012\)](#) corroborate that CSE is more prevalent than the number of reported cases suggests as only a small proportion of victims disclose this abuse. [NSPCC research \(2013\)](#) found that it took on average, seven years for the young people they interviewed to disclose sexual abuse. CSE is hidden, rarely recognised or identified. Victims of CSE exploitation say that shame and believing the threats made by the perpetrator/s of harm to them or their family silence them. In cases of sexual exploitation, many young people did not see themselves as victims or at risk from abuse.

Victims are also afraid that they will not be believed, and there is justification for this. Many who have spoken out about being sexually exploited or abused have not been believed because professionals, the public, and perhaps even those close to them often [do not see them as being exploited](#) (see 'Exploring Consent' in section 5.0). Therefore, although disclosures did occur in childhood or at the time of the abuse, they were relatively rare events. The likelihood of children disclosing their abuse reduces in the following situations:

- **Peer abuse**
More than one in three children (34 per cent) who experienced abuse by an adult did not tell anyone else about it, and four out of five children (83 per cent) who experienced contact sexual abuse from a peer did not tell anyone else about it⁸.

- **Younger Children**
[NSPCC research](#) found that the younger children are when the sexual abuse started, the longer it took for them to disclose.
- **On-line Abuse**
A [2015 Barnardo's Report](#) stated that children who have been sexually abused online are even less likely to disclose what has happened to them due to the permanency to their abuse as their images and their scripts will remain online in perpetuity, there are commonly feelings of shame, embarrassment, guilt, and paranoia regarding who may have had access to/seen the images.
- **[Boy and Men](#)**
Discriminatory social attitudes and stereotypes, expectations of 'masculine' behaviour, gender differences in educational initiatives and gender differences in emotional responses all contribute to reducing boys' and mens' reporting their abuse.
- **[Children and Young People with Learning Disabilities](#)**
Young people's descriptions of their disclosure of CSE revealed how professionals sometimes did not ask about their experiences of risk or relationships. Young people's experiences revealed how disclosures of CSE are often made after a professional has built a relationship over a long period of time, based on trust and listening to the young person, thus reinforcing the importance of long-term support for young people affected by CSE.

There is also anecdotal evidence from CSE conferences that victims fear repercussions when perpetrators are released after they have served the (what is deemed too short) duration of their sentence.

Lack of Reporting of those who have experienced CSE

Underreporting may also be due to certain children not being identified as at risk eg children of certain ethnic backgrounds and boys. Children recorded as 'Asian' or 'Asian British' are less likely to be identified using the indicators associated with CSE. As the evidence base has identified^{11, 12}, children from some ethnic minority groups may be less likely to be identified by statutory services, as they often have different 'help-seeking' behaviour, and their risks are less well known to professionals.

Using aggregate data, it can be [identified](#) whether any individual indicators are more likely to identify girls than boys, particular ethnic groups, or children of particular ages. It appears that some indicators are more likely to identify girls, and others are more likely to identify boys; for example, girls are more likely to be reported missing than are boys, but boys are more likely to be involved with a youth offending service than are girls. Some are more likely to identify White British children and others are more likely to identify BME children; for example, White British children are more likely to be using drug and alcohol services, whereas BME children are more likely to be excluded from school.

Most of the indicators are more likely to identify children aged 14-16. Therefore, if professionals used only the warning sign of 'being reported missing to the police' to identify potential victims, they would be more likely to identify girls and young women and miss boys and young men. If they looked only for children with an identified drug and alcohol problem, they would be more likely to find White British victims and miss BME victims.

3.2 Age and Gender

The NSPCC also states the average age of these children is 15 years old. However, there is a growing cohort of 10 to 14 year old victims.

The majority of child victims of sexual exploitation are girls, but boys are also sexually exploited. Of the 2,409 children identified via the CSEGG Inquiry's call for evidence, 72 per cent were girls and 9 per cent were boys, where gender was disclosed^{2,11}.

3.3 Pre-existing vulnerability

The vast majority of sexually exploited children are already vulnerable. Factors which can increase a child's vulnerability to sexual exploitation include disrupted family life and domestic violence, a history of physical or sexual abuse, disadvantage, poor mental health, problematic parenting, parental drug or alcohol misuse and parental mental health problems, and more recently, exploitation of [learning disability](#). Below is information on Looked After Children, missing children, on-line CSE, boys and young men, and children and young people with learning disabilities. See Appendix 2 for more information on warning Signs and vulnerabilities checklist of CSE.

3.3.1 Looked After Children

[Placement instability can have a negative impact on looked-after children's wellbeing.](#)

The [NAO report \(2014\)](#) stated that about two-thirds of children are looked after due to having experienced neglect and / or abuse. Of children being looked after on 31 March 2013, 34% had more than one placement during the year and 11% had more than three placements. Both these proportions have remained the same since 2009. Children whose latest placement was in foster care had more stable placements than those in residential care on 31 March 2013: 26% of children in foster care had more than one placement during the year compared with 52% of children in residential care. Children in residential homes often have more complex and difficult needs than children in foster care. Some 330 young people moved placement 10 or more times during the year. Of these children, 90% went 'missing' during the year.

The physical distance between responsible social worker and child in out-of-area placements often meant their involvement was reduced and monitoring was difficult. Communication breakdowns between placing authorities and host authorities meant it was difficult to identify how many children go missing. Although there is a duty on the responsible local authority to notify the host local authority of children being placed in their area, evidence to the [Anne Coffey inquiry](#) shows this is still not routinely happening.

A particular pressure for local authorities is [emerging](#) for secure residential places for girls at risk of CSE. There is no central clearing point for this capacity so local authorities simply have to telephone around England, or even Scotland, to find a free place, if one exists. A report by [Ofsted](#) on this issue found that the commissioning of placements for children at risk of or subject to CSE were undertaken in all local authorities through spot purchasing arrangements. It also found that children had experienced multiple placement moves and risks remained unaddressed due to poor placement planning and poor commissioning of an initial placement that was failing to meet the needs of the young person.

3.3.2 Missing Children and Young People

A child is considered to be missing if his or her whereabouts cannot be established, whatever the circumstances of his or her disappearance, and where the circumstances are out of character or the context suggests the child may be the subject of crime or at risk of harm to themselves or another.

A child is absent when he or she is not at a place where he or she is expected or required to be. The 'absent' category will include cases where children are not presently where they are supposed to be and where there is no apparent risk of harm. Absent cases will be monitored by the Police with consideration given to escalating the case to the missing category where there is a change in circumstances that has increased the level of risk to the child.

Children who go missing from home or care place themselves, and sometimes others, at increased risk of being harmed. The reasons why children go missing are complex and frequently involve a number of push and pull factors which should not be viewed in isolation from a child's home circumstances or experience in care. Every missing episode warrants professional attention, and practitioners need to offer a consistent and coherent response to ensure the child is protected from harm.

A missing protocol is designed to support an effective and collaborative safeguarding response from all agencies involved when a child goes missing from home or care. It provides guidance for assessing both the risk of the child going missing and the risk to the child when he or she is missing. The protocol describes the appropriate actions that agencies should take to locate the child, support his or her return to home or care, and to identify issues which caused, and may continue to cause, the child to go missing. The protocol applies to all children that are absent or go missing, including:

- All children aged under 18 who go missing from their family home
- All children looked-after by the local authority placed within and beyond the local area

- All young people for whom the local authority has continuing responsibility as care leavers.

Nationally, children and young people living in foster care or in a children's home were found to be proportionally [three times more likely to go missing than young people living with their family](#). Although there are particular vulnerabilities associated with looked-after children who go missing, the majority of children who go missing do so from their family homes. Often the same measures are required to protect both groups of children, given that all children who go missing can experience the same risks. This protocol relates to protecting all children who go missing whether they go missing from home or care; however, the protocol contains additional guidance covering the specific actions which need to be taken when children go missing from a care setting.

In the UK, the National Policing Improvement Agency (NPIA) estimated 216,000 people were reported missing to the police in 2010/11. The police use a definition to help them determine whether a person is 'missing', and this, along with a risk assessment, guides them in how to respond to each case. In England and Wales, this definition is determined by ACPO (Association of Chief Police Officers), and in April 2013 it introduced a change in approach to missing person cases following a pilot. This seeks to ensure that police resources are used to best effect when missing person reports are made, by introducing a new category of 'absent' for certain types of cases. It is hoped that the new approach will lead to a more effective response by the police and other agencies, by way of better safeguarding the high volume of people reported missing every year.

CSE and its Links to Missing Children

The link between CSE and children and young people going missing is inextricable since going missing can be both [a cause and a consequence of being sexually exploited](#). In one [study](#) 70% of children who were sexually exploited went missing and 65% were not attending school. Some young people go missing as a consequence of sexual exploitation, but others are at risk of being targeted by perpetrators who groom them for exploitation whilst they are missing. Children running away from care are [particularly vulnerable](#) to sexual exploitation. Many have had difficult starts to their lives and experienced neglect, abuse or trauma which may make them more vulnerable to grooming behaviours. Negative attitudes from professionals – social workers, care home staff and the police – who view children involved in sexual exploitation and children who run away as 'troublemakers' were also found to hamper support for these vulnerable children.

From the [evidence base](#) it is clear that many children who are sexually exploited repeatedly go missing as a result. Evidence submitted to the [Inquiry's](#) dataset indicates that between April 2010 and March 2011, over 47,000 children aged between 10 and 17 were reported to police forces across England as missing, of whom at least 5,400 were reported missing three or more times in 90 days.

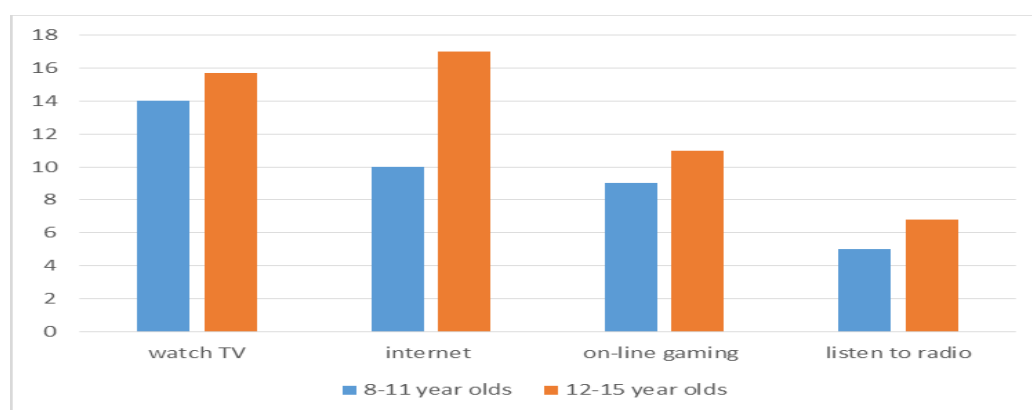
3.3.3 CSE On-Line

The [2015 NSPCC Report](#) highlights that young people aged 12 to 15 are more than twice as likely to say they had viewed harmful content online, compared to children aged 8 to 11.

In 2015, following the passage of the Serious Crime Act (England and Wales) it became illegal for an adult to intentionally send a sexual message to a child. Consequently, increases in reporting of this new offence would be expected.

The [Barnardos Digital Dangers report \(2015\)](#) highlighted that currently 78% of 12 to 15 year olds own a mobile phone of which 65% own a smartphone¹³ and 31% of 8 to 11 year olds own a mobile phone of which 20% own a smartphone¹⁴. The high levels of ownership by young people of smartphones and tablets (the use of tablet computers in the home has tripled among 5-15 year olds since 2012. Ibid) gives them the freedom to access anyone through numerous platforms in environments, such as their bedrooms or outside the house, where adults are less able to oversee the content.

Figure 1: Estimated weekly hours of media consumption at home or elsewhere among users, by age: 2014



Source: [Ofcom \(2014\) Children and parents: Media use and attitudes report.](#)

New technologies and social networking tools and platforms (eg Facebook, Blackberry messaging or BBM, and Twitter), chat rooms, dating sites or online gaming, present further opportunities for social interaction but potentially increase the opportunity for offenders to target vulnerable young people.

Where abusive images have been posted on or shared via the internet, there is little control over who can access them. This can lead to repeat victimisation. The NWG Network 2013 study, [‘If you Shine a Light you will probably find it’](#), also identified that GPS technology available for mobile devices can be used to identify the location where a photograph was taken, which may increase the risk to the victim. The software can be downloaded freely and provides the coordinates of where the digital image was taken, to within a matter of yards. CSE can occur through the use of technology without the child realising it. For example, a child or young person is persuaded to post images of themselves on the internet and/or mobile phones. In some cases, the images are subsequently used as a bargaining tool by

the perpetrators and threats of violence and intimidation are used as methods of coercion. Offenders may use technology to exploit children and young people in the following ways:

- Harassment and bullying through text messaging.
- Purchasing mobile phones for victims and sharing their numbers among group or gang members.
- Randomly contacting children via social networking sites.
- Using 'friends' lists on networking sites of known victims to target children and young people.
- Viewing extreme or violent pornography and discussing it during sexual assaults.
- Posting images of victims with rival gang members to invite a sexual assault as punishment.
- Filming and distributing incidents of rape and sexual violence.
- Distributing lists of children for the purpose of sexual exploitation.

Vulnerability

The correlation between children deemed as vulnerable offline being equally vulnerable online is not clear cut:

“For children who are groomed and abused online, there does not appear to be a clear vulnerability profile for risks.... Recent work on this suggests that some children may have an online risk-taking appetite which does not match a typical vulnerability profile.”¹⁵

Three groups have emerged that, in the past, the majority of the workers would not have frequently supported but with whom they are now more regularly working. It would appear that certain aspects of these individuals make them particularly vulnerable to exploitation through online activity:

- Those who are diagnosed as being on the autistic spectrum. Whilst children and young people with autism can excel in their ability to use the internet, challenges around social communication and interaction can place them at serious risk of harm online.
- Young people with mental health issues who rely on the internet for fulfilling aspects of their lives that they do not feel able to activate offline.
- Young people who are exploring their sexual orientation. Barnardo's annual survey 2013/2014 also found that technology often appears to be a route into CSE for boys, with ['Grindr'](#) mentioned as being used by young males “to explore their sexuality and meet local men who are willing to engage in sexual activities.”¹⁶ Adult sites are accessed when children and young people cannot find the information that they need.

Another group referred to in the annual survey 2013/2014 and explored in research in 2014¹⁷, is that of boys and young men. The annual survey highlighted concerns in relation to 'Grindr' and gaming sites (particularly PS3 gaming partners set up via social networking sites), where perpetrators are able to chat to children and young people while playing games.

Difficulties in disclosure and discovery of online abuse

Even before the popularity of the internet, it was well known how difficult it can be for children and young people to disclose if they had been the victims of sexual abuse and exploitation. Practice experience confirms that children who have been sexually abused online are even less likely to disclose what has happened to them for a number of reasons. Firstly, there is a permanency to their abuse. Their images and their scripts will remain online in perpetuity. Alongside feelings¹⁸ of shame, embarrassment and guilt, there is also a feeling of paranoia regarding who may have had access to/seen the images.

Assessment of risk

Many Barnardo's services currently use a sexual exploitation assessment tool, Sexual Exploitation Risk Assessment Framework (SERAF), to identify levels of risk of sexual exploitation for children and young people¹⁹. Whilst this model remains a reliable tool for assessing children and young people at risk from sexual exploitation and acknowledges that many young people may be controlled by perpetrators through the use of mobile phones and the internet, practitioners have identified that it is not suitable for use with 'internet abuse only' cases. This is because a significant proportion of 'internet abuse only' referrals do not involve children and young people who have experienced difficult childhoods or displayed risky behaviours, such as going missing or having older friends. There is a need to consider the development of specific tools for the identification of risk in relation to online child sex abuse. Currently, if the initial referral focuses on online harm, "the measurement of risk scores, at point of referral, is very low on the initial assessment that we carry out." (according to the Project worker). Young people who may be at serious risk from online abuse do not register as such through use of the tool. The recognition of the need for more refined models of assessment for online risks (and intervention programmes) that reflect the known impacts of online grooming and sexual abuse as well as the broader social and family context in which this may occur is reflected across the children's workforce.

Resources

The websites and apps most commonly identified as being linked to the sexual exploitation of young people were named by practitioners. It was found that the majority of young people commenced relationships on Facebook before going onto other sites and apps. Snapchat, Instagram, BBM, WhatsApp and Skype were reported as the most popular sites used by perpetrators to communicate with young people and Grindr, Flirtfinder and Kik, were less popular. A list of the most frequently mentioned sites is in Appendix 4 together with descriptors and the risks they may pose to children and young people. With new websites and apps being developed continually, it is difficult for professionals to keep up to date, and to understand the related risks. Generally, the younger staff working with children harmed online felt more confident in working on issues of online safety.

Very few staff knew of the UK Safer Internet Centre (UKSIC), the UK Council for Child Internet Safety (UKCCIS)²⁰, the South West Grid for Learning or Internet Matters, all of which have a range of resources to raise awareness about internet harm and how better to

protect children. Two major contacts, the Internet Watch Foundation and the Professionals' Online Safety Helpline (POSH)²¹ were also little known. This lack of knowledge is not specific to Barnardo's staff as many frontline professionals working with children and young people have expressed feelings of being deskilled by the onset of online abuse and the different aspects and conduits for harm of young people via the internet. This has been evidenced by the comments of some of the project workers interviewed for this report. It has also been evidenced on a larger scale through a survey²² carried out on behalf of the Marie Collins Foundation which found that 96.5% of professional respondents in Children's Services, Education and Health across England stated that they required training for online risk assessment, while 94% needed training for intervention programmes.

In summary:

- There is no UK-wide guidance for multi-disciplinary working when investigating cases of online abuse of children
- There are no evidence-based models for assessing online risk and the therapeutic needs of children
- There are some pockets of innovative practice that should be developed and used to inform national policies
- There are a number of good resources available to raise awareness of the safety issues regarding the internet, but these could be better advertised
- There are few resources currently available to help practitioners in their recovery work with children and young people, particularly younger children who are at risk of grooming online
- Confidence of practitioners needs increasing through training on online communications and the role it plays in the sexual abuse of young people.

See Appendix 3 for more information on the [Barnardos Digital Dangers report](#) regarding inherent aspects of new technologies, lack of knowledge and critical understanding of harm, the changing nature of referral, and professional response to on-line risk.

3.3.4 CSE Boys and Young Men

Young men have explained that their sexual exploitation is often overlooked by practitioners. There is some [evidence](#) that young men who are being sexually exploited are more likely to be criminalised for their behaviour and viewed as a perpetrator. Young men's victimhood often goes unrecognised and professionals may tend to focus on boys and young men's outward behaviour, such as offending or drug and alcohol use, without questioning the reasons behind it.

In their [seminal research, Barnardos](#) found the following:

- Of the 9,042 Barnardo's records for CSE that were analysed, 33% of service users were male; however, this masks a significant variation in the figures for individual services (from 5% to 57%).

- Male service users were 2.6 times more likely to have a recorded disability than female service users (35% compared with 13%).
- 48% of male service users and 28% of female service users had a criminal record.
- The age of referral to Barnardo's services was slightly lower for boys than for girls.
- While there were differences between males and females, the research strands also identified similarities: experiences of running away and homelessness, being in care and experiences of non-CSE-related violence.
- Sexual orientation of Barnardo's service users is not currently routinely recorded. However, professionals noted that while boys of any sexual orientation are at risk of sexual exploitation, there may be specific risks and impacts that relate to gay, bisexual and trans (GBT) young men.
- The research identified some prominent routes by which males become victims of sexual exploitation, based on different types of relationship: trusted friend, exploitation of vulnerable GBT and curious men, female perpetrators and commercial exploitation.
- The research indicates that boys are less likely to be identified as victims of exploitation, although by the time they are, they may present with particularly high risks and vulnerabilities compared with girls.
- In line with gender stereotypes and wider societal perceptions, professionals' attitudes towards boys and young men can be less protective than towards girls. Professionals working with sexually exploited boys and young men found that they are more likely to express their anger and trauma externally and be labelled as 'aggressive', 'violent', or an 'offender', whereas girls are more likely to internalise their distress.
- There are a number of barriers to disclosure specific to boys and young men: discriminatory social attitudes and stereotypes; expectations of 'masculine' behaviour, gender differences in educational initiatives and gender differences in emotional responses.
- Male service users were more likely to be referred by criminal justice agencies and less likely to be referred by social services and education. Very few males or females were referred by health services.
- 80% of male service users were referred to Barnardo's services due to going missing.
- Professionals had different views on what type of service provision males should receive, based on their own professional experience.

The box in Figure 2 illustrates possible indicators specific to boys and young men being sexually exploited. These indicators are organised according to the domains and dimensions of the [Framework for the Assessment of Children in Need and their Families](#).

Figure 2 Indicators of possible Sexual Exploitation for Boys and Young Men

Domain: Child Development Needs

Health:

- Physical symptoms – STIs, bruising or marks on body suggestive of physical or sexual abuse
- Drug or alcohol misuse
- Self-harming or eating disorders

Education:

- Truancing from school, deterioration of schoolwork or part-time timetable

Emotional and Behavioural Development:

- Secretive about internet use or using adult networking sites
- Sexualised language
- Aggressive or violent
- Sexually offending behaviour.

Family and Social Relationships:

- Associating with other children at risk of sexual exploitation
- Missing from home or staying out late
- Getting into cars of unknown people
- Contact with unknown adults outside of normal social group via face meetings, internet, text messaging or phone calls.

Identity

- Low self-esteem, poor self-image or lack of confidence.

Social presentation

- Wearing an unusual amount of clothing.

Domain: Family an Environmental Factors

Income:

- Social activities with no explanation of how funded
- Possession of abnormal amount of money, gifts, new mobile phones, credit on mobile phones, number of SIM cards.

Family's Social Integration:

- Frequenting known high-risk areas or going to addresses of concern
- Seen at public toilets known for cottaging or adult venues (pubs and clubs).

Source:

<http://www.bettercarenetwork.org/sites/default/files/Framework%20for%20the%20Assessment%20of%20Children%20in%20Need%20and%20Their%20Families%20-%20Guidance%20Notes%20and%20Glossary.pdf>

3.3.5 Young People with Learning Disabilities

A [meta-analysis](#) illustrates that disabled children and young people are between three and four times more likely to experience violence than non-disabled children. For sexual violence, estimates of prevalence are 8–9 per cent; however, when examining the prevalence of sexual violence in children with mental or intellectual disabilities specifically, the figure rises to 15 per cent. This is corroborated by [Sullivan and Knutson \(2000\)](#) who examined case records for over 50,000 young people aged 0–21. In general, the quality and quantity of information on the abuse and protection of disabled children in the UK is [poor](#). The most recent [review of the literature](#) reports that young people with communication needs, learning disabilities, behavioural disorders, and sensory impairments are more likely to experience higher levels of neglect and violence

Evidence demonstrates that there are challenges to identifying numbers of young people with learning disabilities who are affected by CSE across the UK, and these are exacerbated by the:

- Invisibility of young people with learning disabilities
- Widespread lack of diagnosis and assessment of needs
- Lack of understanding of both CSE and learning disabilities among some professionals
- Absence of a shared terminology relating to learning disabilities and/or learning difficulties
- General lack of data collected that relates to the sexual exploitation of young people with learning disabilities.

Only 31 per cent of local authorities/health and social care trusts (HSCTs) that reported that they collate figures on CSE stated that the numbers of young people with learning disabilities could be identified.

Local implementation of national CSE guidance and local responses to young people with learning disabilities.

Many local areas have not started to address the sexual exploitation of young people with learning disabilities at either a strategic or an operational level. Only half of the 41 per cent of local authorities/HSCTs who have a specialist CSE service felt that this service was currently able to meet the needs of young people with learning disabilities. However, the research highlights that some local areas are taking strategic and operational steps to meet the needs of young people with learning disabilities. For example, some local authorities/HSCTs reported automatic identification of young people with learning disabilities at risk of CSE as a **medium or high risk**. The research confirms previous findings^{2,4,23} of the need for local areas to undertake mapping activity, including a focus on learning disability, to help with assessing and responding to local needs in relation to this group of young people.

The research reveals the importance of addressing the needs of young people with learning disabilities once they become 18-years-old. Concerns were expressed about the protection of these vulnerable young people once they have moved from children's to adults' services and are no longer in receipt of specialist CSE services. Preventative work around relationships, consent and sexual exploitation is seen to be a crucial part of preparing young people with learning disabilities for adult life and an essential part of any transition planning, yet appears to be woefully neglected.

Concerns were expressed in the course of the research about how the experience of CSE can play a part in some young people with learning disabilities exhibiting inappropriate sexual behaviours or becoming involved in the sexual exploitation of others. There is a clear need for cross-agency awareness-raising, including professionals based in criminal justice agencies, to ensure appropriate responses are put in place that include treating these young people as victims and ensuring they receive support to address abuse and trauma.

4.0 Impact on health and wellbeing

Some vulnerabilities contribute to the exploitation whilst others arise from it. Many of the health needs are shared with other marginal groups, but they are exacerbated by the sexual nature of the abuse and their adolescent life stage. Assumptions about 'normal' aspects of adolescent behaviour, such as risk taking and a focus on the present, potentially at the expense of longer term consequences of actions, may reduce practitioners' ability to recognise and respond to the needs of a sexually exploited child. A significant proportion of children who have experienced CSE have issues with drugs and alcohol, sexual health, and mental health (post-traumatic stress disorder, depression, self-harming, thoughts of suicide, severe low self-esteem, self-neglect).

Physical Health

All the children interviewed for the CSEGG Inquiry reported experiencing physical violence^{2,11} and 48 per cent of them had injuries that required them to visit an accident and emergency department. In the Inquiry's call for evidence submissions:

- 41 per cent identified children having drug and alcohol problems as a result of sexual exploitation
- 32 per cent identified children self-harming as a result of sexual exploitation
- 27 per cent raised broader concerns about victims' mental health following sexual exploitation (see 'Mental Health' below).
- 39 per cent identified a negative impact on children's sexual health. Professionals reinforced this concern during site visits and evidence hearings, reporting pregnancy, miscarriages, terminations, sexually transmitted infections including chlamydia, herpes and gonorrhoea, and other consequences. One verbal report was made of a child contracting HIV.

Mental Health

There is reliable evidence to show that being a victim of sexual violence or abuse is a risk factor for the development of mental health problems and disorders. Findings from three studies indicated that about half the children who had been sexually abused experienced depression, post-traumatic stress disorder (PTSD) or disturbed behaviour, or a combination of these^{24,25}, and 40 to 70 per cent of those diagnosed with a borderline personality disorder reported having been sexually abused when younger²⁶.

In another important study, girls who needed treatment as a result of having experienced contact sexual abuse had high rates of disorder and co-morbidity (using DSM-III-R criteria) prior to treatment²⁷:

- 73 per cent suffered post-traumatic stress disorder (PTSD)
- 57 per cent suffered major depression
- 37 per cent suffered generalised anxiety disorder
- 58 per cent suffered separation anxiety disorder.

The CSEGG Inquiry^{2,11} reported that 85 per cent of the sexually exploited children who were interviewed had either self-harmed or attempted suicide as a result of sexual exploitation.

During site visits, evidence hearings and interviews with children, the following issues were identified:

- emerging personality disorder
- borderline personality disorder
- emerging psychosis
- depression
- self-harming
- thoughts of suicide
- drug and alcohol abuse
- severe low self-esteem
- self-neglect.

[Barnardo's](#) have more information on the range of negative health outcomes that result from CSE.

5.0 Responsibilities for Prevention, Identification, Intervention, Protection, Prosecution, and Recovery

Raising awareness through education and training and encouraging staff to be more curious about CSE is a vital part of [transforming the culture of health services](#) as well as social care and education services. Children at risk or experiencing sexual exploitation access a broad range of healthcare in many settings, pointing to the need to support all health staff with:

- **Raising awareness of the indicators of abuse** (see Appendix 2).
- **Multi-agency structured identification and assessment of risk.**
- **Exploring consent.** There is emerging evidence that professionals typically view children as consenting to sexual activity and therefore take no further action. This is referred to in high profile child sexual exploitation cases, and the [CSE Gangs and Groups Inquiry commissioned research](#) into childrens' understanding of consent to sex. Any sexual activity involving children under 16 years old is unlawful, and in particular, those under 13 years old are deemed not to have the legal capacity to consent to sex. For children over 16 years old, professionals need to explore potential power imbalances in the relationship (due to fear of violence, age difference, the provision of gifts, alcohol or drugs etc) because a child cannot freely give their consent in these circumstances. Sixteen is the legal age of consent to sexual activity. Although many laws (such as the Children Act 1989) declare that any person under the age of 18 is a child, the law protecting children from sexual crimes does not afford young people age 16 and 17 the same level of protection as younger children.

Vulnerable 16 and 17 year olds are often [not recognised](#) as victims of exploitation, professionals can be unsure or reluctant to intervene, and the police can find it very difficult to bring perpetrators to justice. Dangerous inconsistencies in the law mean that vulnerable 16 and 17 year olds receive neither the same basic protections as younger children to keep them safe, nor the same rights as adults. They are more likely to be victims of sexual abuse, yet they are less likely to be regarded as children who need protection when they do report cases, and there is also less protection and support available when they have experienced harm.

- **The impact of diversity.** For example, the exploitation of [some girls and young women of Asian origin](#) can be even more difficult to expose than the exploitation of other ethnic groups because they are unlikely to seek help or report their abuse due to shame and dishonour.

Statutory responsibilities

The statutory responsibilities of local agencies, including councils, are set out in the [Department for Children Schools and Families 2009 supplementary guidance on CSE](#). The [2011 National Action Plan](#) further clarifies these, and also brings together a range of commitments from national and local partners. Statutory requirements from these documents include:

- Mechanisms should be in place to collect prevalence and monitor cases of CSE
- CSE is assumed to be present, and is prioritised if believed to be a significant issue
- preventative activity should be put in place, helping those being exploited and targeting perpetrators
- Local Safeguarding Children Boards (LSCBs) should have specific local procedures to cover CSE (eg a strategy).
- Training should include warning signs of CSE, how to report concerns, how to safeguard and how to prevent.
- Awareness-raising activities should be aimed at young people and the general public, including where to obtain help and how to report
- Arrangements should be in place for either a dedicated coordinator or co-located team.

Other relevant recommendations are outlined in the [Recommendations](#) section of this report.

[Recommendations from Ofsted \(2014\)](#) include those of all Local Authorities, their partners and the LSCB. For example one responsibility of LSCBs would be to put in place systems to monitor prevalence and responses to CSE within their area. They should start from the basis that there is a problem to be addressed in their area – this would include gathering data from Board partners and other local stakeholders. Research suggests that sexual exploitation does indeed take place in most areas across the country²⁸.

Other relevant recommendations are outlined in the [Recommendations](#) section of this report.

[The Office of the Children's Commissioner 2013 Inquiry](#) has identified nine major failings or barriers in the system that may present themselves at different levels across each local area and lead to victimisation occurring. However it is noteworthy to highlight here:

- As the age of a potential victim increases, the likelihood that health services will share information with other safeguarding agencies decreases. Of the agencies responding, 78% said they would share information when approached around a potential victim who was aged 10 to 13, 9% of those said that their decision to share would be different if the individual was aged 13 to 15 years old and 19% said it would be different if they were aged 16 to 18. The Inquiry has acquired its extensive understanding of CSE by listening to children and young people and the agencies that work with them. Youth offending teams; youth service projects; sexual health agencies; housing providers; the violence against women and girls sector; and the specialist voluntary sector organisations and projects, amongst others, all hold information on sexual exploitation that is not held by the police, children's services and CSE projects.
- A **delayed response** to CSE continues to hamper the development and improvement of practice to tackle CSE. Only two police forces have sought to 'map' (locate and log the connections of) girls and young women associated with street gangs despite recommendations made in the Interim Report.
- **Results are not being monitored.** Statutory agencies are failing to check whether their actions are working and there is no common agreement between them as to what they are trying to achieve. The most common, mentioned by half of the respondents, was arresting perpetrators and bringing them to justice. While 84% of LSCBs said that agencies in their area used a detailed risk assessment when a potential victim was identified, the quality of these varied considerably. Some employed the standard common assessment framework (30%). Others used local child sexual exploitation assessments (52%). 33% used a whole host of others. The lack of a common assessment leaves the potential for different areas to measure risk differently, and therefore measure their success rates differently. There is still a lack of agreed indicators and evaluative measures between agencies working within specific localities.

5.1 Responsibilities by Agencies

Local Safeguarding Children Boards (LSCBs)

LSCBs have a key role to play in coordinating and ensuring the effectiveness of the work of their members. They should act in accordance with this [guidance](#) in carrying out their functions.

Common features for all agencies

The following agencies have specific roles and responsibilities with regard to preventing, protecting, disrupting, prosecuting, and sustained continual recovery (see [Working Together guidance on CSE, DCSF, 2009](#) for more detailed information):

5.1.1 Local Authorities:

- **Children’s Social Care**

The duties on Local Authorities (LAs) under the Children Act 1989 apply to all children and young people aged under 18 years. Children’s social care staff should also be alert to the possibility of sexual exploitation of children who are already in receipt of services.

- **Youth Services**

Youth and community workers (YCWs) have close contact with children and young people and will be in a key position to identify signs that someone is at risk of, or is being, sexually exploited.

- **Leisure Services** implement safeguarding standards such as [Leisurewatch](#)²⁹. Its purpose is to increase public protection by preventing sexual offending in defined public spaces. It brings together trained staff in leisure venues and named police officers responsible for community safety, to reduce the risk of harm to children and young people.

- **Housing Service**

Housing managers, whether working in a Local Authority or for a registered social landlord, and others with a front-line role such as environmental health officers.

5.1.2 Criminal Justice Organisations

In her [Independent report on CSE in Greater Manchester](#), Ann Coffey stated that:

“Despite new DPP guidelines designed to ensure that the justice system supports all children, including those who do not present as ‘classic’ victims, I have seen evidence that this is not always happening in the case of vulnerable witnesses in Greater Manchester. It is clear from looking at some Greater Manchester case files that have been given a No Further Action status by the Crown Prosecution Service [CPS], that judgments are still being made about vulnerable children, including how they dress”.

“Once the case gets past the CPS hurdle, we should not forget how traumatic being cross-examined in court is for some of these young witnesses. One told me: “There is not a word to describe how bad it was. I have never experienced anything like that in my life, and I never want to experience anything like that ever again. I want to do anything I can to get the trials changed for others. It was like one attack after another”.

“One of the barristers was not even asking me questions; he was just shouting at me, and the judge kept having to tell him to stop shouting and move on, and he kept asking me questions that he was not supposed to ask.” We also need to understand that without a better understanding among the public about the nature of CSE and its effects on victims, defence lawyers will continue to try and undermine witness evidence by attacking the character of the victim.

Child victims should be supported throughout the prosecution process and beyond, including through the use of special measures where appropriate (See the Victims and Witnesses section of the [Crown Prosecution Service website](#)). [Independent Sexual Violence Advisers](#) or specialist Voluntary and Community Services (VCS), where available, may also have an [important role to play](#).

- **[The Police](#)**

Certain groups of children and young people have been observed to be more likely to have negative experiences with the police, with participants feeling that police were less likely to recognise their vulnerability and need for support. These include children who go missing, those known to the police for offending behaviour, older children, BME children and those who may be less likely to be present as cooperative or compliant (even though these behaviours may themselves be associated with their additional vulnerability).

- **Crown Prosecution Service**

Guidance on Children as Victims and Witnesses³⁰ has been issued by the CPS on prosecuting cases involving children and young people as victims and witnesses of crime and, in appropriate circumstances, as defendants.

- **Youth Offending Teams** are well placed to identify those children and young people known to relevant organisations as being most at risk of being drawn into the criminal justice system.

5.1.3 Schools and Further Education Institutions

All educational settings are a universal provision and have a very important role in:

- identifying when children and young people might be at risk of or exposed to CSE
- giving children and young people information about CSE and acceptable and unacceptable relationships and sexual behaviour,
- gaining a sense of [self-worth and respect for others](#).

Because personal, social, health and economic education (PSHE) is not compulsory, there can be a piecemeal approach with a huge variation in the kind of information that individual schools are giving to children.

Recent inquiries into CSE in [Rotherham](#), [Rochdale](#), [Birmingham](#), and [Manchester](#) have all highlighted the need for schools to teach pupils how to keep themselves and others safe.

According to the [Jay report](#) on child sexual abuse in Rotherham, the victims were “scathing” about the lessons they received in school. The Department for Education’s failure to make PSHE statutory potentially means that lessons on consent and healthy relationships will continue to be squeezed from school timetables and taught by untrained teachers, leaving pupils at risk.

In January 2016, the Sex Education Forum launched the results of a [survey](#) of over 2,000 11-25 year-olds. The findings highlight the gaps in SRE which are leaving children and young people at risk:

- Half (50%) of young people did not learn how to get help if they were abused
- Over half (53%) did not learn how to recognise grooming for sexual exploitation
- More than four in ten had not learned about healthy or abusive relationships
- A third (34%) of young people said they learnt nothing about sexual consent at school.

A recently published [Cochrane review](#) found evidence that school-based sexual abuse prevention programmes were effective in increasing protective behaviours and knowledge of sexual abuse prevention. The most widely used primary prevention strategy has been the provision of school-based education programmes. Although programmes have been taught in schools since the 1980s, their effectiveness requires ongoing scrutiny.

The [PSHE Association](#) highlighted how good quality PSHE education teaches pupils to challenge unhealthy and exploitative relationships, both to safeguard them from being abused and prevent them from engaging in abusive behaviours themselves. A series of recent inquiries into high profile cases of CSE have recommended that schools teach about subjects such as consent and healthy relationships to ensure that all children and young people know how to keep themselves and others safe.

PSHE education also teaches pupils about other issues which can contribute to exploitation, such as drug and alcohol misuse and online safety. The report of the [inquiry into CSE in Oxfordshire](#), for example, noted that the local authority had taken steps to provide universal drug and alcohol education to secondary pupils, given the prevalence of these issues in local cases of CSE. The [National Crime Agency’s CEOP Command](#) has noted that education on online exploitation ‘*most effectively sits within a PSHE programme*’ in which issues of communication and relationships are explored.

The evidence of the impact of this learning is significant. An [international Cochrane Study](#) suggests that when pupils receive lessons on sex and relationships, disclosures about abuse and exploitation increase significantly. Recent authoritative [surveys of sexual attitudes and lifestyles](#)³⁰ involving 15,000 British adults suggest that those who cite school lessons as their main source of sex and relationships education were less likely to have an unplanned pregnancy and more likely to:

- Have first intercourse after age 15

- To have used contraception
- To say that their decision to have sex was autonomous
- To say that both partners were consenting.

These findings are backed by a series of international studies^{32,33,34,35}.

The case for statutory status of PSHE has been made by a variety of organisations and bodies³⁶.

“A key part of preventing CSE is teaching young people how to spot the signs of grooming. It is vital the government prioritises lessons about healthy relationships.”
 Javed Khan, Chief Executive, Barnardo’s, August 2015

The Women and Equalities Committee has launched the first [parliamentary inquiry and report \(2016\)](#) into the scale and impact of sexual harassment and sexual violence in schools. It comes as new research shows how young people are being affected by this problem. The [Fixers Report \(2016\)](#) highlighted that:

- schools are not playing their part in recognising the pressures young people are under when dealing with matters of sexual harassment and sexual bullying
- teachers may brush off incidents of sexual assaults or sexually threatening behaviour because of students relatively young ages
- many incidents go unreported because students are worried that victims will be punished as well as perpetrators.

Data published in September 2015 showed that 5,500 sexual offences were recorded in UK schools over a three year period, including 600 rapes. A [2010 YouGov poll](#) of 16-18 year olds found 29% of girls experienced unwanted sexual touching at school and a further 71% said they heard sexual name-calling towards girls at school daily or a few times per week.

By secondary school, children often have [entrenched views about gender norms](#). It is therefore important that children are educated about gender equality, consent, relationships and sex in an age-appropriate way starting in [primary school](#) and must be broadened to challenge harmful notions of masculinity and [reflect boys’ experiences](#). The approach should ensure that CSE is embedded in healthy relationships, consent, sexting, and expressions of sexuality work and would address the current gaps and duplication. Areas that should be covered in CSE work in schools [should include](#):

- healthy or abusive relationships including issues about the body, gender, sexual behaviour, and influence of the media
- sexual consent
- how to recognise grooming for sexual exploitation including the use of technology (on-line grooming, sexting)
- how to get help if they have concerns or are abused.

Clearly if such behaviours go unchallenged whilst children and young people are at school, potential CSE perpetrator behaviour also goes unchallenged and might continue outside school and into adulthood. Similarly, young people develop a sense that sexual harassment and sexual violence are [acceptable behaviours and learning social norms](#) that are carried through to adult life.

The Internet: lack of evaluation of effectiveness

While the lack of research evaluating the effectiveness of online safety programmes remains of concern, programme developers can draw on existing research in other areas of prevention education, given the apparent generalisability of their [findings](#). There is considerable consensus on the hallmarks of effective programmes, including a focus on a developmental approach, skill-building and active learning; engagement of stakeholders including pupils, parents, teachers and the broader community; and clarity on intended outcomes and ongoing evaluation of these. A lack of high-quality empirical research in the area of online safety therefore presents challenges to understanding the 'dynamics and scope' of online risk, as well as to ensuring that programmes are and continue to be effective, particularly given a context of ongoing technological change^{37,38}.

5.1.4 Health Services

Children and young people affected by sexual exploitation can present with a range of physical and/or emotional problems to a wide range of health settings (see list below). It is therefore [essential](#) that doctors across all specialties as well as other health care professionals are aware of the range of presentations and that they know how to respond appropriately.

Children and young people who are sexually exploited can present with poor self-care, injuries, sexually transmitted infections, contraception, pregnancy, termination, drug and alcohol problems, medically unexplained symptoms, mental health problems, self-harming behaviours, problem behaviours, problems in relationships. They may not recognise they are being sexually exploited as they may perceive the perpetrator as giving them something they need or want. See Section 4.0 in this Introduction section for more details of impact of CSE on mental and physical health. See also Health Services Information in Useful Links section. Types of health services accessed by children who have been exposed to CSE include:

- **Sexual Health clinics, terminations of pregnancy services, and maternity services** are in key positions to identify signs of CSE and be instrumental in supporting recovery of individuals affected.
- **Mental health Services including Children and Adolescent Mental Health Services (CAMHS)** and adult mental health services. There are [severe shortages of therapeutic support services](#) for young people who experienced abuse. Local policies vary considerably from area to area. It is frequently the case that a child who has experienced abuse will not get access to mental health support unless, or until they

have a diagnosable condition – this is simply too late to prevent suffering. In many areas, long waiting times put off older teenagers whose lives may be volatile and the window of opportunity to engage with them may be very short. Very few mental health trusts have a policy of fast-tracking children who are victims of abuse for child and adolescent mental health services.

CAMHS and adult mental health services may encounter children and young people at risk of or suffering sexual exploitation (including supporting recovery) or they may have concerns about adults suspected of being perpetrators of sexual exploitation. As part of assessment and care planning, child and adolescent mental health professionals should identify whether child abuse or neglect, sexual exploitation or domestic violence are factors in a child's mental health problems, and should ensure that this is addressed appropriately in the child's treatment and care. CAMHS professionals have a particular role in the assessment of cases where there is perceived high risk of danger, including cases where multiple victims are involved.

- **Health staff and looked after children and care leavers** - see section 3.3.1.
- **Accident and Emergency Services** may pick up on signs of sexual and physical abuse or signs of violence when young people present with injuries. Young people may also present due to alcohol or drug overdose or intoxication. These staff may be in a prime position not only to refer to other agencies but also (subject to the patient's consent) to collect forensic and photographic evidence through their medical examinations, which will assist the police with their investigations eg DNA from semen and photographs of injuries.
- **Primary care - GP and Community Pharmacies** (eg for young women accessing Emergency Hormonal Contraception) are also in a key position to identify children and young people who have been sexually exploited.
- **Drug and alcohol services** may encounter children and young people at risk of or suffering sexual exploitation (including supporting recovery) or they may have concerns about adults suspected of being perpetrators of sexual exploitation. The use of alcohol and other drugs in the social context of CSE is a common theme (one in ten young people under 18 being treated for drug and alcohol problems in three key Greater Manchester boroughs – Rochdale, Oldham and Stockport – has disclosed they have been [sexually exploited](#)). Yet there is little evidence, particularly in the UK, of any exploration of the nature and extent of that relationship, nor its implications for alcohol service responses.

5.1.5 Voluntary and Community Organisations

Many young people may be disengaged from mainstream statutory services and be more likely to respond to a voluntary organisation that provides a specialist service. Voluntary organisations are able to offer an independent, confidential service to young

people. They can provide intensive support to encourage them to remain engaged with the service and are an advocacy service to ensure that they can access the support they need from other services. Voluntary organisations often provide specialist services that include:

- Preventative work through awareness raising and therapeutic outreach
- Intervention as part of an agreed package of support for someone who is at risk of or suffering sexual exploitation. This intervention should be managed as part of local procedures and in collaboration with statutory agencies.
- Therapeutic work with children and young people who have suffered sexual exploitation.
- Support to parents and carers to enable them to proactively support their children.
- Long-term intervention to help a young person to fully recover and to prevent re-victimisation. An example of longer term group work meeting the therapeutic needs of sexually exploited young women is given on page 96 of [Department for Children, Schools and Families \(2009\) 'Safeguarding Children and Young People from Exploitation. Supplementary Guidance to Working together to safeguard Children'](#).

The Private Sector

Private sector organisations provide many services for children and young people or are responsible for environments where children and young people may be present. Examples include shopping centres, cinemas, pubs, cafes, restaurants, the Internet (particularly, social networking sites), and other leisure facilities, including adult venues and gay clubs. The Government's Staying Safe: Action Plan sets out the work being taken forward to raise general awareness of the need to take responsibility for safeguarding and promoting the welfare of children and young people and to drive improvements in children's safety. Private sector organisations are being encouraged to:

- Implement codes of practice and other guidance issued by Government-led bodies (e.g. the Home Office guidance/code of practice on social networking sites and any future guidance issued by the UK Council for Child Internet Safety, UKCCIS) for Internet and other online service providers,
- See [LeisureWatch](#) information above in the 'Local Authority' section 5.1.1
- Cooperate with statutory services' work including LSCBs' outreach work, service planning and coordination
- Ensure staff are trained in safeguarding and promoting the welfare of children, including sexual exploitation and become closely involved where an issue of sexual exploitation is identified in a particular local area or facility and engage in active co-operation with local agencies, especially the police and local authority, to address it.

6.0 Recovery

An effective awareness raising campaign will naturally increase the number of children and young people identified as potential or actual victims of CSE, and may also encourage adults who were abused as children to come forward for support. It is vital that sufficient services are in place to provide for the needs of these groups, and members should question what is currently available – and whether there is sufficient capacity to meet expected demand. CSE can have a devastating impact on a child's life, and victims may present with extremely complex needs. Services must be in place to meet these needs, and [may include](#):

- individual therapeutic work
- group based therapeutic work
- family counselling
- youth work support
- education, training and employment support
- sexual health and relationship education
- drug and alcohol support
- supported placements.

There are [severe shortages of therapeutic support services](#) for young people who experienced abuse. Local policies vary considerably from area to area. It is frequently the case that a child who has experienced abuse will not get access to mental health support unless, or until, they have a diagnosable condition – this is simply too late to prevent suffering. In many areas, long waiting times put off older teenagers whose lives may be volatile and the window of opportunity to engage with them may be very short. Very few mental health trusts have a policy of fast-tracking children who are victims of abuse for child and adolescent mental health services.

7.0 CSE Perpetrators

7.1 Prevalence and Profile of CSE Perpetrators

The term 'sexual offender' was once established in people's minds as the 'dirty old man in a rain mac' hiding in the park. But sexual offenders are in fact [part of every community and class](#). Often in the childhood of people who commit sexual offences there are shared environmental conditions with the victim, such as poor parenting, poor attachment, early physical, sexual and emotional abuse, sexualisation, and neglect. Many people who sexually offend are likely to have shown a sexual interest in children at an early age, and it is important to understand the warning signs and make appropriate early interventions with children who are at risk of developing sexually offending behaviour. Not enough is known about the mind-set of people who commit sexual offences. A better understanding of their motivations and how they see their victims is important in order to better inform young people about how to protect themselves. It pays to [listen to what sex offenders say](#).

People who sexually exploit children are often described as highly manipulative individuals. They exert power over young people through physical violence, emotional blackmail or financial pressure, for example holding them in debt.

To maintain control or to distance children and young people from those who may be able to protect them, abusers create or exploit weaknesses such as:

- being isolated/distant from friends and family
- disengagement from services such as education or health
- [challenging or criminal behaviour](#).

The focus on manipulation and control has similarities with [domestic violence](#), although more research is needed to establish this link and [fully explore](#) motivations for child sexual exploitation .

Research by Dr Hill³⁹ has identified a number of roles fulfilled by those perpetrators engaged in this type of criminality on the street, which can be broken down into three key roles:

- "the hook" - a member of the group who is usually of a young age, similar to the victim, can pose as a boyfriend, and acts as the initial point of contact, luring the victim in before passing them onto other individuals.
- "the predator" - an older individual who invariably has a sexual interest in young girls and will carry out the offences.
- "the co-ordinator" - responsible for the logistics such as transport; but often involved in the abuse also. One person can act as all three of these roles.

It is well recognised that groups responsible for carrying out CSE tend to demonstrate specific behaviours when engaging with victims; the main ones being violence, intimidation, persuasion and aggression (VIPA).

"As a criminologist I appreciate the importance of understanding perpetrator behaviour, you cannot effectively intervene in a process you are not aware of and do not understand. The ['Can you stop it?' video](#) aims to raise awareness of how perpetrators of "on-street CSE" target, control and transport their victims. The hope is that by raising awareness amongst professionals working with children, they will be better able to identify and intervene early to stop children and young people from becoming victims of CSE."

[Dr Graham Hill](#)

Between [April 2014 and March 2015 the Met](#) received over 1,800 referrals; and 1,185 children were identified as being at risk; 537 children were identified as being victims of crime whereby CSE was a factor.

A total of 77 individuals have been charged with criminal offences linked to CSE for the same period; securing sentences totalling more than 100 years imprisonment. In addition 250 prevention orders have been served on CSE perpetrators. These include abduction notices and risk of sexual harm orders.

Little is known regarding who commits child sexual exploitation. Identifying abusers is difficult because:

- Data is often not recorded or is inconsistent or incomplete
- Children and young people often only know their abuser by an alias, nickname or appearance
- Victims may be passed between abusers and assaulted by multiple perpetrators
- Children and young people are often moved from location to location and abused in each place
- [Young people may be given alcohol or drugs](#)

Consequently, the number of known perpetrators is likely to be far higher than those reported.

Gender, Age and Ethnicity

The 2012 Children's Commissioner's study¹¹ found that:

- 72% of abusers were male
- 10% of abusers were female
- in 18% of cases gender wasn't disclosed

The evidence indicated that the age range of abusers was from 12 to 75 years. Where ethnic group was recorded, the majority of perpetrators were White.

Child Sexual Exploitation committed by children and young people

In [2012 Barnardo's](#) reported an increase in sexual exploitation by peers in eight of their services. They found young people were sexually exploiting peers either directly by sexually abusing victims themselves or indirectly by introducing children and young people to abusers.

The Children's Commissioner Inquiry¹¹ found that of the 2,409 victims reported to them, 155 (6.4%) were also identified as perpetrators of child sexual.

According to the [Child Exploitation and Online Protection Centre \(CEOP\)](#), perpetrators can use one victim to gain access to others, asking victims to bring their friends along to pre-arranged meetings or 'parties'. In some cases, if victims try to break free, the perpetrator will use their peers to draw them back in.

[Disclosure](#) by children who have experienced contact sexual abuse by a child is less than half as common as disclosure by children who have experienced contact sexual abuse by an adult.

7.2 Disrupting Perpetrator Behaviour

A disruption plan might involve a number of activities, ranging from simple observation of an individual's activities, to the use of a range of civil orders including sexual offences prevention orders and risk of sexual harm orders (more information about the civil orders that might be considered in cases of CSE is set out in Annex A of [Safeguarding Children and Young people from Sexual Exploitation: Supplementary Guidance to Safeguard Children \(2009\)](#), depending on the type of behaviour and evidence available. Other types of legislation, such as anti-social behaviour orders, restraining orders or child abduction notices (see below) can be used to disrupt incidences of sexual exploitation while other measures to safeguard children and young people or gather evidence are taking place. The Licensing Act 2003 can be used to prevent children and young people gaining access to adult venues such as pubs and clubs where they may be especially vulnerable to grooming.

Other local statutes can be used to disrupt incidences of sexual exploitation. For example, if practitioners are aware of locations where sexual exploitation is taking place, they can use local licensing or housing departments to close down venues.

Child Abduction notices under section 2 of the [Child Abduction Act 1984](#) can be used to disrupt contact between an adult and a child or young person where the child is aged 16 or under. It is an offence for a person not connected to the child to take the child away 'without legal authority'. In such cases, the police may remove the child to a place of safety and issue a formal warning to the perpetrator. Although these cases do not require a complaint from the child, it does require the child's parent or guardian to make a statement. Although not a long-term solution to the problem, section 2 notices are a useful tool in terms of immediately breaking contact between the child and the individual exploiting them. They are also useful in ensuring that the suspected perpetrator cannot claim they did not know the age of the child. The perpetrator's details will also be input on to the Police National Computer system.

More details about identifying and disrupting Perpetrator can be found in Chapter 7 of the [DCSF's 2009 Safeguarding Children and Young People from Sexual Exploitation: Supplementary Guidance to Working Together to Safeguard Children](#).

The Crown Prosecution Service's response to and Freedom of Information (FOI) undertaken as part of the [Children Society 2015 report: 'Old enough to know better? Why sexually exploited older teenagers are being overlooked'](#) showed that the data on children flagged as being at risk of CSE is patchy, and that there is no consistent approach to recording and sharing this data. This report found that:

- around 1 in 5 crimes of a sexual nature in relation to 16 and 17 year olds result in charge, summon, caution or community disposal (local community based resolution). And around 8 out of 10 crimes recorded get closed without any further action. The major reasons for no further action (where specified) included the lack of evidence and the victim not being willing or able to progress.
- around a quarter of all cases of child sexual abuse result in 'no prosecution' decisions and around 1 in 4 cases that are prosecuted are unsuccessful.

References for 'Introduction'

- ¹The UK National Working Group for Sexually Exploited Children and Young People is now called the NWG Network. It is a charitable organisation linking practitioners, policymakers and researchers working with CSE across the UK
- ²Office of the Children's Commissioner Final Report (2013) "If only someone had listened" Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups.
- ³Office of the Children's Commissioner Final Report (2015) 'If it's not better, it's not the end': Inquiry into Child Sexual Exploitation in Gangs and Groups: one year on.
- ⁴Smeaton, E. (2013) Working with children and young people who experience running away and child sexual exploitation: An evidence-based guide for practitioners.
- ⁵Beckett, H. et al (2012) Research into gang-associated sexual exploitation and sexual violence: interim report (PDF). Luton: University of Bedfordshire.
- ⁶Beckett, H., Firmin, C., Hynes, P., & Pearce, J. (2014). Tackling Child Sexual Exploitation: A Study of Current Practice in London. Full Report. London: London Councils
- ⁷Humphreys, C. (2006) 'Relevant evidence for practice', in Humphreys, C. and Stanley, N. (Eds) Domestic Violence and Child Protection. London: Jessica Kingsley Publishers.
- ⁸Cawson, P et al (2000), Child Maltreatment in the United Kingdom: A Study of the Prevalence of Child Abuse and Neglect. NSPCC.
- ⁹Radford L et al (2011), Child abuse and neglect in the UK today. NSPCC)
- ¹⁰Association for Young People's Health, University of Bedfordshire, National Working Group (2013), Be Healthy Project.
- ¹¹ Office of the Children's Commissioner (2012) 'I thought I was the only one the only one in the World'.
- ¹²Health Working Group Report on Child Sexual Exploitation (2014): An independent group chaired by the Department of Health focusing on: Improving the outcomes for children by promoting effective engagement of health services and staff
- ¹³A mobile phone that performs many of the functions of a computer, typically having a touchscreen interface, internet access, and an operating system capable of running downloaded apps. - www.google.co.uk: 9 June 2015.
- ¹⁴Ofcom (2014) Children and parents: Media use and attitudes report.
- ¹⁵Johnny Gwynne, Director of the NCA's CEOP (4.5.2014) at the All Party Parliamentary Group for Children. Children and the Police Inquiry: Child Sexual Exploitation, Oral session 7.
- ¹⁶Barnardo's internal child sexual exploitation services' survey 2013/2014.
- ¹⁷Barnardo's (2014) Hidden in plain sight: A scoping study into the sexual exploitation of boys and young men in the UK. Barkingside.
- ¹⁸The five principle reasons why these young people did not tell anyone were:
- the highly sexualised nature of the communications sent by the young people, both written and pictorial
 - feelings of complicity
 - lying about their age
 - being in love and having emotional dependency on their online 'boyfriend/girlfriend'
 - fear of peer group and family responses to what they had done
- ¹⁹Those services that don't use SERAF use similar assessments, as requested by their commissioning authority.
- ²⁰Some of the UK Council for Child Internet Safety (UKCCIS) achievements to date include:
- implementing an unavoidable choice for home broadband customers about whether to turn on parental control filters as well as considering potential problems around blocking

- working with the Registered Digital Institute to design a friendly WiFi logo to allow parents and families to easily identify places where they can be sure that the public wifi had filtered inappropriate sites
- creating summaries of a large body of internet safety research
- developing a series of guidance documents for industry including on social networking.

²¹IWF is a 'notice and take down service' for reporting child abuse images and POSH is a helpline set up to assist professionals, including if they have concerns regarding particular sites regarding the safety of children and need assistance

²²Bond, E & Phippen, A (2014) The Children's workforce across England is ill informed to meet the needs of child victims of online abuse. Marie Collins Foundation, Plymouth University and University Campus of Suffolk.

²³Jago, S with Arocha, L; Brodie, I; Melrose, M; Pearce, J and Warrington, C (2011) What's Going on to Safeguard Children and Young People from Sexual Exploitation? How Local Partnerships Respond to Child Sexual Exploitation Luton: University of Bedfordshire.

²⁴Monck E and New M (1996), Sexually abused children and adolescents and young perpetrators of sexual abuse who were treated in voluntary community facilities. In Jones DPH and Ramchandani P (1989), Child Sexual Abuse – Informing Practice from Research.

²⁵Sharland E, Seal H, Croucher M, Aldgate J and Jones D (1996), Professional Intervention in Child Sexual Abuse. In Jones DPH and Ramchandani P (1989), Child Sexual Abuse – Informing Practice from Research

²⁶Zanarini M C, Childhood experiences associated with the development of borderline personality disorder. *Psyc*

²⁷Trowell J, Kolvin I, Weeramanthri T, Berelowitz M, Sadowski H, Glaser D and Leitch I (2002), Psychotherapy for sexually abused girls: psychopathological outcome findings and patterns of change. *British Journal of Psychiatry*, 180, 234–247; *iatric Clinics of North America*, 2000; 23(1): 89-101).

²⁸Melrose, M with Barrett, D (2004) eds *Anchors in Floating Lives: Interventions with Young People Sexually Abused through Prostitution* (Lyme Regis, Russell House Publishing).

²⁹Leisurewatch is a scheme delivered and maintained by The Derwent Initiative.

³⁰Crown Prosecution Service (2006). *Children and Young People: CPS Policy on prosecuting criminal cases involving children and young people as victims and witnesses*. CPS

³¹NATSAL (1991, 2001, 2012). *The National Survey of Sexual Attitudes and Lifestyles*. NATSAL.

³²Kirby, D. and Laris, B. A. (2009). Effective curriculum-based sex and STD/HIV education programs for adolescents. *Child Development Perspectives*, 3(1), 21-29.

³³UNESCO, 2009: UNESCO (2009). *International Technical Guidance on Sexuality Education*. UNESCO. ;

³⁴Public Health Draft Guidance: School, College and Community Personal, Social, Health and Economic Education Focusing on Sex Alcohol Education;

³⁵NICE, 2010: Public Health Draft Guidance: School, College and Community Personal, Social, Health and Economic Education Focusing on Sex Alcohol Education. NICE.).

³⁶Statutory status for PSHE education is backed by the NSPCC, Barnardo's, The Children's Society, the Association of Independent Local Safeguarding Children Boards Chairs, the Association of Police and Crime Commissioners, the Children's Commissioner and many other child safety experts. It was also backed by the Commons Home Affairs Committee after its inquiry into female genital mutilation, while a Parliamentary Inquiry into preventing violence against women and girls stated that Britain would be better placed to meet its obligations under the Istanbul Convention on preventing violence against women and girls if PSHE was statutory.

³⁷Jones, L. M. (2010). *The Future of Internet Safety Education: Critical Lessons from Four Decades of Youth Drug Abuse Prevention*. Publius.

³⁸Finkelhor, D., Wolak, J. and Mitchell, K. J. (2010). *Online Safety: Why Research is Important*. Publius.

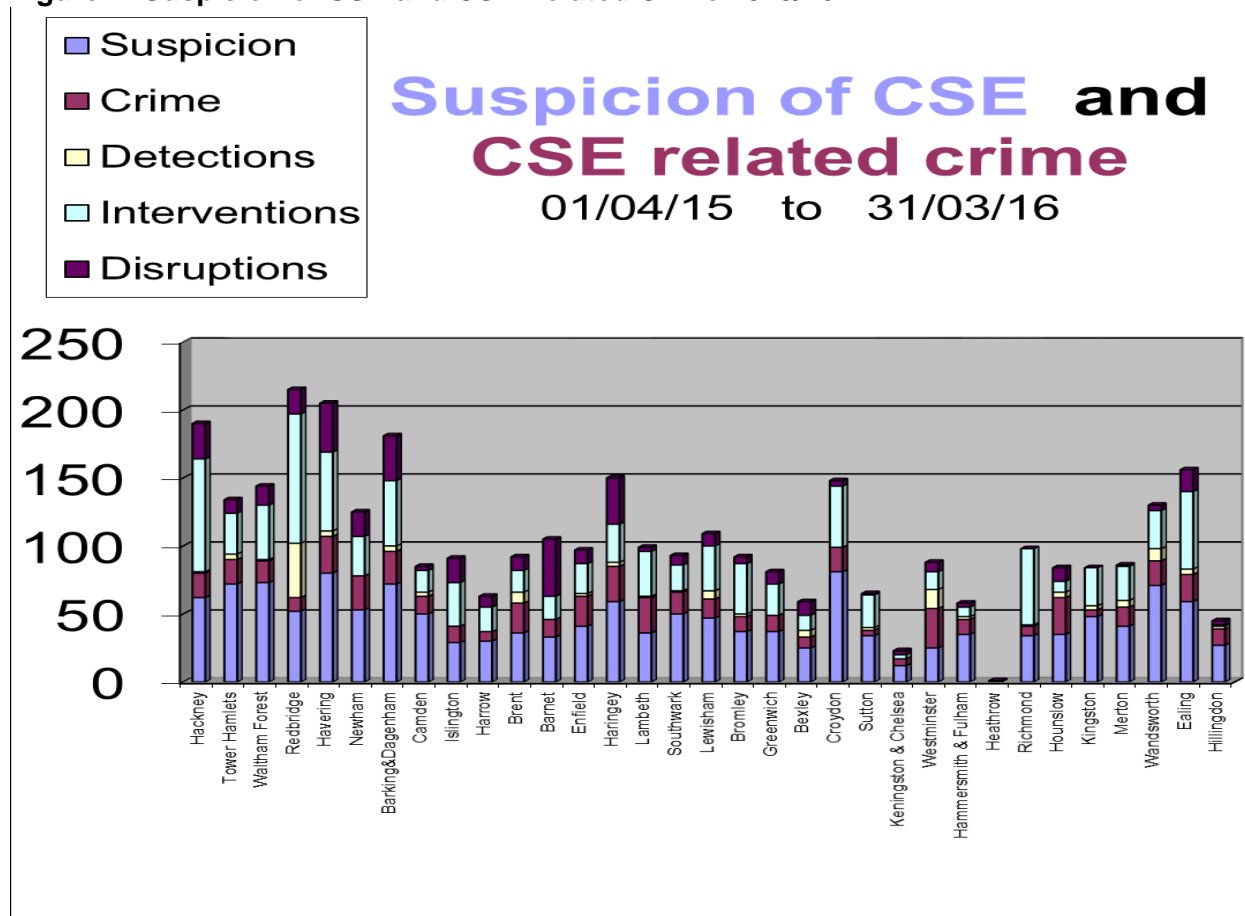
³⁹Dr Hill is a Consultant Criminologist, he is also a former senior police officer and head of Behaviour Analysis at the Child Exploitation Online Protection centre (CEOP) in London. His research interests include the behaviour of male and female child sex offenders, interviewing child sex offenders and male non-familial child abduction/murder. His work focuses on how research can inform and enhance investigative practice.

LOCAL PICTURE

1.0 CSE interventions, disruptions, detections, CSE crimes and CSE suspicions

Figure 1 illustrates the number of CSE interventions, disruptions, detections, CSE crimes and CSE suspicions. CSE interventions include visits to parents to give CSE advice and guidance. It is possible to have numerous interventions for one child. A disruption plan might involve a number of activities, ranging from simple observation of an individual's activities, to the use of a range of civil orders including sexual offences prevention orders and risk of sexual harm orders eg formal warnings, letters of warning to persons of interest, and arrests. More information about the civil orders that might be considered in cases of child sexual exploitation is set out in [Annex A of Safeguarding Children and Young People from Sexual Exploitation. Supplementary Guidance to Working together to Safeguard Children](#), depending on the type of behaviour and evidence available. More disruptions information can be found in Section 3.0 below.

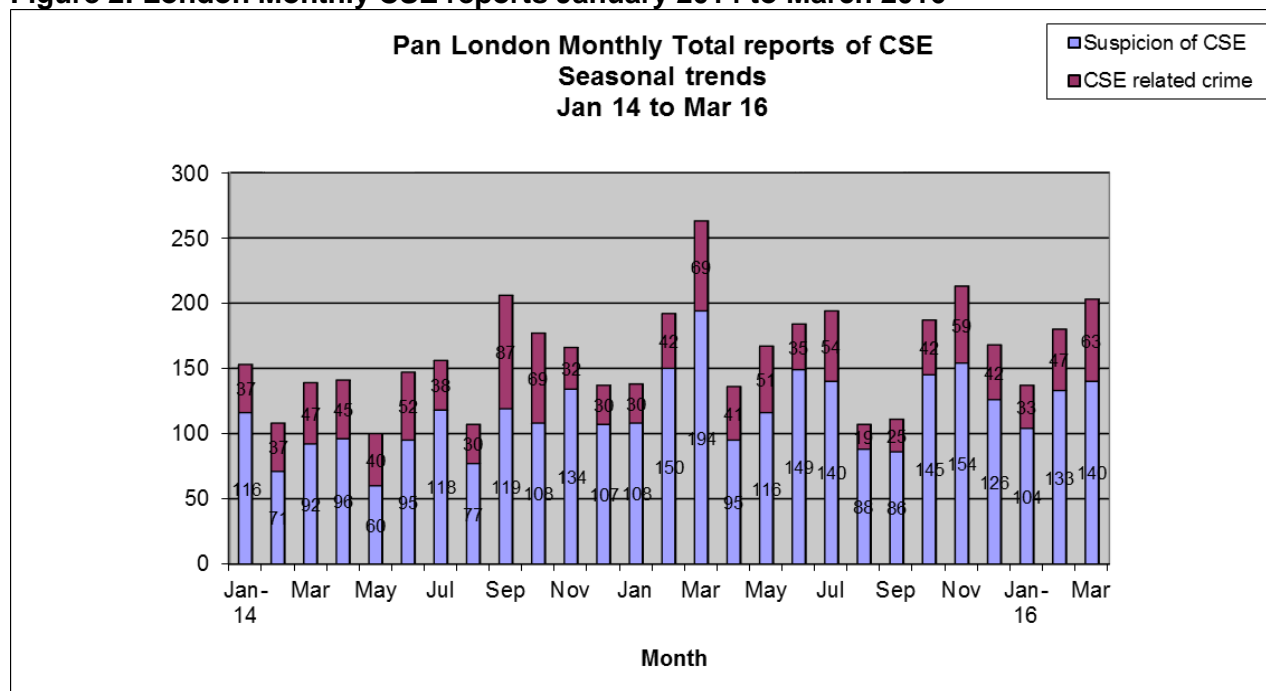
Figure 1: Suspicion of CSE and CSE Related Crime 2015/16



Source: Crime Reporting System

Figure 2 shows that there are no seasonal trends to CSE related activity across London. Looking at data over a five year period might indicate possible seasonal trends. This information would need to be considered with nearby boroughs eg Surrey.

Figure 2: London Monthly CSE reports January 2014 to March 2016



In 2014/15 there was a cumulative total of 1,930 CSE cases (including suspicion and CSE related crime); in 2015/16, this figure rose to 1,987.

2.0 Child Health and Social Inequalities in Kingston

Kingston's under 19 population is predicted to increase by 11% by 2021.

Table 1: Population aged under 19, projections 2015 to 2020

	2016	2021
Kingston	40,600	45,000

Source: ONS Sub-national population projections for England: 2014-based

2.1 Social Services

The number of [children in need](#) has remained quite stable since 2011.

Table 2: Rate of Children in Need at 31 March per 10,000 children

	2011	2012	2013	2014	2015
England	346	326	332	346	337
London	420	362	368	368	371
Kingston	256	250	314	257	242

Source: [Department of Education 2015 - Statistics: children in need and child protection](#)

Where concerns about a child's welfare are verified and the child is assessed as being at continuing risk of significant harm, the child will become the subject of a child protection plan. On 31st March each year, a snapshot is taken of the number of children who are the subject of a child protection plan in each local authority. There has not been a trend in the rate of children subject to a child protection plan as 2012/13 and 2014/15 showed a sudden increase of almost double in this rate. 146 children were the subject of a child protection plan in Kingston on 31st March 2015.

Table 3 Rate of children who were the subject of a child protection plan at 31 March per 10,000 children

	2010/11	2011/12	2012/13	2013/14	2014/15
England	39	38	38	42	43
London	39	36	35	37	41
Kingston	26	27	47	28	40

Source: [Department of Education 2015 - Statistics: children in need and child protection](#)

Looked After Children (LAC)

On 31st March 2015, there were 115 children in the care of Kingston Council. This rate of 32 per 10,000 children is lower than the England and London rates. The rates of looked after children have stayed relatively stable over the last five of years.

Table 4 Rates per 10,000 children who were looked after aged under 18 years

	2011	2012	2013	2014	2015
England	58	59	60	60	60
London	58	57	54	54	52
Kingston	34	38	37	32	32

Source: [Department of Education 2015 - Statistics: looked-after children](#)

Table 5 illustrates that the overrepresentation of males amongst LAC is even more pronounced in Kingston compared with London and England.

Of the 115 looked-after children in the responsibility of Kingston Council, approximately 70% were placed in care outside the borough. Conversely, 40 children who were not Kingston residents were placed in care in the borough. In total, 65 children were placed within Kingston borough as at the 31st March 2015, while 80 Kingston children were looked after elsewhere.

Table 5: Looked After Children, 31st March 2015 by sex and age group

	Total children	% Male	% Female	Age Group				
				Under 1	1 to 4	5 to 9	10 to 15	≥16
England	69,540	55%	45%	5%	15%	21%	38%	22%
London	10,000	58%	42%	4%	10%	16%	38%	33%
Kingston	115	64%	36%	6%	8%	18%	40%	28%

Source: [Department of Education 2015 - Statistics: looked-after children](#)

Children who go Missing from Care

Since 2013, recording children as ‘missing’ has undergone some re-definition nationally so that it is distinguished from ‘absent’. However, data is unavailable for looked after children who go missing prior to 2015. Any patterns from 2015 onwards (eg 2015-2020) would have to be considered before making any interpretations regarding Kingston eg whether a higher proportion of Kingston children who are looked-after have more missing incidents but fewer repeat missing incidents compared with London and England.

Table 6: Looked After Children (LAC) with missing incidents during 2015.

	Percentage of LAC who had a missing incident in 2015	Average number of missing incidents per ‘looked after child’ who went missing.
England	6	4.7
London	6	4.9
Kingston	9	3.7

Source: <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2014-to-2015>

Children living in temporary accommodation

Households that include dependent children or a pregnant woman are considered ‘priority need groups’ and the local authority must ensure that suitable accommodation is available until a settled housing solution becomes available, or some other circumstance brings the duty to an end. In 2015/16 there has been a reduction in the number of social rented properties becoming available to let and levels have been static in the supply of longer term temporary accommodation. As a result, the total number of households in nightly paid temporary accommodation has significantly increased from 60 at 30/03/15 to 159 at 31/03/16, of which 138 were households placed ‘out-of-borough’. The number of households with children accommodated in nightly paid accommodation out-of-borough has significantly increased, with a total of 181 children in this type of accommodation at 31/03/16. With the length of stay in out-of-borough accommodation also growing due to insufficient supply of in-borough longer term temporary accommodation, another concern arises, in that under a Pan-London Agreement, after a period of residence of 6 months, any Children Services duty that may exist becomes the responsibility of the host borough.

2.2 Education Services

Children missing from school

Data on pupil absence is only available for state-funded schools. Tables 7 and 8 demonstrate that the rate of unauthorised absences is lower in Kingston than it is in London or in England as a whole. Recording is more problematic of missing episodes for children who are on a reduced timetable or excluded.

Table 7 Rates of Unauthorised absences per 1,000 pupil enrolments, state funded Primary schools

	2012/13	2013/14	2014/15
England	7	7	7
London	9	9	9
Kingston	5	6	6

Source: [Department of Education 2015, Statistics: pupil absence](#)

Table 8 Rates of Unauthorised absences per 1,000 pupil enrolments, state funded Secondary schools

	2012/13	2013/14	2014/15
England	12	12	12
London	12	11	12
Kingston	6	7	8

Source: [Department of Education 2015, Statistics: pupil absence](#)

Children with special educational needs/learning disabilities

A relatively low proportion of children have special education needs in schools in Kingston. However, there is a large absolute number of children: 3,258 in 2015.

Table 9 Number of pupils in all schools with Special Educational Needs (SEN)

	2010	2011	2012	2013	2014	2015
Kingston	3,897	3,865	3,740	3,565	3,621	3,258

Source: [Department of Education](#)

2.3 Health Services

Mental Health

Information from the [2014 Kingston Annual Public Health Report](#) details estimates produced by [CHIMAT](#) for school age children, which suggest that overall around 2,080 children registered with Kingston GPs in 2012 would have a mental health disorder. The commonest disorders likely in children aged five to 16 based on the 2012 population are:

- Conduct disorders 1,245
- Emotional disorders 795 (includes anxiety, depression and phobias)

- Hyperkinetic disorders 335 (includes attention deficit hyperactivity disorder and attention deficit disorder)
- Less common disorders 300 (includes autistic spectrum disorder and eating disorders).

Since children may have more than one disorder, these numbers total more than the estimated number of children and young people with problems overall.

For autistic spectrum disorder (ASD) the best available evidence applies only to children aged 5-10, giving an estimated number of 195 children aged 5-10 with autistic spectrum disorders in [Kingston](#).

Rates of mental health problems in children and young people in the UK rose over the period from 1974 to 1999, particularly conduct and emotional disorders¹. In the absence of more recent data, it is unknown whether this trend has continued. The [Chief Medical Officer's report in 2012](#) recommended that these surveys be repeated to provide more up-to-date information in order to aid planning of healthcare services².

Based on the estimated level of services required to manage and support children and young people who may experience a mental health problem, a high proportion of patients can be supported in the community with brief and targeted interventions from Tier 2 services and/or within universal settings³. It has been estimated that around 15% of children would require services at Tier 1 level, 7% would require Tier 2 services, and 2% would require Tier 3 services³. Applying these estimates to the 2012 population of Kingston suggests that 2,074 children aged up to 15 would require Tier 2 and 593 would require Tier 3 services. However, these estimates were based on surveys carried out before the latest prevalence information from 1999 and 2004 became available so these should be interpreted with caution⁴.

Kingston has lower percentages of 15 year olds reporting online bullying compared with London. However compared with England, Kingston has an exaggerated preponderance of reported online bullying among 15 year olds girls compared with 15 year olds boys.

Table 10: Percentage of 15 year olds who experienced Online Bullying

	Boys	Girls
England	10.4	19.1
Kingston	7.4	16.7

Source: [Health and Wellbeing of 15-year-olds in England - Main findings from the What About YOUth? Survey 2014](#)

Children and Adult Mental Health Services (CAMHS) referrals during 2015/16

There were 388 children and young people referred to Single Point of Access (SPA) and 114 referred via the SPA to Tier 3.

There were 36 children attending Accident and Emergency (A&E) due to self-harming/attempted suicide/alcohol harm who were then referred to CAMHS.

Children who self-harm

The number of hospital admissions for young people following self-harm is lower in Kingston compared with England and London, however rates have been increasing substantially since 2007/08.

Table 11: Hospital admissions following self-harm per 100,000 population aged 10-24 years, 2015

	2007/08 - 2009/10	2009/10 - 2011/12	2011/12 - 2013/14
England	329.5	347.9	367.3
London	196.4	204.2	207.4
Kingston	81.6	129.4	152.5

Source: [CHIMAT 2015](#)

Substance Misuse

The Number of children and young people seen in treatment (statutory National Drug Treatment Monitoring System, NDTMS submission) in Kingston in 2014/15 were 15 young women and 16 young men. Seven were not in employment, education, or training and eight had been identified with mental health issues. There were fewer than five cases of CSE reported among this cohort.

Table 12 illustrates that there is a higher percentage of children and young people taking drugs (excluding cannabis) than England and London.

Table 12: Percentage of 15 Year Olds who have taken Drugs (excluding cannabis), 2014/15

England	0.9
London	1.0
Kingston	1.3

Source: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>

Parental substance abuse data is limited due to being restricted to those attending treatment; furthermore, most recent data is 2012/13.

Table 13: Parents who are attending treatment for substance misuse, who live with their child, rate per 100,000

	2011/12	2012/13	2011/12	2012/13
England	110.40	107.40	147.20	145.90
Kingston	78.90	38.20	69.10	86.10

Source: [CHIMAT 2015](#)

Alcohol

Unlike for Substance Misuse, data is not collected and recorded for children and young people who have been identified as accessing A&E or Alcohol services who are at risk of CSE or who have been sexually exploited.

25.1 / 100,000 under 18s in Kingston had alcohol-specific hospital stays between 2012/13 and 2014/15. This figure is 23.7 for London and 36.6 for England.

Table 14: Under 18s admitted to hospital due to alcohol specific conditions, crude rate per 100,000 population

	2006/07 - 2008/09	2007/08 - 2009/10	2008/09 - 2010/11	2009/10 - 2011/12	2010/11 - 2012/13	2011/12 - 2013/14
England	68.4	63.3	56.9	52.2	44.9	40.1
London	N/A	N/A	N/A	N/A	N/A	26.6
Kingston	40.9	31.0	28.5	N/A	28.4	31.6

Source: [CHIMAT 2015](#)

Table 15: Percentage of 15 Year Olds regularly drinking Alcohol, 2014/15

England	6.2
London	3.1
Kingston	6.8

Source: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>

Kingston has the 2nd highest rate of Children and Young People who drink regularly in London, with Richmond having the highest (at 8.6%).

A national survey of 15 year olds revealed that in Kingston, 15 year old girls are more likely and 15 year old boys slightly less likely than England overall to report having been drunk during the previous four weeks.

Table 16: Percentage of 15 year olds who had reported being drunk in the past four weeks (overall): 2014

	Boys	Girls
England	11.6	17.7
Kingston	10.4	20.3

Source: [Health and Wellbeing of 15-year-olds in England - Main findings from the What About YOUth? Survey 2014](#)

Sexual Health

In 2015, there were 75 females aged under 19 who were diagnosed with an STI and 27 males from this age group. There were less than five young people aged 15 and under who were diagnosed with an STI. The majority of these diagnosed infections (55.9%) were Chlamydia (PHE 2016, HIV & STI Web Portal).

In 2013 Kingston teenage conception and birth rates have consistently been lower than the London and national rates. In 2014, the under 18 conception rate per 1,000 females aged 15 to 17 years in Kingston was 15.3, while in England the rate was 22.8 and London was 21.5. This fall in the conception rate in 2014 can be attributed to falls in both the conception rate leading to abortion and the conception rate leading to a maternity.

Table 17: Conception and Abortion rates for 15-17 Year Olds between 2009 and 2013, England, London, and Kingston.

Year	2011 - 2013		2010 - 2012		2009 - 2011	
	Conception rate per 1,000 women in age group	% leading to abortion	Conception rate per 1,000 women in age group	% leading to abortion	Conception rate per 1,000 women in age group	% leading to abortion
Area of residence						

England	27.6	49.7	30.9	51.9	34	49.5
London	25.5	62.3	29.1	65.2	32.8	61.3
Kingston	19.3	68.7	22.6	73.4	24.5	67.7

Source:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2015>

3.0 Police Data

Perpetrators of CSE in Kingston

Locations of interest in 2015/16 are Budget hotels.

- There were fewer than five Persons of interest (POIs) identified between 1st April 2015 and 31st March 2016.
- There were six [abduction warning notices](#) between October 2015 and July 2016.
- There has been no Police review (eg using the Community Rehabilitation Company) of those POIs to the Police in relation to CSE in Kingston.
- There is no established prevalence of common known risk factors eg mental health issues and learning difficulties.
- Specialised support and intervention managed for this cohort:
If Persons of Interest (POI) (Category 1) are identified, consideration of appropriate action in respect of them is taken by CSE investigators based in the Kingston Borough MASH. Category 2 and 3. POIs are managed by a specialist central CSE Team, SCO17. They are discussed at the monthly Multi-agency Sexual Exploitation (MASE) meeting to share information and ensure a multi-agency approach. There have been too few perpetrators identified in Kingston to consider a prevalence of risk factors in relation to them.
- The Police leads considerations of intervention. Support is a consideration for the CSE lead investigator and can be managed through multi-agency links in Multi-agency Safeguarding Hub (MASH) and MASE.
- The profile of behaviour is locally based and activity centred in and around specific geographic areas in which both perpetrators and 'victims' reside or frequent.
- Clearly identified CSE (Category 2 and 3) is low in Kingston and is not at a level to enable meaningful behavioural or geographic analysis (of geographic areas in which both perpetrators and 'victims' reside or frequent). The MASE has Geographical locations eg parks/ areas open at night, chicken shops, as an agenda item to ensure effective management response should locations be identified.
- Once a pattern of behaviour has been identified and concerns raised, Police actively monitor intelligence and all information, taking the most appropriate action through a scrutinised tasking process.
- Crime Reporting Information System (CRIS) reports of CSE are owned by a dedicated officer who conducts daily refreshment of intelligence checks. Progress of

actions on the report is regularly reviewed by a supervisor with new actions accordingly tasked.

Gang involvement

Kingston is not identified as an area with a gang problem. However, 20 other London Boroughs have reported gangs, including Wandsworth and Merton which border Kingston.

Children involved in offending

Statistics on children involved in offending is collected for Kingston and Richmond together. In the year ending, March 2015 there were 292 proven offences by young people. A proven offence is defined as an offence which results in the offender receiving a reprimand, warning, caution or conviction. Overall, there has been a decrease in the rates of children offending. The boroughs of Kingston and Richmond combined have a lower rate of young offending than London.

Table 18 Rate of proven offences per 1000 of 10-17 population

	2010/11	2011/12	2012/13	2013/14	2014/15
Kingston and Richmond	18	16	14	11	10
London	35	28	18	19	18

Source: [Youth Justice Statistics, 2015](#)

Children who have been trafficked, either into or within the UK

No children were recorded as having been trafficked to the UK. At the end of the 2015, there were [20 unaccompanied asylum seeking children looked after in Kingston](#).

Domestic Violence

Since 2013, the number of domestic abuse offences has increase substantially which might be explained by the improvement in services and reporting, rather than an increase in offences of this kind per se.

Table 19 Absolute number of domestic abuse offences per calendar year

	2012*	2013	2014	2015
Kingston	614	610	784	1033

*From March 2012 to year end

Source: [MOPAC 2015 – Domestic and Sexual Violence Dashboard](#)

Further information on Domestic Violence can be found on this [JSNA website](#)

4.0 Multi-Agency Sexual Exploitation (MASE) Data

The remaining information presented below is for 2015/16 (unless stated otherwise) and is collected from the AfC's CSE database information which is presented to the quarterly CSE / CME subgroup (which reports to the LSCB). Numbers less than 5 cannot be supplied due to confidentiality. This is due to the small cell size policy Suppression rules (in order to prevent deductive disclosure) which are to be applied to cells based on denominators less than 10,000 population cells with values from 1 to 4 inclusive and must be anonymised and populated with '<5'.

Due to the lack of quality and complete data prior to 2015/16, a local profile has not yet emerged for Kingston and work on expected prevalence is required. However in Kingston, missing and CSE issues are particularly affecting younger boys and older girls, particularly those in the care of the local authority. It can be seen from 2016 audits that there is a strong correlation between missing children and risks of CSE. Audits reveal that mental health commonly feature and that substance misuse and missing feature in the majority of cases. As highlighted in section 5.1.4 of the Introduction and earlier in Local Picture, alcohol is not collected, recorded or shared for prevalence of alcohol use with history of CSE.

The Kingston MASE panel will only monitor and discuss children who reside in Kingston or are looked after by Kingston Children's Social Care and are placed outside of the borough. Kingston MASE are not responsible for discussing/monitoring children who have been placed in the borough, by another Local Authority area (typically applies to children who are looked after by another Local Authority). These children will be discussed by MASE panels from the Local Authority that the child is from.

All New Referrals to Kingston MASE (Multi-Agency Sexual Exploitation Meeting) 2015/16

52 NEW cases were referred and discussed at Kingston MASE in 2015-16. **Of** the 52 **NEW** cases, **eight** were previously known to Kingston MASE but were closed off.

Table 20: Type of Referring Team/organisation and Number of Children referred to MASE 2015/16

Achieving for Children (AfC) Prevention and Early Help	14
AfC Referral and Early Assessment	<5
AfC Safeguarding	20
Other - including children's centres, independent agency providers	<5
Police	7
Schools	<5
Unknown	<5

There have been no recording of any children or young people with disabilities being identified as at CSE risk or exposed to CSE.

This data that is presented to the CSE / CME subgroup has no breakdown of information from substance misuse and alcohol services or who are / have been missing (including those who have repeatedly gone missing and or who are in care and leaving care).

Age and Gender

In line with the national information, 14 and 15 year olds account for 58% of all 'new' cases discussed in 2015-16. As stated above, the number of 16 and 17 year olds may be under-represented due to not being identified. Less than five children aged 12 were referred into the MASE and half of these children were opened and closed off on the same day as the referral as there was 'No' evidence of CSE', whilst the remaining half were open for one month and were again closed due to 'No' evidence of CSE concerns.

Table 21: Age of Children at Risk of CSE 2015/16

Age	Number of children
12	<5
13	8
14	15
15	15
16	<5
17	6

Of the 52 total cases, 42 cases (80%) were female whilst only 10 were male. Of the eight (out of the 52) cases that were previously known, seven were female and less than five were male. Again this is similar to the national information. As stated above, the number of males may be under-represented due to not being identified.

There were approximately twice as many boys among the children exposed to CSE who were referred to Barnardos in 2014/15 (before the Phoenix Project was instigated) as those who were referred to MASE. This implies an under-identified population of boys and young men exposed to CSE. (See Phoenix Project figures in Section 3.0 in 'Current Services').

Table 22: Risk category breakdown of Referrals to MASE 2015/16

CSE not evidenced	20
Category 1	31
Category 2	<5

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.

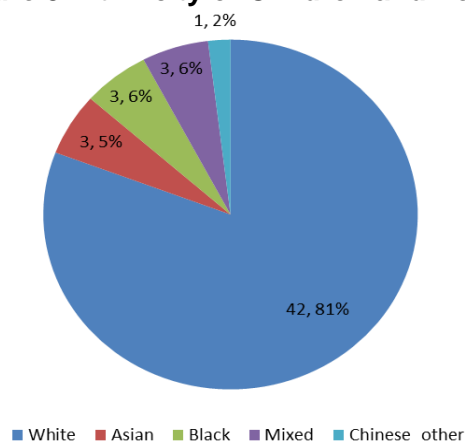
Category 2 Evidence a child or young person is being targeted for opportunistic abuse through the exchange of sex for drugs, perceived affection, sense of belonging, accommodation (overnight stays), money and goods etc. This will also include child or young person who has been sexually exploited through the use of technology and without the child or young person receiving an award ie the exchange of indecent images on-line. The likelihood of coercions and control is significant.

Category 3 A child or young person whose sexual exploitation is habitual, often self-denied and where coercion/ control is implicit. This is often carried out by multiple perpetrators.

Ethnicity of Children referred to MASE

81% of the cases referred had an ethnic background of white and the remaining **19%** were from Black and Asian Minority Ethnic (BAME) backgrounds which does not reflect the local population as BAME children are estimated to comprise 34% of the 11 – 18 population (see page 302 of the [2015 Annual Public Health Report](#)). Experience from other areas would suggest that the proportion of people from BAME backgrounds is likely to be underreported due to their not being identified.

Figure 3: Ethnicity of Children and Young People referred to MASE 2015/16



Of the 52 cases referred in 2015-16, three cases were classified as not in school; three cases did not have a school recorded whilst 10 cases had one school recorded but seven of these cases were opened, discussed and closed off at time of referral to MASE with a reason of ‘No CSE concerns’. This cannot be compared with national or regional information as this data is incomplete; the proportion of people from BAME backgrounds is likely to be an underestimate for underreporting reasons stated in 2.5.1.

All cases to Kingston MASE that were CLOSED in the year from 1 April 15 to March 16

- A total of **50** cases were removed from Kingston MASE between 1 April 2015 and 31 March. Of the 51 cases that were closed. **46** were referred in between 1 April 2015 to March 2016. Less than five of the remaining cases were referred to Kingston MASE prior to 1 April 2015.

- The 50 total cases equate to **40 (80%) female** whilst **ten (20%)** were male.
- **Of the 50** cases that were closed in 2015-16, 92% were either category 1 or there was no CSE evidenced (did not meet Category 1 on exit).
- **Of the 50** cases that were closed in 2015-16, the breakdown in the total number closed in each quarter by risk category at point of entry is as follows:

Table 23: Referrals to the MASE that were closed on 2015/16

CSE not evidenced	20
Category 1	28
Category 2	<5

Source: Achieving for Children, 2016

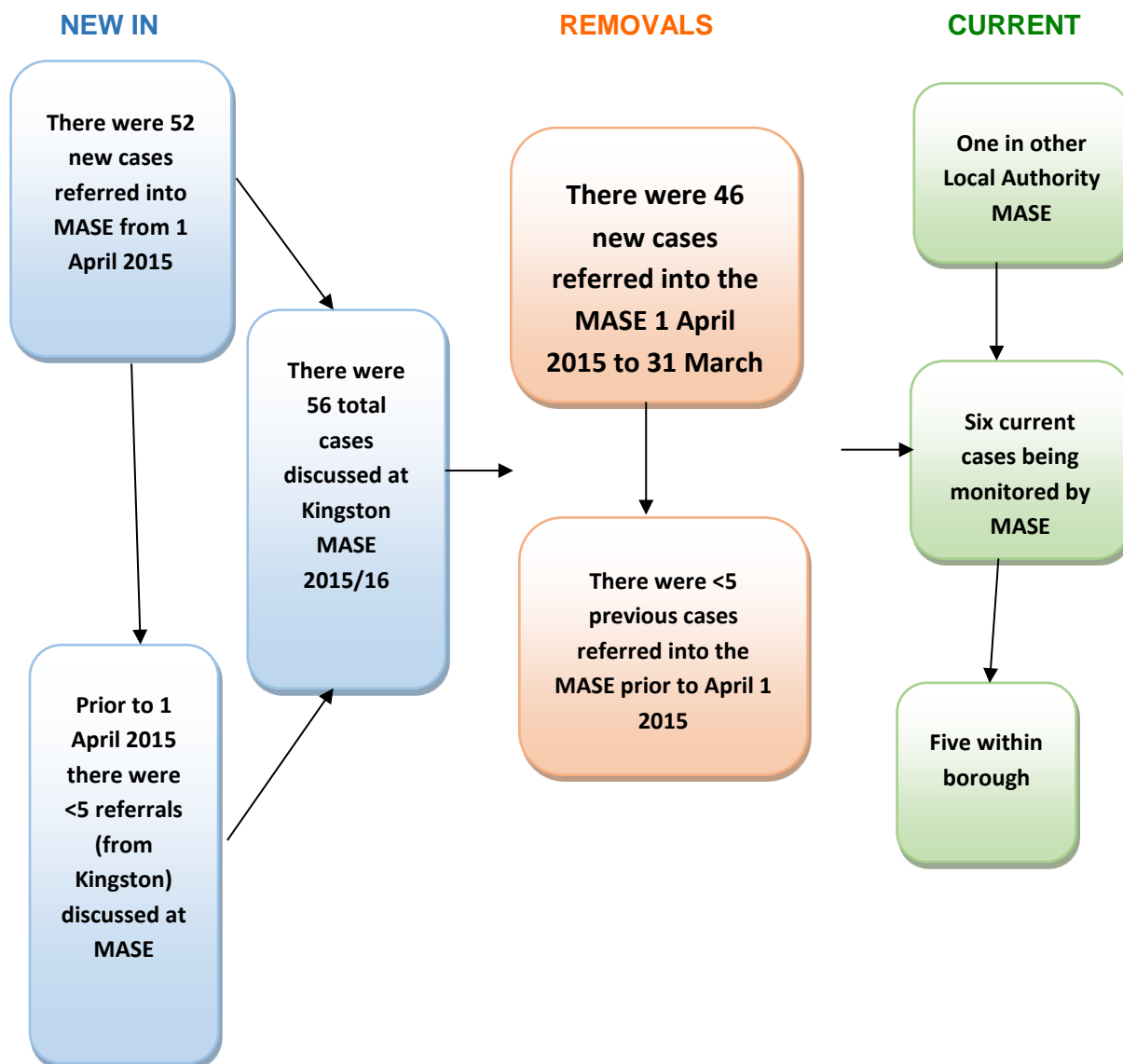
- All cases that are closed off are always closed when there is no evidence of CSE and are below the threshold of Category 1.

CURRENT cases being monitored by Kingston MASE

- **Six** cases were being monitored and discussed at Kingston MASE at the end of year 2015-16. **All six** cases were referred into Kingston MASE this year.
- **67%** of all cases being monitored by Kingston MASE are from ethnic background of White whilst **33%** are from BME.
- **All** six cases were female.
- **Of** the six cases currently being monitored, **five** are being monitored by Kingston MASE whilst **one** case is are being monitored by another LA MASE panel.
- The age for these children ranges from 13 to 16 years of age.
- **All cases currently being monitored all have a PNC (Police National Computer Marker) CSE marker against their record.**

All Cases discussed at Kingston MASE 2015-16

Figure 4: All Cases discussed at Kingston MASE 2015-16



Data is not available for Kingston on percentage of open cases which are:

- victimised by older males,
- through peers,
- through gang-related routes
- were trafficked.
- identified as being at risk of CSE through images and messages posted on social media.

The majority of all children presented at the Kingston MASE (2015/16) are children who are at 'risk' of CSE (level 1 and below) rather than being actual victims of CSE.

- **Information (e.g. audit) undertaken of all Looked After Children (LAC) placed Out of Borough considered at risk of CSE.**
 - There is no audit looking at this cohort.
In 2015/16 there were seven Looked After Children placed out of borough who are at risk of CSE. However, of the seven children, three children were referred to Kingston MASE and were closed off by the panel on the same day of the referral as 'No evidence of CSE and did not reach Category 1 threshold. Consequently, only four looked after children (placed outside the borough) were at low level risk of CSE in 2015-16 ie Category 1 only. All these children were closed off as no evidence of CSE.
 - The Phoenix Project engages with LAC placed out of borough, however capacity limits this involvement if these children are placed a substantial distance from Kingston (the threshold of this distance could not be determined at the time that this report was written).
 - 18% LAC are placed 20+ miles from home, this is a possible replacement indicator in the future on the LSCB Dataset.

Missing Children (2015/16 data unless stated otherwise)

The Kingston Missing Person (MISPER) meeting looks at and discuss children/young people who reside in Kingston and at Kingston children living in other boroughs and other borough / counties' children living in Kingston.

- The age range of children missing in the borough is primarily 14-16 year olds with 51% of children reported missing (excluding looked after children) belonging to this age group. This data does not include children reported missing in Kingston who reside outside of the Borough. Children who live or are looked after by another LA are referred back to the child's residing authority. It is not added onto the Kingston MASE list as the children are not Kingston residents.
- The number in this group reported missing was 36 of these children, 11 were reported missing more than once i.e. 31%
 - Under 13 years is 30
 - 14-15 year olds is 36
 - 16-18 year olds <5

Data indicates that in the general population children are less likely to be reported missing when they are over the age of 16. This data does not exclude Kingston Looked After Children who are placed out of borough. However, this data does not include children reported missing from other local authorities with addresses in Kingston.

- There were 11 children missing from care (episodes greater than 24 hours).
- There were 122 children (accounting for 231 missing incidences) missing from home.
- There were 168 episodes of LAC who went missing from placement. This figure includes episodes less than 24 hours and who were classified as missing at the time.
- There were 86 Kingston children missing from education and less than 5 of them were looked after.
- Of Children looked after: 11/20 or 55% went missing more than once. There were 28/122 or 22% children missing from home more than once.
- Although an audit (snapshot view undertaken for the March 2016 CSE peer review) found that 80% of the children referred to the MASE had been missing, overall for 2015/16, of the 56 referrals to the Kingston MASE, 20 (36%) were reported missing at some point. This will include children reported missing before, during and after MASE. Of the 20 cases, 13 were deemed as category 1 or above by Kingston MASE and were monitored at some point in 2015/16 whilst seven were below the threshold of Category 1 and were presented at MASE but were closed off at point of referral.
- Kingston had a total of 20 children who were placed in Kingston but remained the responsibility of another local authority.

CSE victims with a Child Protection (CP) Plan or a Child in Need Plan

- Number of CSE victims who have a Child Protection (CP) Plan: In 2014/15, a total of five children were presented at MASE who were subject to CP plan whilst in 2015/16, less than five children were presented at MASE who were subject to CP Plan.
- Number of CSE victims who have a Children in Need Plan could not be established.

Data was absent for identification and needs of many high risk groups in Kingston - numbers potentially at risk of CSE (see [11 indicators](#) of CSE risk in children aged 10+ that can be measured using education, police or other public service datasets, to identify children at risk locally).

References for 'Local Picture'

¹ Collishaw S, Maughan B, Goodman R, Pickles A (2004). Time trends in adolescent mental health. *J Child Psychology and Psychiatry* 45(8):1350-1362

²Department of Health (2013) Annual Report of the Chief Medical Officer 2012. Our Children Deserve Better: Prevention Pays.

³ Kurtz, Z. (1996) *Treating children well: a guide to using the evidence base in commissioning and managing services for the mental health of children and young people*. London. Mental Health Foundation

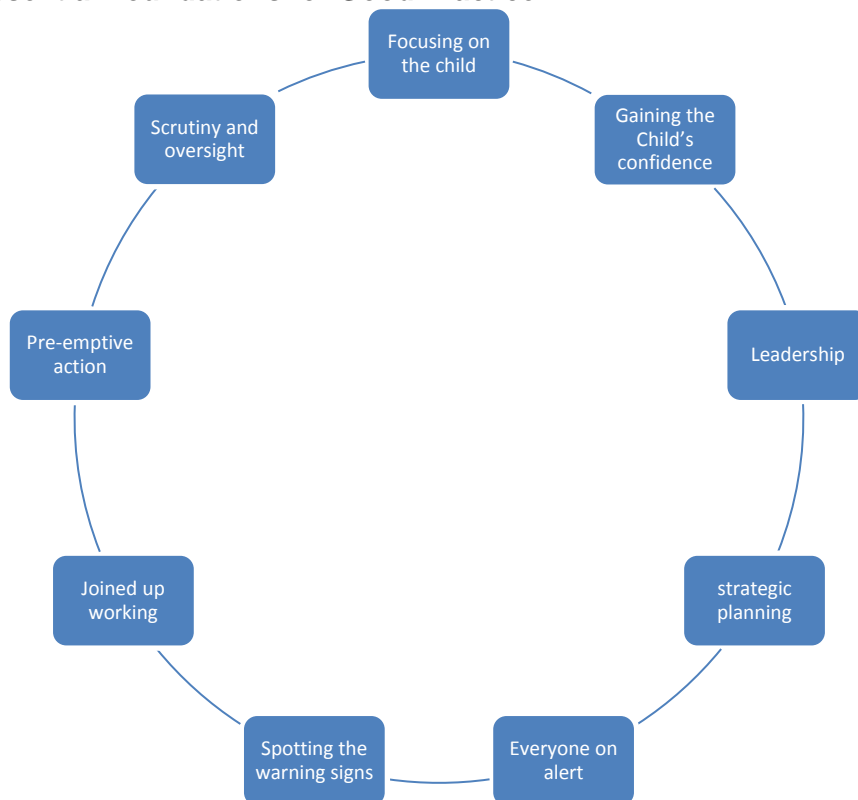
⁴ Target M, Fonggy P (1996). The psychological treatment of child and adolescent psychiatric disorders. In: Roth A, Fonagy P (eds) *What works for whom: a review of the effectiveness of the psychotherapies*. New York. Guildford. In Kurtz, Z. *Treating Children Well*. Mental Health Foundation.

WHAT WORKS

A [National Policing Project](#) found some key drivers which improve safeguarding approaches for children and vulnerable adults through better information sharing and high quality and timely safeguarding responses.

Whilst it is worth regarding these factors, for the purpose of this chapter the focus will be on the recommendations of the [Final Report of the Inquiry of the Office of the Children's Commissioner into Child Sexual Exploitation in Gangs and Groups \(CSEGG\)](#) which stated that every local authority must ensure that its Joint Strategic Needs Assessment includes evidence about the prevalence of CSE, identification and needs of high risk groups, local gangs, their membership and associated females. This should determine commissioning decisions and priorities. Local services who are putting children at the centre of everything they do have a coherent and collaborative response to CSE with utmost commitment from the most senior to frontline staff, thereby offering greater protection for children threatened by, or experiencing, sexual exploitation.

Figure 1: Essential Foundations for Good Practice



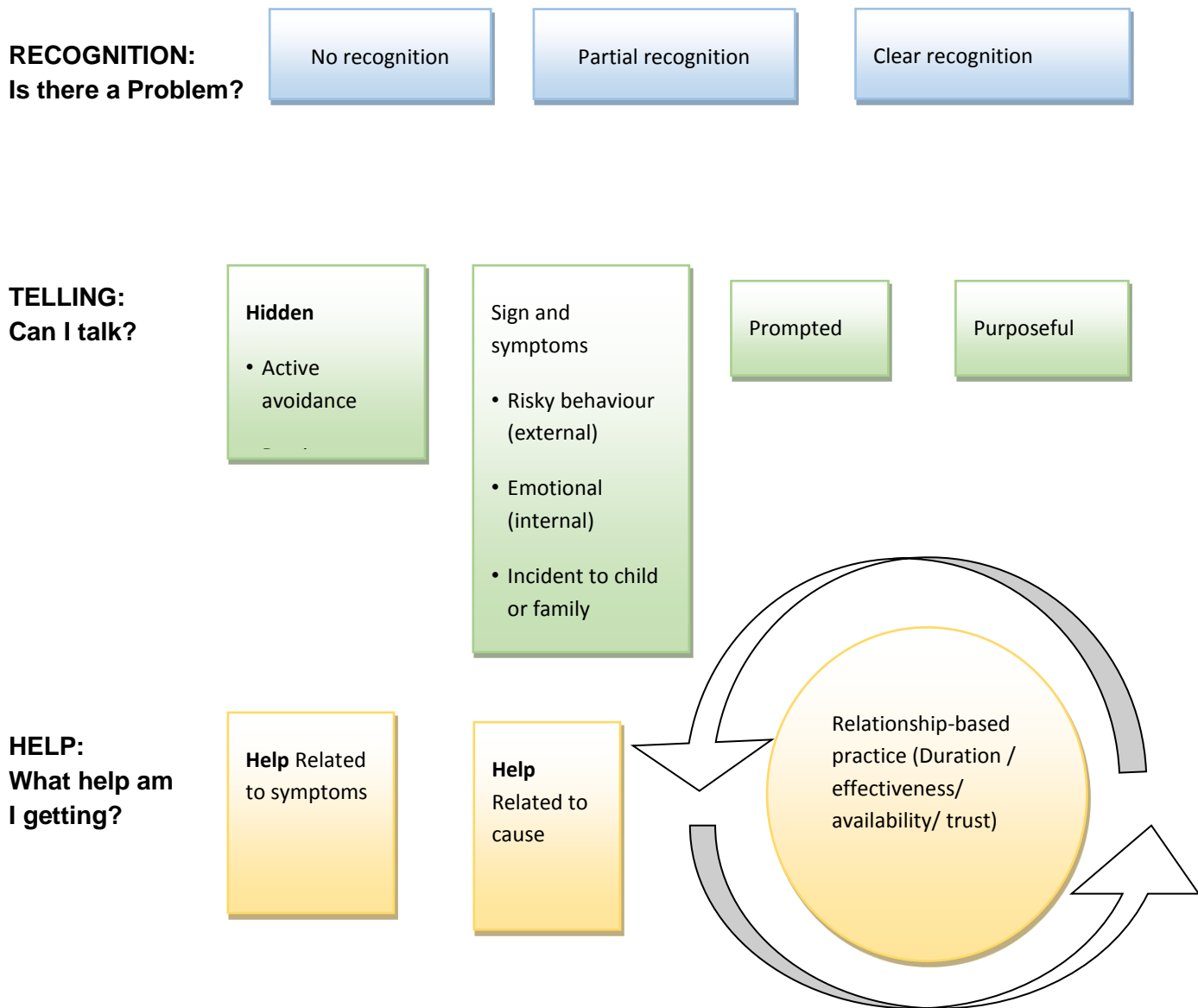
Source: [Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups Final Report November 2013 "If only someone had listened"](#).

Having identified the failings, the Inquiry has also identified nine essential foundations of effective practice for safeguarding children and young people from sexual exploitation based on the evidence collected. See Figure 1.

1. In all examples of good practice there was a **focus on the child**. Children and young people were clearly visible to those responsible for protecting them. These services sought to ensure that those at risk or who are victims are the primary focus of professionals and agencies at all times. They identified that providing support for a child who has been sexually exploited should not be seen as a quick fix. Professionals and agencies need to be mindful of children and young people's individual needs and equalities.

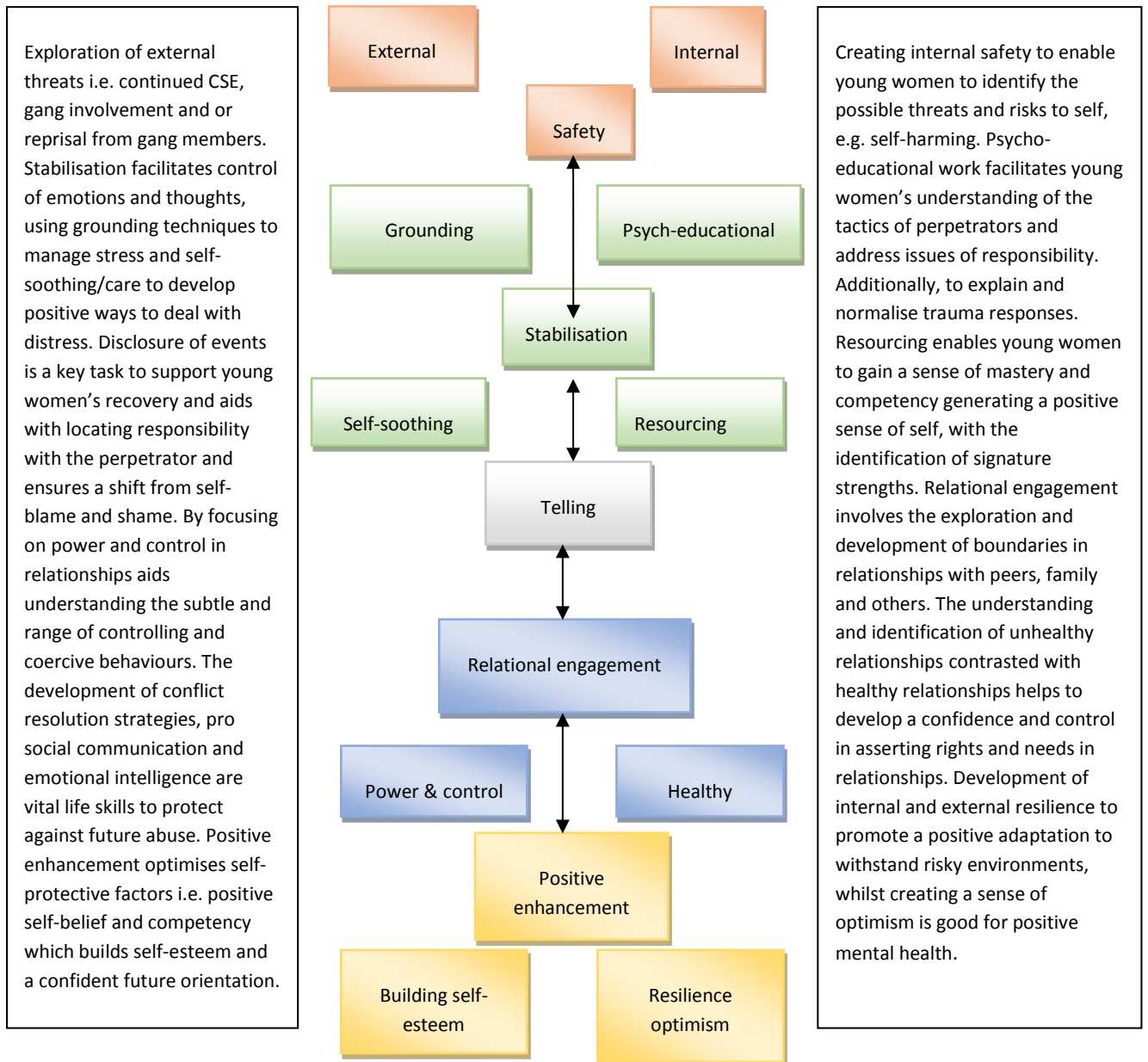
The Recognition and Telling Framework (see Figure 2) can help adults to understand what might be going on for a child or young person who comes to their attention because of their behaviour. A child or young person might not recognise their situation as abusive and there are many reasons why they do not tell or may deny there is a problem. The individual child or young person's pathway through the Recognition and Telling Framework is not necessarily linear: their progress may not be solely from the top level (recognition) towards the bottom (receiving help) and individuals can follow different pathways including reaching 'dead-ends' in the process, when for example, adults do not pick up on the signs or do not believe them. [Cossar et al's research \(2013\)](#) found that recognition often occurs as a result of conversations with others: it does not always happen before telling or receiving help, but can also be a result of help received. This links the 'Recognition and Telling Framework' to one developed by the Women and Girls Network (WGN) (see Figure 3). Crucially [Cossar et al's \(2013\) research](#) emphasises how important it is not to rely on verbal means of telling but to respond sensitively to signs of problems.

Figure 2: Recognition and Telling Framework



Experience of Help	
<p>Negative</p> <ul style="list-style-type: none"> • Confidentiality / trust broken • Additional distress • Insensitive responses • Too many professionals (overwhelming, not in control, spiralling) • Constant revisiting of problem / abuse • Time limited service 	<p>Positive</p> <ul style="list-style-type: none"> • Emotional support • Practical help reducing impact • Help to stop abuse • Information and advice • Medical help • Flexible, timely, effective, professional help responsive to expressed needs of young person • Consistent, enduring relationships

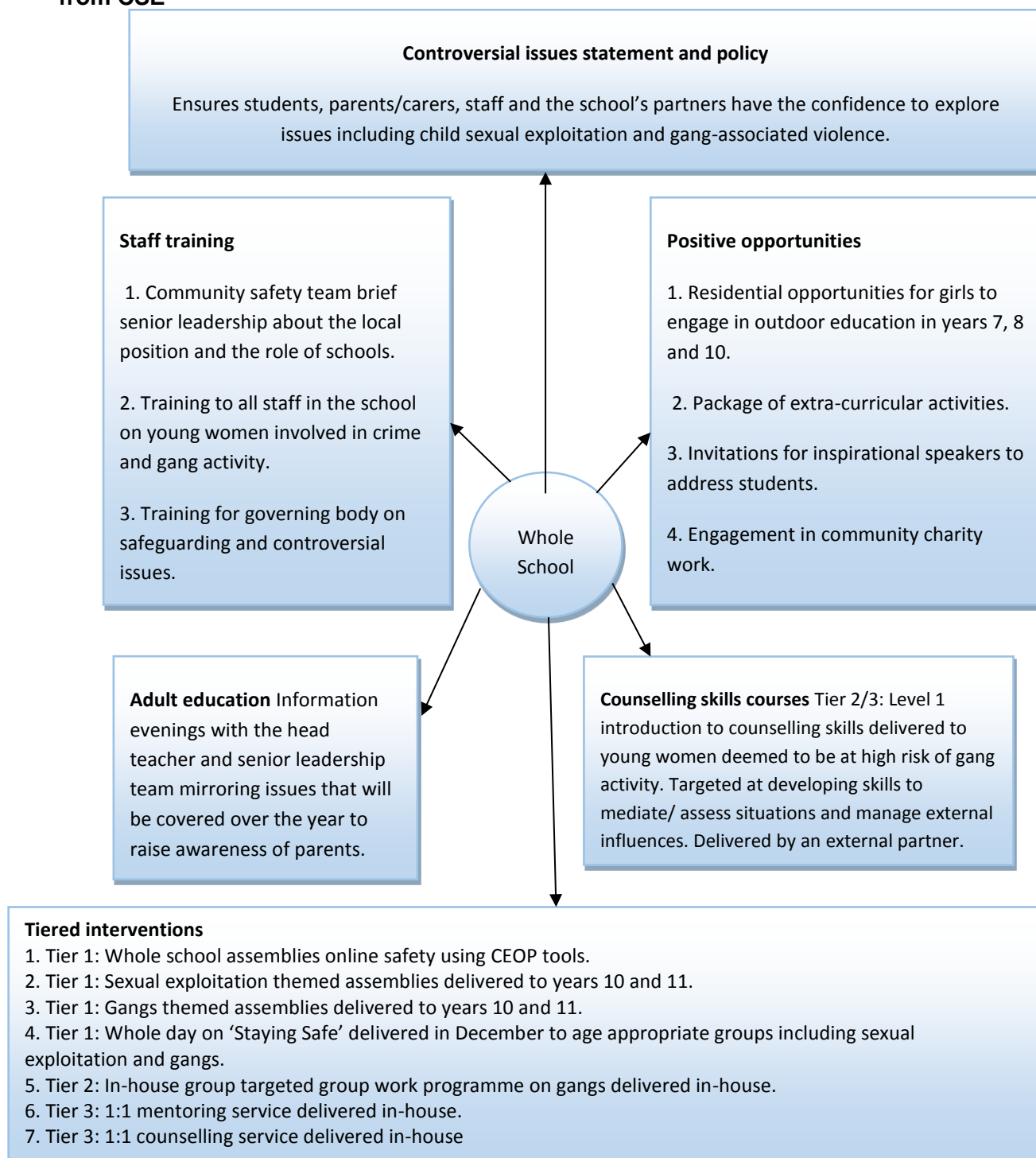
Figure 3: Women and Girls' Network Therapeutic Model



2. **Gaining a child's confidence** was found to be important to enable the children and young people to be equipped with the knowledge to recognise what is abuse, and feel supported to be able to tell someone about it. 52% of voluntary sector call for evidence submissions highlighted the importance of building positive relationships and trust when working with children and young people. Conditions need to be created in school, the home and socially to support this process.
3. **Effective leadership** was instrumental in developing good practice. The good leaders observed demonstrated and modelled their commitment to tackling child

sexual exploitation and this translated into effective practice. In areas where poor leadership was observed, professionals lack a sense of direction as they carry out their work, and the likelihood of good governance, accountability and quality assurance was diminished. A 'whole-school approach' to protecting children and young people (involving the whole school community – teachers, parents, pupils, governors etc.) is illustrated in Figure 4.

Figure 4: Flixton Girls' School Approach to protecting Children and Young People from CSE

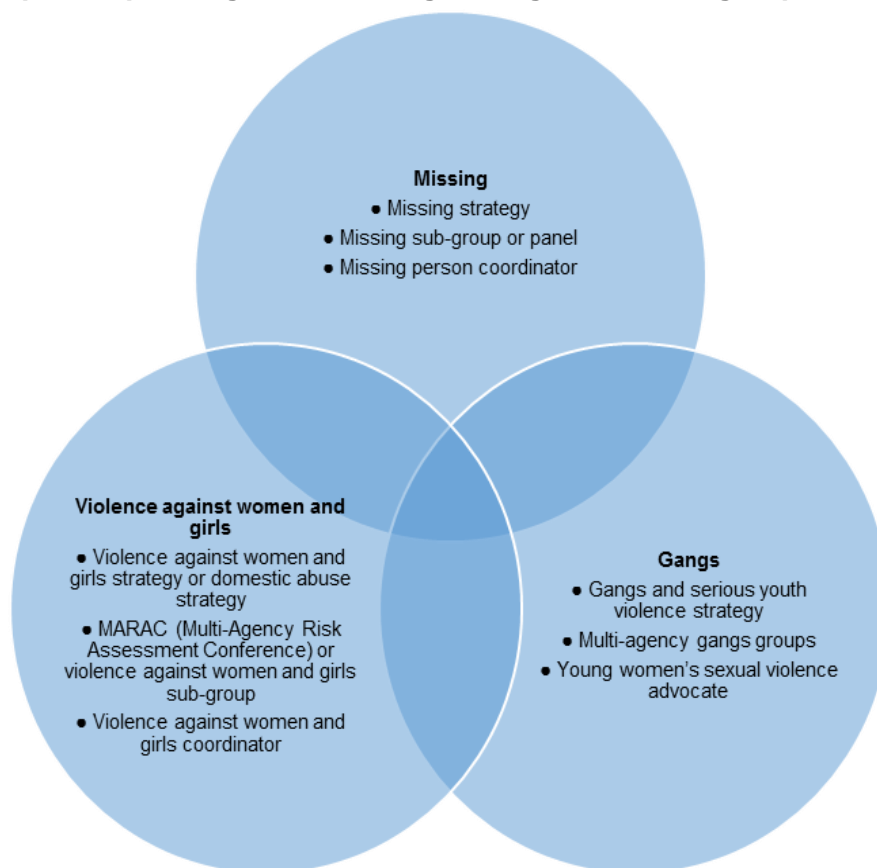


4. **Strategic planning** was identified by the professionals we spoke to as being central to effective practice. 91% of LSCBs had a CSE sub-group in place or underway. In the areas where best practice was observed, they had a clear strategy in place. Some of the most effective strategies extended from prevention through to protection and included on-going support for victims and enforcement.

Example of good practice:

Nine LSCBs operating across Cheshire and Merseyside police force areas have sought to coordinate activity and develop a harmonised CSE strategy. In most of the individual areas the CSE strategy has also been linked with their 'missing' strategy and enables consistency in approach to be developed. The strategy covers the following five themes; self-assessment, prevention, safeguarding, bringing offenders to justice, and governance.

Figure 5: Example of operating model linking strategies and sub-groups



Source: [Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups Final Report November 2013 "If only someone had listened"](#).

5. **Everyone on alert** – 78% of LSCBs have delivered awareness-raising activity programmes for professionals locally. We found that victims and children or young people at risk of CSE were more likely to be identified and be provided the right support when professionals, families, communities and local businesses were informed about CSE and understood the impact that it can have.
6. **Spotting the warning signs** – 70% of health agencies which responded to the dataset indicated that they had circulated the risk indicators/warning signs published in the Inquiry's Interim Report and a further 17% were planning to do so. Distributing and understanding these warning signs can improve the likelihood children and young people who are at risk or victims of CSE will be recognised without placing the onus on victims to tell their story. See Appendix 2 for warning signs and vulnerabilities checklist.
7. **Joined-up working improved identification** and enabled all-encompassing child-centred practice. Evidence to the Inquiry conclusively shows that no single agency acting in isolation can adequately respond to CSE. In areas where joined-up working was observed, there were higher levels of identification of victims and a more comprehensive approach to addressing the needs of the children and young people.

Example of Best Practice: In one local area the Multi-Agency Safeguarding Hub (MASH) is led by the police. It includes children's and health services and other agencies working together to assess safeguarding referrals. This improved information-sharing so that multi-agency assessments can be undertaken in one place. A multi-agency, rather than a single-agency, assessment is conducted. This is then referred to the appropriate agency for action. The work of the MASH is linked to that of the area's missing children, domestic abuse and child sexual exploitation coordinators. The MASH takes in many cases beyond the remit of CSE, for example numerous domestic abuse referrals. The hub therefore acts as an initial point of assessment but does not handle individual cases.

Evidence gathered from a call for evidence submission and the [Inquiry](#) workshop.

This process means that professionals have a single referral point where information is collated and then shared. For example, a MASH can bring together data on children who:

- are reported missing from home or care
- repeatedly attend sexual health clinics
- have committed offences.

Having compiled this information, risks can be identified and a referral made.

Such coordination is particularly important for children and young people who face, or potentially face, several different risks. For example, they might be missing from

home, be at risk of sexual exploitation and be gang-associated. A MASH would streamline the initial referral process for the relevant agency.

The MASHs are an encouraging development, though the following were identified as impeding effective practice in some areas:

- absence of joined up IT systems
- relevant agencies being absent i.e. education/schools only have a presence in 50% of MASHs, voluntary sector only in 10% and health representation is also patchy.

Vulnerable Adolescents / Young People's Panels. In some areas, a MASH can refer cases to a Vulnerable Adolescents/Young People's Panel, particularly when a sexually exploited child or young person faces other risks such as gang association or honour-based violence. Children and young people who are sexually exploited tend to be aged ten and over. The exploitation generally takes place outside the family. The Inquiry heard repeatedly that this resulted in sexual exploitation cases not meeting the threshold for statutory children's services to take action. In other instances, sexually exploited children and young people were experiencing more than one form of abuse. For example, they might be at risk of forced marriage, while at the same time being sexually exploited. As a result, sexual exploitation was not the main cause for concern when the case was referred to professionals and so it was ignored. Some local children's services departments have set up a Vulnerable Adolescents or Young People's Panel to close these gaps and to identify vulnerable children and young people and come up with a plan of action to help them. The panels can also review cases being dealt with by voluntary bodies and refer them up to children's social care which can then take protective action.

The link between 'missing' children and young people and sexual exploitation is well understood by professionals. Having expertise in one of these areas encourages practitioners to become more confident in dealing with others, as these findings show.

- 46% of LSCB strategies are linked to local strategies on children and young people missing from home and care.
- 95% of police forces said they routinely identified their most frequently missing children and young people.
- 79% of police forces collate intelligence on missing children and young people to strategically profile the local picture.
- Police forces that responded to the call for evidence reported that, after child sexual exploitation, their next priority was dealing with missing children and young people.

The Inquiry was concerned to learn that only 79% of police forces currently employ missing person coordinators. On average they employ 4.6 posts per force. Only two thirds of forces (65%) reported that their missing person coordinators had 'missing'

as their sole responsibility. When the number of coordinators employed by each police force was compared with the number of children and young people reported missing in their area, a disparity across police forces was identified in terms of the workload of each coordinator. Whereas three police forces employed one coordinator for every 0–99 children and young people reported missing in a year, five police forces employed one coordinator for every 400–499 children and young people reported missing.

The links between gangs and serious youth violence are equally important, but rarely made:

- Of the 83 LSCBs that had developed a strategy to tackle child sexual exploitation, only five (6%) linked it to a local gangs strategy
- Only 25 (17%) LSCBs had a gangs multi-agency forum, 19 of which stated that they used it as a means of identifying children and young people at risk of sexual exploitation.

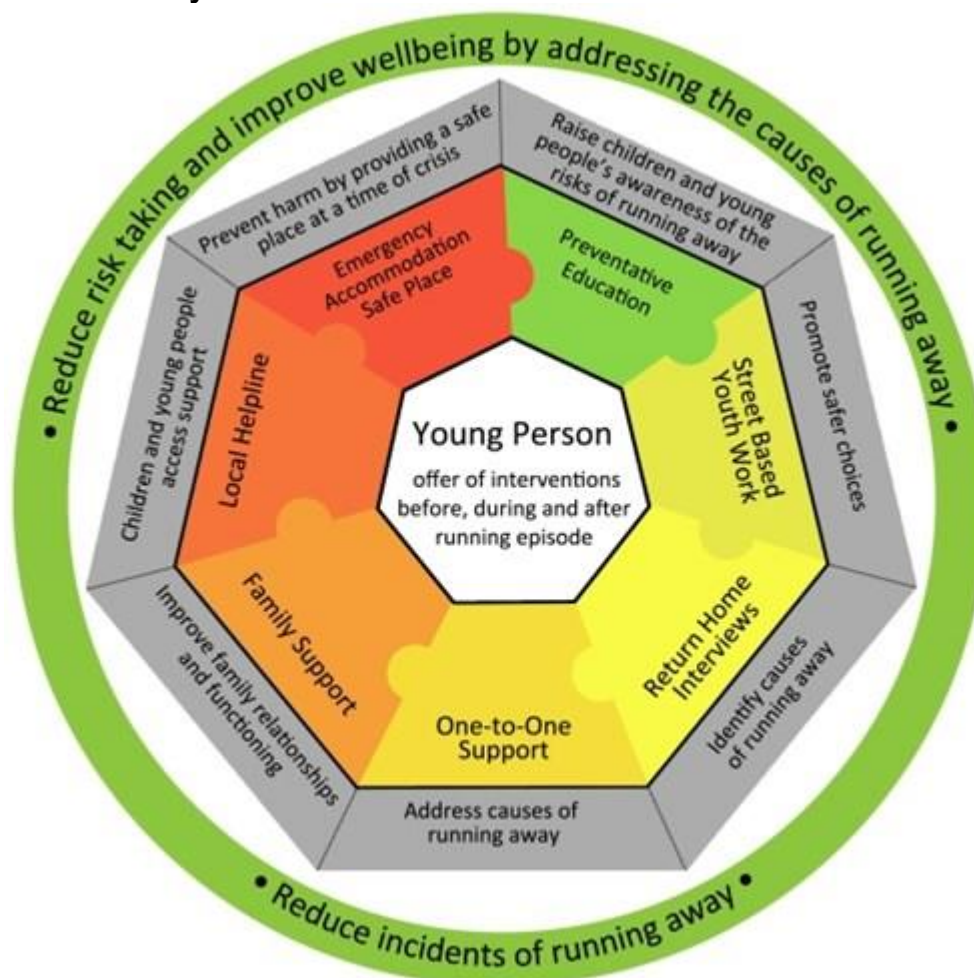
The appointment of 13 young people’s sexual violence advocates in gang-affected neighbourhoods in England has demonstrated the importance of recognising the links between street gangs and child sexual exploitation. At a meeting with eight young people’s sexual violence advocates, girls and young women who are being exploited by street gangs were identified, many of whom would not be identified through traditional responses to child sexual exploitation.

The Inquiry notes the impact of the advocates in identifying these ‘invisible’ victims. It is concerning, though, that they are being relied upon to make all of the strategic and operational links between gangs and CSE. The local authority and its partners should assume this role. An effective response would be to clarify the role of the sexual violence advocate – for example, handling case work – and then use the intelligence resulting from their work to draw up the local strategy for tackling gangs and serious youth violence. The local training programme should then be planned accordingly.

8. **Early identification and pre-emptive action** leads to the breaking-up of networks that exploit children. This is a far more effective approach than waiting until a child reveals that he or she is being exploited and avoids further exploitation and abuse. Effective pre-emptive action was observed in agencies that combine all their data, intelligence, experience and know-how into a strategic plan for action. Pre-emptive action also included proactive prevention. This was particularly observed in schools-based programmes on the risks of CSE. These helped to educate children and young people to use the internet safely, address the very worrying attitudes that many boys have towards girls and make sure young people know where to turn for help. A number of police forces can build on the fact that they are monitoring both missing children and young people and those exposed to sexual exploitation. The [Railway Children’s Reach Model \(see Figure 6\)](#) aims to reduce missing episodes and associated risks and can be used for working with victims and children and young people at risk of CSE who go missing. It has been evaluated, and although not

all risks were eradicated for the 53 cases assessed, there was an improvement in the reduction of risk and missing episodes.

Figure 6: The Railway Children's Reach Model



Source: <https://www.railwaychildren.org.uk/media/37982/reach-evaluation-executive-summary.pdf>

Submissions to the call for evidence highlighted that proactive investigation and work result in identification of victims and/or children and young people at risk. All organisations which conduct return interviews that submitted evidence emphasised how crucial they are in identifying and uncovering risks and potential victims.

71% of police forces said they would use covert operations to expose CSE. Ten forces provided the Inquiry with examples of such operations which they consider to have been effective.

Covert activity on CSE in West Midlands Police involved directed surveillance for which a risk matrix had been developed. This is used by a nominated Safeguarding Detective Sergeant, working as part of the Covert Command Team under the direction of the Senior Investigating Officer (SIO). In conjunction with the SIO, the Detective Sergeant will make a risk-based decision based upon the matrix and decide when intervention is necessary. West Midlands Police is also in the process of developing a covert strategy for CSE for use by all its SIOs to enable consistency in approach.

In addition to covert activity, almost two-thirds of police forces (63%) reported that they use behaviour orders to break up CSE rings or exploitation by individual perpetrators. However only 22% could actually provide data regarding the types of order in place. This would suggest that their frequency of use is low. Evidence was received of only 42 Child Abduction Warning Notices (CAWNs) and 15 Sexual Offences Protection Orders (SOPOs) issued to date to tackle child sexual exploitation involving gangs and groups. Police forces worked in partnership with housing, sexual health, social care, domestic abuse and missing children's services, alongside anti-social behaviour teams and schools, to compile intelligence on CSE and then take steps to stop it happening.

9. Scrutiny and oversight was found to be essential to ensure that the intended outcomes are being achieved. Are we really seeing, hearing and understanding the victims and are we truly acting in their best interests? Those are the questions that need to be asked at every stage. These questions are set out in the See Me, Hear Me Framework. Everyone involved – from service heads setting the strategic agenda to those handling cases day-in, day-out – needs to know what is required of them to make the system work.

The issues of gangs and CSE are amongst the strategic level priorities for Derby Safeguarding Children Board. Derby has a coordinated multi-agency strategy to tackle CSE proactively, including a specialist police CSE unit, an operational CSE lead based within the child protection unit, a specialist voluntary agency and a multi-agency gangs team that consider all forms of sexual exploitation.

Derby operates a three-pronged approach of prevention, protection and prosecution and has an equal focus on each. The work is coordinated and quality assured strategically through the Vulnerable Young People's (VYP) sub-group of the Safeguarding Children Board, who have a remit to:

- develop and oversee the implementation of a Vulnerable Young People Strategy and Action Plan in Derby
- evaluate the impact and effectiveness of the Strategy and Action Plan through outcome and performance monitoring
- promote the sharing of information across priority agendas to identify those young people most at risk and the effective co-ordination of agency responses.

The strategy is coordinated operationally through the CSE sub-group of the LSCB. Their task is to:

- implement the CSE Strategy and Action Plan as directed by the Vulnerable Young People's sub-group of Derby Safeguarding Children Board
- oversee the multi-agency operational work in relation to CSE in Derby
- develop work in relation to CSE in Derby, taking into account local feedback and national developments, advising and informing the VYP sub-group.

Information on children and young people at risk of CSE and on perpetrator behaviours is collated through the Police Central Referral Unit using CSE information report forms. Any professional can complete these forms and they are filed in one place and easily accessible to facilitate the sharing of information. This is invaluable in enabling the police to build local intelligence and apprehend offenders.

A CSE Risk Assessment Toolkit has been developed to enable professionals to identify and measure indicators of CSE as well as additional vulnerability factors and to determine appropriate thresholds for intervention. Just one indicator of CSE should result in support for a child or young person and their family to prevent any escalation in risk. Training on CSE and gangs is offered through the Safeguarding Children Board and is free to all professionals in Derby.

Working in partnership with children and young people and their families to reduce and remove the risk of CSE is central to the success of the work being led by Derby Safeguarding Children Board.

The See Me, Hear Me Framework

The See Me, Hear Me Framework details three sets of simple and essential questions under the headings:

- a. **Voice of the Child** – brings the voice and experiences of victims of CSE and those at risk to the fore. These questions were compiled and quality assured by a group of young people who have been victims of sexual exploitation. They were emphatic that protection and support can only be effective when these questions are addressed. For more details, see page 68 of the [Office of the Children’s Commissioner’s Inquiry into Child Sexual Exploitation in Gangs and Groups Final Report November 2013 “If only someone had listened”](#).

Children and young people are too often left without help because they are invisible to the agencies charged with their protection. See Me, Hear Me has been developed with the help of young people who have been victims of sexual exploitation. The purpose of questions below is to bring their voices right into the heart of all planning and decision-making about CSE. These questions were devised with children and young people, who believe that the answers to all of the questions are important.

Figure 7: Evidence Examples of Questions to ask Children exposed to CSE and Roles of Agencies

<p>Voice of the child</p> <p>Children and young people are too often left without help because they are invisible to the agencies charged with their protection. See Me, Hear Me has been developed with the help of young people who have been victims of sexual exploitation. The purpose of questions below is to bring their voices right into the heart of all planning and decision-making about child sexual exploitation. Children and young people devised these questions with us and have told us that the answers to all of them are important</p>	<p>How to use these questions:</p> <ul style="list-style-type: none"> • Use them to think both about preventing abuse and responding to children’s needs when they have already been victims of abuse. • Involve them at every stage – when developing your local strategies, when building resilient communities, when taking action to protect an individual child. The questions are not in chronological order. Always start from where the young person is at and tailor your responses accordingly. • You may need to revisit some questions repeatedly. • Always check with the young person – it is their life.
<p>Don’t make assumptions about who I am and what I need</p> <ul style="list-style-type: none"> • Have you thought about me from the start? • What if I don’t see it as abuse? • Have you asked me what I want done and made sure I have a say? 	<p>For the LSCB:</p> <ul style="list-style-type: none"> • Use these questions to evaluate the interagency strategy; to consider information-sharing agreements and engagement with the local community in making children safer. • The child sexual exploitation sub-group in particular should use these questions to guide

<ul style="list-style-type: none"> • How are you going to tell me what is likely to happen? • Why are there so many of you involved and talking about me? Have you explained that to me? 	<p>strategy and ensure the involvement of children and young people</p> <ul style="list-style-type: none"> • Consider local information for children, their friends and family members so that they know who they can tell and how to access help.
<p>Help make me safe and stop it happening</p> <ul style="list-style-type: none"> • How do I know that what you have planned will keep me safe? • Are you going to stick with me? • How do I know I can trust you to help me? • Who is taking the overall charge of helping me? • Are you all working together – I don't want to keep telling my story over and over? • I don't know how to talk about what's happened – how are you helping me do this at a pace that works for me? • What are your plans if I go missing – I may have been abducted? 	<p>For schools and colleges:</p> <ul style="list-style-type: none"> • Consider whether there is a safe environment and a culture within which children and young people can talk about abuse with someone they trust ¹. • Draw on these questions to consider how the planned curriculum includes ways to help children and young people recognise gender stereotyping, abusive situations, and so address issues of consent and how to develop healthy relationships. <p>For police and CPS:</p> <ul style="list-style-type: none"> • What do these questions mean for our process?
<p>It's not just me</p> <ul style="list-style-type: none"> • Others at my school and where I am living are at risk – what are you doing about them? • Have you checked who else may be at risk? • Have you checked whether any of my family or my boyfriend/girlfriend are gang members? • What about my family or friends – what do I tell them, what should they know, are they safe, will they help, will they be OK with me? What are you doing to help answer these questions? 	<p>For commissioners of services:</p> <ul style="list-style-type: none"> • Do we have the right information and do we ask the right questions so we can commission services for addressing the emotional needs and mental health of exploited children and young people? <p>For all agencies:</p> <ul style="list-style-type: none"> • Are there specific equalities issues that need to be considered and responded to? • Consider whether and how to provide a safe environment for children to tell. Make sure you understand the recognition and telling framework – children do not describe their experiences in a neat linear fashion. • Consider how best to share information about vulnerable young people and manage the number of people involved in working with them.
<p>Punish the right people (bringing the perpetrator to justice)</p> <ul style="list-style-type: none"> • How will you support me if this goes to court? • There are lots of people who have hurt me. What are you doing about them? 	<ul style="list-style-type: none"> • Do cross agency prevention strategies address these questions?

<ul style="list-style-type: none"> • Some people who have hurt me are my age. What about them? • So now if you've stopped them, what will you do to try to make sure it doesn't happen again? 	<ul style="list-style-type: none"> • What about your children who are out of area – how are they being supported and protected? • Have we mapped all gangs and gang associated girls?
<p>Don't think there is a quick fix</p> <ul style="list-style-type: none"> • Have you helped me understand that it wasn't my fault? • Are you supporting my family to help keep me safe? • Do I have hope for the future? • Who is going to help me to get on with my life, step by step? • Although things are getting better, I am still fragile. Who will be there for me for as long as I need them? • This shouldn't happen to anyone- what are you doing to help all children and young people to keep safe? 	<p>For all:</p> <ul style="list-style-type: none"> • Don't turn your back, it happens, talk about it. • If the child or young person does not recognise the situation as abuse, consider what to do to help them see it is not acceptable. • Make sure that there is a shared plan you are working on with the young person so they can have a bright future. • Plan ways of engaging with children and young people and getting their feedback on whether prevention and protection processes work for them.

Source: <https://www.childrenscommissioner.gov.uk/publication/if-only-someone-had-listened/>

- b. **Voice of the Professional** – attends to the anxieties staff may have and highlights the questions which agencies must ask if they are to meet their responsibilities to care for and support their staff. For more details see page 70 of the [Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups Final Report November 2013 "If only someone had listened"](#).
- c. **Protecting the Child** – details some of the questions which agencies need to satisfactorily answer in order to fulfil their statutory responsibilities for keeping all children safe. The questions have been developed to guide planning and decision making regarding the rights, welfare and protection children and young people who have been victims of CSE. For more details see page 72 of [Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups Final Report November 2013 "If only someone had listened"](#).

Seven essential principles for safeguarding children from CSE that underpin the See Me, Hear Me Framework are:

1. The child's best interests must be the top priority
2. Participation of children and young people
3. Enduring relationships and support
4. Comprehensive problem-profiling
5. Effective information-sharing within and between agencies
6. Supervision, support and training for staff
7. Evaluation and review

These examples have informed the view of what needs to be done in those places where children are not being protected and is encapsulated in the Inquiry's new operational and strategic Framework – See Me, Hear Me which provides a child-centred approach for protecting children. This Framework focuses on:

- preventing the sexual exploitation of children
- identifying, protecting and supporting the victims
- disrupting and stopping perpetrators, securing justice for victims and obtaining convictions.

1. The child's best interests must be the top priority

The best interests of children and young people and their rights to protection must drive all decision making. The paramountcy principle (Children Act 1989) must be adhered to where applicable and children's rights under UNCRC Article 3 (the best interests of the child must be a top priority in all actions concerning children) fully honoured. The [Office of the Children's Commissioner's Inquiry into CSE in Gangs and Groups \(2013\)](#) heard myths that only white girls are exploited and as a result we have evidence of black and minority ethnic victims being ignored. Boys too often remain invisible victims, as the assumption is that only girls are subjected to these assaults.

2. Participation of children and young people

When a child or young person is sexually exploited, their abusers control them. Children and young people report 'being done to' by the agencies charged with their care compounded their pre-existing sense of powerlessness and hopelessness. They want to be partners in their protection and recovery plans and those that had this experience valued it immensely and felt stronger for being involved.

Ensuring children and young people have a say in how sexual health services are run is a significant step forward in dealing with child sexual exploitation. Without their input, agencies will have little grasp of how the problem is seen by the very people they are supposed to be helping. Groups of children and young people should contribute to drawing up the local strategy for tackling exploitation. They should be invited to contribute in several ways:

- having a say in how they are being cared for
- having their views taken into account when local bodies consider how to respond to child sexual exploitation in their area
- providing feedback on their experiences, so that other victims will benefit from any lessons learned
- taking part in programmes unrelated to sexual exploitation, so that they can start to put their distressing experiences behind them and rebuild their lives.

3. Enduring relationships and support

Support must be tailored to meet the needs of the child, according to their age, identity, ethnicity, belief, sexual orientation, disability, language, and stage of development. Children and young people have told us that a consistent person who

sticks with them throughout the whole period of their protection and on-going care is crucial to their recovery.

4. Comprehensive problem-profiling

It is critical that agencies regularly problem-profile their local area to analyse and understand all the patterns of exploitation to which children and young people are subjected to. A comprehensive problem-profile needs to be compiled with the oversight of the LSCB and should be shared across all key partners to inform the development of a multi-agency strategy and action plans, the commissioning of services and the delivery of training and awareness-raising activity to support local professionals.

5. Effective information-sharing within and between agencies

Every area should have a cross sector information-sharing protocol which is predicated on the best interests and safeguarding of children and young people. All relevant agencies and services should be signatories and it should clearly state what information should be shared, by whom and the process for doing this.

The RUclear Chlamydia Screening Programme covers all ten Greater Manchester Local Authority areas and screens around 8,000 young people a month from 1,400 screening sites. All the testing data is held in one place. The Programme acts a failsafe, as they can see where young people have taken multiple tests from multiple sites and the result of those tests. RUclear liaises with screening sites to ensure key information is shared making the bigger picture apparent and enabling appropriate safeguarding and care to be provided. Both repeat negative tests as well as repeat positive tests have been identified as indicating a risk of CSE. The RUclear Programme Lead has identified young people at risk of, and experiencing CSE, from the chlamydia testing data. Currently a flagging system on the stand alone patient database is in place to identify young people who have tested more than six times in a 12 month period. A full anonymised analysis of the dataset is planned to enable further identification of normal patterns of testing by young people and determine whether the thresholds currently used are appropriate to indicate a risk of CSE.

The local information protocol needs to involve the following agencies in order to be effective:

- children's social care services
- police
- sexual health services
- hospital trusts
- community health services, including GPs

- drug and alcohol misuse services
- mental health services
- all schools, further education colleges and pupil referral units
- CPS
- the Probation Service
- youth offending services
- housing providers
- the voluntary and community sector.

Once agreed, the LSCB must have oversight of the protocol and the authority to review the performance of agencies on a regular basis.

6. Supervision, support and training of staff

Services should invest in the development and support of staff including providing regular supervision and the opportunities for them to reflect on practice. Those professionals who offer direct support to sexually exploited children and young people might require further intensive training and must have regular opportunities to reflect on their practice with a skilled consultant or supervisor.

Professionals working in this area require training to:

- understand the nature of child sexual exploitation and the different ways in which it manifests itself
- spot the warning signs of sexual exploitation
- know to whom to refer when there are concerns that a child or young person is at risk or is being sexually exploited
- know and understand their specific responsibilities and how to discharge them.

7. Evaluation and review.

[Working Together to Safeguard Children \(DfE, 2013\)](#) clearly states that a core function for LSCBs is to 'coordinate the work to safeguard children locally and monitor and challenge the effectiveness of local arrangements.' This is far from being achieved with only 17 of the 95 submissions being able to provide evaluations and a further five stated they had evaluations underway. Evaluations and regular reviews of the effectiveness of the CSE strategy is necessary to ensure services and interventions are achieving their intended outcomes and meeting the child and young person's needs. Children and young people must be directly involved in this process in compliance with Article 12 of the UNCRC. This will ensure that performance is driven continuously by a cycle that leads to improvement. These principles need to be in place to ensure children and young people are seen, heard and made safe.

Minimum outcomes from evaluations included:

- Increased access to services for young people at risk
- Increased skills, knowledge and resources for people working with young people
- Increased access to advice and information for young people

- Better sector coordination
- Increased awareness of the issue by policy makers

Very few evaluations recorded feedback from children and young people or whether there were improved outcomes for children and young people as a result of the work undertaken. When children and young people were consulted they found the following useful and important:

- being listened to and understood
- having their views considered
- having their individual needs and equalities addressed
- being kept informed of what is happening
- given space to talk in their own time and be flexible
- services that are attentive and respectful of their identity, culture, needs and wishes
- being able to trust and know the people who are working with them
- having one worker who sticks with them throughout
- when people keep trying and do not give up on them
- language that is accessible
- provide evidence that their input has been taken in to account and has made a difference. This was also reflected in the [Office of the Children's Commissioner's response to the DfE consultation, 2012](#).

It is essential that services systematically and regularly evaluate and review their practice to ensure that the needs and best interests of children and young people are met. This includes:

- asking for feedback from children and young people
- establishing, reviewing and assessing aims and objectives for children and young people and other related or external parties (e.g. families, communities etc.), staff and practice
- reviewing and assessing immediate, short and long term outcomes for children and young people
- assessing and monitoring practice, performance and compliance
- identifying gaps and areas for improvement
- the findings of these processes should always be used to inform further development and improve practice.

The [National Police CSE Action Plan](#) was created in order to address seven elements of the police response to CSE; however it does not measure the impact on children and young people and does not seek their views or feedback.

A [Children's Voices Research \(2015\)](#) found that certain groups of children and young people felt that police were less likely to recognise their vulnerability and need for support. These include children who go missing, those known to the police for offending behaviour, older children, BME children and those who may be less likely to be present as cooperative or compliant (even though these behaviours may themselves be associated with their additional vulnerability).

Reflecting on the variability of these experiences, participant's narratives reveal eight core principles of practice associated with enhancing children and young people's sense of safety and wellbeing, and maximising their willingness to engage with police in safeguarding processes. These are:

1. demonstrating empathy and compassion;
2. respectful and non-judgmental practice;
3. effectively eliciting and responding to children and young people's accounts;
4. conveying information to children and young people in a timely and appropriate manner;
5. due consideration to confidentiality and discretion;
6. maximising continuity of engagement;
7. recognising and responding to children and young people's support needs; and
8. facilitating opportunities for children and young people to exert choice and control.

The research found that for the majority of participants these principles were neither fully nor consistently applied, a finding which resonates strongly with previous research².

These principles also closely align with current policy and practice guidance for police which recognises the additional vulnerability of children and young people and articulates a series of related entitlements. These include:

1. early identification, and ongoing review, of victim and witness support needs
2. clear explanation of processes and requirements
3. provision of information about appropriate avenues of support
4. appropriate facilitation of supporters within the investigative process
5. ongoing communication about the progress of the case, and
6. use of specially trained officers^{3,4,5,6,7}.

A strong recommendation from [Derby Safeguarding Children Board's learning review of Operation Kern](#) is that agency responses need to be balanced with the recognition of long-term outcomes for young people as they transition into being adults and comprehensive transition plans need to be put in place to appropriately support those young people. The impact of what they have gone through has been so significant that some of them continue to be vulnerable and the longer term outcomes for them remain unclear. As a result of this review a number of detailed recommendations were outlined to improve future activity in this area. The trial was very successful in terms of prosecutions, however this was at some considerable cost to the victims and witnesses who found the experience inaccessible and adversarial. They reported feeling distressed, degraded, exposed and unsafe in court and this prevented them from also leading a normal life in the community. This review found that support from agencies during the court process had a significant impact in addressing these issues.

In reviewing effective practice, measuring outcomes for children and young people and seeking their feedback is the most effective method to evaluate practice and assess whether it is having a positive impact. This will ensure that performance is driven continuously by an improvement cycle.

[Railway Children](#) consistently evaluates and reviews their practice. They have six outcomes they seek to achieve:

- to raise children and young people's awareness of risk
- to promote safer choices
- to prevent harm by providing a safe place at a time of crisis
- to reduce risk taking and improve wellbeing by addressing causes of running away
- to reduce incidents of running away
- to improve family relationships and functioning.

They measure these outcomes by conducting evaluations, reviewing case records, self-assessment and worker assessment, and the reduction in frequency of missing episodes, where known. Young people's and worker's assessments of progress and change are measured by tools such as the Adolescent Wellbeing Scale and Five-point Rating Scale. Relevant third party information, where known, is also assessed.

The [Coffey Report \(2014\)](#) reviewed the approach to CSE in Greater Manchester. November 2014 also saw the publication of the Ofsted thematic inspections of eight local councils. The thematic inspections came about as a direct consequence of the Rotherham Inquiry. The Communities and Local Government Select Committee Inquiry into CSE in Rotherham also underlined lessons for local councils, making a number of recommendations, particularly about the role of council scrutiny. Themes were outlined in the [Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups Final Report November 2013 "If only someone had listened"](#). Learning identified by the [National Working Group \(NWG\)](#) was also included as this incorporated a review of recommendations from a large number of CSE research reports and inquiries. The recommendations below are not an exhaustive list, but draw together common findings:

1. focus on victims
2. engaging with all communities
3. better awareness raising and education for professionals and the wider community
4. training for all professionals
5. professional attitudes and use of language
6. leadership, challenge and scrutiny
7. coordinated, strategic responses and performance management
8. disruption and prosecution.

See [Recommendations](#) section for more details.

Effective practice: Using the warning signs and risk indicators

The Metropolitan Police Service has developed the **SAFEGUARD** mnemonic to assist all officers to remember the risk and warning signs of CSE. This is available to every frontline officer and contained in the [Pan London Child Sexual Exploitation Operating Protocol](#).

Sexual health and behaviour – evidence of sexually transmitted infections, pregnancy and termination; inappropriate sexualised behaviour

Absent from school or repeatedly running away – evidence of truancy or periods of being missing from home or care

Familial abuse and/or problems at home – familial sexual abuse, physical abuse, emotional abuse, neglect, risk of forced marriage or honour-based violence; domestic violence; substance misuse; parental mental health concerns; parental criminality; experience of homelessness; living in a care home or temporary accommodation

Emotional and physical condition – thoughts of or attempted, suicide or self-harming; low self-esteem or self-confidence; problems relating to sexual orientation; learning difficulties; poor mental health; unexplained injuries or changes in physical appearance identify Gangs, older age groups and involvement in crime – involvement in crime; direct involvement with gang members or living in a gang-afflicted community; involvement with older individuals or lacking friends from the same age group; contact with other individuals who are sexually exploited

Use of technology and sexual bullying – evidence of ‘sexting’, sexualised communication on-line or problematic use of the internet and social networking sites

**Alcohol and drug misuse – problematic substance use
Receipt of unexplained gifts or money – unexplained finances, including phone credit, clothes and money**

Distrust of authority figures – resistance to communicating with parents, carers, teachers, social services, health, police and others

References for ‘What Works’

¹Mortimer, J., North, M., Katz, A., Stead, J. (2012) ‘You have to have someone to trust’: Outstanding safeguarding practice in primary schools. London: Office of the Children’s Commissioner.

²Beckett, H and Warrington, C (2014) Suffering in silence: Children and unreported crime, London: Victim Support
Beckett, H and Warrington, C (2015) Making Justice Work, Luton: University of Bedfordshire).

³College of Policing (2014) Responding to child sexual exploitation.

⁴Ministry of Justice (2011) Achieving best evidence in criminal proceedings. Guidance on interviewing victims and witnesses, and guidance on using special measures, London. MoJ.

⁵Ministry of Justice (2013) Revised Code of Practice for Victims of Crime, London: TSO.

⁶Crown Prosecution Service (2013a) CPS Guidelines on Prosecuting Cases of Child Sexual Abuse, London: CPS.

⁷Crown Prosecution Service (2013b) Safeguarding children as victims and witnesses, London: CPS.

CURRENT SERVICES

The body with statutory oversight and strategic responsibility for increasing awareness and supporting the identification of children at risk of Child Sexual Exploitation (CSE), child trafficking, girls and gangs and safeguarding aspects of FGM is the Kingston and Richmond Local Safeguarding Children's Board (LSCB).

Given the importance of a co-ordinated response across different sectors, the CSE/CME sub-group was formed in Kingston in 2013 and is now a subgroup of the LSCB, a multi-agency partnership with responsibility for identifying and responding to issues of known or suspected CSE. The CSE/CME sub-group meets quarterly and has a broad multi-agency membership including representation from: Public Health, Education Welfare, Head of Special Educational Needs (SEN), Head Teacher, Police (Missing Persons Officer and the new Central CSE team), Community Health Services (School Nursing and Health Visiting), Pupil Referral Unit, MASH and the 14+ Looked After Team, Youth Offending Service, senior managers from Children's Social Care, Prevention and Early Help, GP lead for Sexual Health, Safeguarding doctor and nurse leads, Strategic Head of Integrated Youth Support Services, lead from Domestic Abuse and Sexual Violence Forum, Safer Kingston Partnership, MARAC Lead, CAMHS, Head of Integrated Services for Children with Disabilities, Community Safety Manager, and the voluntary sector. CSE and Missing from home and education subgroup of the LSCB are interlinked at a strategic level to ensure that they are addressed independently but with reference to one another.

- In 2015 Kingston launched its first CSE Strategy which sets out local multi-agency working arrangements under the LSCB. This strategy promotes a multi-agency approach to addressing CSE through a shared understanding which better supports prevention through information sharing and improved identification and interventions to protect those most at risk of being sexually exploited. The current CSE Strategy was refreshed and approved by the LSCB in February 2016 and incorporates the multi-agency operating protocol for identifying and responding to CSE concerns and includes arrangements for multi-agency information sharing and collaboration. By February 2016 the [local LSCB CSE strategy](#) was updated (to also include into the front sheet assessment the [BASHH Brooks proforma](#)) and a [Children Missing Education Policy and Procedure Protocol](#) and a [Joint Handbook for Safeguarding Missing Children](#) were developed to assist in identifying, assessing and referring children appropriately.
- The monthly Multi-Agency Sexual Exploitation (MASE) meeting maintains an overview of all CSE contacts, including their risk level at presentation, outcomes from meetings involving individual children and the effectiveness of interventions. The meetings include all children related to the borough, including those in foster care placed out of borough, and those placed in the local area by another local authority, for whom there are CSE concerns.

- MASE meetings take place following the Children Missing from Education (CME) meeting to ensure effective cross-over between these separate, but often interlinked issues. The MASE meetings also follow the Missing Persons (Misper) meeting so that the MISPER meeting information can be utilised to inform the MASE meeting.

Process and procedures

In December 2014, there were a wide range of procedures developed around CSE in Kingston. A further step was for their impact to be considered together with a review of processes, and for there to be assurance that frontline workers were familiar with the helpful tools developed eg the risk assessment matrix. The case file audits in June 2015 and February 2016 have found that practitioners have been using tools to risk assess, such as the SAFEGUARD mnemonic.

Strategic oversight

The Association of London Directors of Children's Services (ALDCS) Chair and Lead for Sector Led Improvement in London, and the Chair of the London Safeguarding Children Board (LSCB) originally encouraged local LSCBs in October 2014 to carry out local peer reviews to scrutinise their local LSCB coordination of CSE, using Ofsted guidance.

Police recording of sexual exploitation report

Police officers are trained to spot signs of CSE and to be aware of the reporting and escalation procedures. A non-crime CRIS (Crime Reporting Information System) report is created once a referral is received. The report can be closed when concerns cease and can be re-opened if concerns are raised anew. This is instead of opening a new report each time concerns are raised and maintain a chronology of case management.

Every child who has been reported missing is de-briefed by the Police using a set format - 'Safe and well checks' are conducted.

Information recording and sharing

In December 2014, the MASE meetings had not yet defined information sharing and recording of intelligence regarding perpetrators, and wished to develop analysis further around trends. Since this time, the MASEs have begun to explicitly define perpetrator and hot spots and include some analysis. There are now established links with [MASE](#), [MARAC](#) and [MAPPA](#) in Richmond and Kingston and the same Chairs leading MASE and MARAC. Commissioners have been informed to advise how they managed contracts in terms of CSE and expectations to report and train their own staff. Two audit meetings took place in Kingston and Richmond to triangulate [Merlins](#), MASE meeting minutes, and missing return interviews by Children Social Care for ten randomly chosen children in total. Links between Misper meetings and MASEs have been strengthened and MASE follows the Misper and the CME meetings in both boroughs.

Looked after children

Children placed in care outside each borough are now considered at each MASE, and Misper meeting and referrals are received from boroughs who place children in.

Children who are 'Missing'

Links between Misper meetings and MASEs have been strengthened with Misper and CME meetings preceding MASE meetings in both boroughs. It is expected that return home interviews (RHIs) are routinely offered by the [Family Support First Contact \(FSFC\) team](#) in AfC for missing children and this information is shared with Police and other appropriate agencies so that any CSE concerns can be actioned. Quality of data has improved since June 2016. There should be a clear correlation between the number of missing episodes and the number of return home interviews. The return interviews were not yet considered in the Missing Person or MASE meetings, or routinely aggregated for intelligence / analysis. By 2016, there was improved consistent membership across the monthly MASE and CME meetings and quarterly CSE /CME have become more consistent however, representation from missing, housing, and sexual health services providers were either absent or inconsistent.

Children placed in care outside each borough are now considered at each MASE, and Misper meetings and referrals are received from boroughs who place children in Kingston and Richmond. Profiles are developed of children and "[grab packs](#)" (commonly referred to as the Looked After Child Information Sharing Form) for if they go missing. Police and Children Social Care have visited local children's residential placement providers, to explain expectations for practice.

The following areas are covered during a Misper Return Interview:

- Is the person you are speaking to actually the person that was reported missing?
- Why did the person go missing?
- Where did the person go?
- What did they do whilst they were missing?
- Who did they go missing with? (if applicable)
- Is there anything else that the person would like to discuss with Police or partner agencies, e.g. Children's Social Care?
- Are they at risk of Child Sexual Exploitation (CSE)?
- Is a further referral needed?
- What will stop the subject from going missing?

Kingston Police have a Missing Person Co-ordinator who reviews missing person reports to identify opportunities to locate them and subsequently to review reports to identify plans to prevent repeat instances of missing and identify opportunities to locate missing persons in the future. This assessment is based upon the outcomes of the investigative processes, safe / well checks and return interviews. The missing children and CSE provision is co-located. The missing children posts sit within the Family Support First Contact (FSFC) Team in the Family Support Service. They carry out all missing children return interviews (RHIs) across Kingston and Richmond, including new and known cases across preventative and statutory functions. The referral pathway is an internal process initiated by Single Point of Access (SPA).

Missing Children Merlin reports are passed to Children's Social Care through SPA (Single Point of Access) and information shared appropriately. The Missing Person Coordinator collates details of repeat child missing episodes and compares / shares data with the AfC data analyst to ensure every missing child is correctly identified and managed. Each child is subsequently considered at a monthly multi-agency missing children meeting. The Missing Person Coordinator attends this meeting.

From June 2016, the missing processes and Return Home Interviews (RHIs) were centralised in Protection and Early Help (PEH) across AfC. It gives clarity, consistency and overview, as well as a quarterly report. The definition of missing children still requires further discussion between AfC and the metropolitan police.

1.0 CSE Prevention

1.1 CSE Awareness Raising

There is a quarterly CSE awareness and internet safety subgroup which reports to the CSE / CME subgroup. The CSE awareness working group has begun to create a local community awareness strategy, and there has been considerable activity in both boroughs. [Operation Makesafe](#) has been well actioned by Police in both boroughs in March 2015, and repeated in September 2015. Police have been working on information around safeguarding and CSE Kingston's hospitality, transport and licensed premises trades around possible warning signs to look out for when coming into contact with young people they believe may be at risk of sexual exploitation. This was tied in with the LSCB and AfC Participation [SafeFrom Project](#). As well as the local [SafeFrom leaflet](#), there are also [Child Sexual Exploitation \(CSE\): A guide for parents and carers leaflet](#) and the [LSCB CSE Leaflet for children and young people](#).

2016 was the third consecutive year that Kingston and Richmond has participated in the national CSE Awareness Raising Day (March 2016). This included:

As part of 6 months rolling programme, Police staff receiving updates on CSE awareness day with reminders how to report it; Safer Transport Team work, Social media initiatives, Radio Jackie and press release to local papers, Youth engagement; visits to Korean community, Hotels, Children homes/Schools. Metropolitan Police Service call handlers have also received specialist training to identify calls relating to CSE and provide the appropriate advice and police response. As part of the DfE Child Protection Campaign the campaign toolkit for the ['Together, we can tackle child abuse' campaign was shared](#). Businesses such as hotels, licensed premises and taxi companies are being provided with awareness training to assist them in recognising the signs of CSE. They are directed to call 101, quoting Operation Makesafe, should they suspect suspicious behaviour or activity on their premises or in their vehicles.

Police have CSE leaflets for young people and parents prominently in a local station. LSCB has had positive and growing attendance in CSE training. The LSCB hosted a CSE and

missing mini conference in February 2016 and 160 people attended to launch the local refreshed CSE Strategy. The CSE Summit which took place on 11th July 2016 for Kingston and Richmond, chaired by the Kingston Police Borough Commander. This recommended that MOPAC money is spent on a CSE data analyst.

All Kingston police detectives undertake training on how to recognise the needs of people with learning disabilities during a one week course. The police also work with Kingston Council's People with Learning Disabilities Parliament and provide reporting booklets for People with learning disabilities to report any hate crime. Kingston police are part of the fortnightly Community [MARAC](#) meeting which (with partner such as the London Fire Brigade, Housing, the Neighbourhood Team, and social services) reviews cases known to be vulnerable to exploitation (including people with learning disabilities); furthermore, there is an overall plan associated with this work to ensure the most effective strategies are pursued.

1.2 Training

In 2015/16, the LSCB offered 21 CSE training events across Richmond and Kingston. 113 Kingston staff attended the main CSE day Level 3. Details of the range of organisations attending CSE training is provided in Appendix 5.

1.3 Schools

The LSCB requested evidence from all schools in Kingston regarding their inclusion of CSE in PSHE. 22 schools replied; 16 schools cover CSE in their curriculum for children, 15 schools have trained their staff and 10 schools have trained their governors. Little work has been undertaken in primary schools although ['underwear rule' leaflets](#) have been distributed.

Locally in Kingston there are a range of resources that contribute to preventing CSE, this include Personal Health and Social Education (PHSE) in secondary schools which covers a range of risk issues such as consent, 'sexting', online safety, and safe peer relationships including teenagers who live with abuse.

- Public Health Link Workers (HLW) cover all state secondary schools, one Special school, and Kingston College. During 2016, all will have received their [CEOP ambassador training](#). During 2015/16 the following work was undertaken by Health Link Workers:
 - At Holy Cross: five CSE workshops using the [B Wise 2 Sexual Exploitation resource](#) to 150 Year 11 pupils and gave one parent information evening.

- At Malden Oaks Pupil Referral Unit six one-hour sessions using BWISE2SexualExploitation resource were delivered to five young people from year 9.
- Hollyfield: Parents evening on online safety. About 50 parents attended.
- At Southborough Boys:
Year 10 PSHE drop down day - 1 hour of CSE delivered by HLW.
Year 9 - Abusive relationships, grooming and CSE is on the programme of study. In total one hour delivered by tutors, created by the HLW.
Assembly to KS4 on online safety and online grooming delivered by senior school staff created by HLW.
- Tolworth Girls:
Year 11: - two assemblies on CSE, 50 mins in total delivered by HLW; two tutorial sessions on CSE. 110 mins in total delivered by tutors, created by HLW.
- For St Philips Special School information, please see 'Children and Young People with Learning Disabilities' below this 'Schools' section.

See Appendix 6 for evaluation work on one school.

Due to over half of the Health Link Worker capacity being new to post late in the 2015/16 school year, more work focusing on CSE is planned for the 2016/17 timetable.

- London Councils fund a free and sustainable healthy relationship project from education-through-theatre company, [Tender](#) to cover a fixed number of schools per borough. Additionally, at a boys secondary school, a primary school, a special school and Kingston College. In July 2015, Tender also presented the scope of their work to primary and secondary schools as part of a Healthy Schools event which focused on PSHE.
- Kingston Safer Space is a four year project commissioned by the Safer Kingston Partnership and delivered by Victim Support, which provides specialist support to 5-16 year old children and young people who have been exposed to domestic violence within their families. The Safer Space project worker also works in secondary schools across the borough delivering a programme of preventative workshops and group work around domestic and sexual violence and increasing pupils' awareness of healthy relationships. The Project receives referrals via schools, children centres, self-referrals, partner agencies and the SPA team (Single Point of Access) when a child is identified as in need of additional support. Sessions take place in schools, children's centres and other neutral locations that have access to a confidential room. Victim Support also provides an advocacy service in Kingston for adult victims of Domestic Violence. Of the 243 cases worked with in 2015/16 24% of these had

children's social care involvement and in 23% of cases, assistance with family law was given.

Children and young people affected by domestic abuse may require:

- Short term intensive support to help them cope with the immediate impacts of the trauma they have experienced (the Saferspace worker usually provides a minimum of six 1:1 sessions with each child worked with)
- Further ongoing interventions for those who need longer-term support to recover from the harm they experienced (such as onward referral to CAMHS, strengthening families team or Victim Support volunteers)
- Partnership work with schools and other professionals to assist recovery

During 2015/16, 61 children and young people received 1:1 support and 20 healthy relationships workshops were delivered reaching a total of 404 secondary school pupils. Over the year a total of 45 primary school children were newly referred into the project. Progress in various areas of the children's lives such as relationships, school attainment and safety are assessed. The project also demonstrated good success in enabling relationships and communication between children and their parents to improve. A key outcome for the project is working with partner agencies around the whole family to reduce risk to the non-abusing parent and their children. For this project progress in this area is measured by looking at the number of children who remain on child protection plans at the end of their involvement with the service.

- Kingston Police Schools Involvement Officers are fully briefed on how to spot CSE and work closely with partner colleagues in the school environment to promptly intervene. Working with AfC, Kingston police offer a six-week programme for those schools where CSE risks have been flagged and close liaison with the [Single Point of Contact \(SPOC\)](#) is maintained in each secondary school. The Police also raise awareness during the termly primary and secondary schools heads meetings.
- Achieving for Children are visiting schools through the Family Support Service, Youth Service and Kingston. In terms of online safety awareness in local schools, AfC has trained on online safety in local schools. Out of 148 schools in total, in Richmond and Kingston, 50 schools have had input from the ICT and internet safety lead (AfC). CSE leaflets have been provided to all independent schools.
- Specific early CSE intervention activities in one school in 2014/15 addressed the low levels of CSE and were delivered through joint working between the Health Link Workers and the Achieving for Children (AfC) Family Support First Contact (FSFC) team. Work included healthy relationships, gender equality, and respect.
- Independent Schools
Safeguarding leads from Richmond and from Kingston CCGs chair the quarterly health forum meetings at the Independent Schools and regularly raise the subject of

CSE and the identification of warning signs and referral protocol. The focus for raising CSE awareness for September 2016 is internet safety; BPAS is targeting Kingston Independent schools. The LSCB organises a twice yearly safeguarding meeting for independent schools in Kingston and Richmond. They considered CSE and local learning in May 2016.

Children and Young People with Learning Disabilities

Using the outcomes from a [Sexual Health Needs assessment \(2013\)](#), Kingston Public Health commissioned the Family Planning Association (FPA) between 2014 and 2016 with the following aims:

- to train and support young people, their primary carers and support teams, staff in associated services, and other key stakeholders on the issues of confidently managing matters of Relationships and Sex Education for young people with learning disabilities
- to work with key staff across related services through a train the trainers programme so that the basic level training can continue to be disseminated beyond the lifetime of this contract
- to improve access to sexual health services through the expansion of services promotion resources and materials (aids and tools) aimed at people with learning disabilities. There should be information produced for the young people and also information for staff working with young people and parents
- to provide a parallel workshop at Moor Lane whilst the sexual health service is open for young people with learning disabilities, and their parents, carers, and significant others
- to actively engage in the necessary stakeholders groups in order to:
- assist in the development of borough wide guidelines on PSHE (to include SRE)
- influence relevant clinical, education, and social care services.

There was some difficulty engaging a small number of schools in taking up this training. This may have been due to difficulty getting time off for staff training particularly for a small cohort of students and the particularly high turnover of support staff. Training has included also assessing capacity to consent and responding to disclosure.

The FPA managed to reach or exceed the thresholds set that related to the aims except for engagement with parents and delivery to a higher number of staff who are positioned to train others in SRE for this population.

The following has resulted from the FPA work:

- a sub-group to the PSHE Strategic Working Group which aims to maintain the competency and identify / utilise opportunities for sharing this learning by those members of social care, health, and education staff who have received enhanced SRE training for people with learning disabilities. A Health Link Worker, a School Nurse, a Wolverton Centre member of staff, and a person

with learning disabilities who has helped co-deliver the training are members of this sub-group.

- Leaflets regarding [Relationships, the Internet, and You](#) for 11-16 year olds and for adults.
- St Philips School as a Special school for young people with moderate learning disabilities has lessons plans that the FPA developed which are incorporated into the PSHE programme and delivered by in-house staff.

2.0 Health Services Interventions to prevent and identify CSE and facilitate Recovery and Prosecution

- **Safeguarding responsibilities**
Health professionals have an important role in early identification of CSE and awareness among staff as part of their safeguarding role is essential. Kingston CCG, as lead commissioners of health services, monitor safeguarding arrangements through quality assurance arrangements. A designated Safeguarding Nurse provides supervision to Named Safeguarding Nurses within provider organisations and a Designated Safeguarding Doctor provides assessment directly to children who have been sexually abused. There is also a LAC Nurse but as yet no Nurse covering those leaving care.
- **Mental Health**
South West London and St. George's Mental Health Trust circulates the [NHS England Pocket book](#) to CAMHS staff which is also accessible to staff in the Trust intranet. Of the 8 clinicians in the Kingston CAMHS team, the majority had completed the Trusts Mandatory training for level 3 safeguarding (this training package includes CSE training specifically). A plan was in place to ensure the remaining staff are also trained. The staff became aware of the local referral pathway during 2016/17. [Kingston's CAMHs transformation plan](#) was based on [NHS England's 2015 'Local Transformation Plans for Children and Young People's Mental Health and Wellbeing Guidance and support for local areas'](#). This was in response to the 2015 Department of Health and NHS England (2015) 'Promoting, protecting and improving our children and young people's mental health and well-being' which recommended that CAMHS needs to review its work practices, approaches and systems and to work more closely with other agencies working with children and young people.
- **Community Pharmacy**
Since 2015/16, trigger questions and Guidance notes (based on Best Practice from Oxfordshire) are intrinsic part of the software proforma that is used by all Community

Pharmacists who are commissioned to provide sexual health services to young people in Kingston.

- GPs

GPs have very little data re regarding children who are vulnerable to child sexual exploitation. GPs are informed if a family has been discussed at MARAC but there is there is a lack of awareness of what happens if a child is discussed at MASE. Clarity has been requested on this. Practices should know which children are on Child Protection plans including those at risk of sexual abuse. GPs have no other information. GPs are aware of their responsibilities to refer to SPA if they identify a child who is at risk of CSE. The lead for training in ICT and online safety (AfC) has yet to visit Kingston GPs.

- Kingston Hospital

Quality of multi-agency working (2014) revealed that partner reporting would benefit from strengthening referrals and intelligence from universal services. A common theme was risk awareness for GPs and hospital health services, and the need to draw in Children and Adolescent Mental Health Services (CAMHS) support as children move across borough boundaries.

Two level 3 seminar sessions are held each year to capture all staff working within the Trust who require this level of training and plan that this will continue. Different topics are covered each year and in 2014/15 Barnardos and the police helped to facilitate. Staff also attend external agency level 3 training sessions either LSCB or via professional colleges for multi-agency input. Kingston CSE assessment and proforma is available for staff to use in Accident and Emergency. Kingston's CSE strategy is available on the Trust's internal intranet for all staff to access as appropriate. CSE was the subject of the level 3 safeguarding children training within the hospital in 2015.

Kingston Hospital also has specialist health [Independent Domestic Violence Advisor \(IDVA\)](#), who is pan-London funded. She is currently working in the midwifery unit.

- The London Ambulance Service has CSE as a standing item in agendas and part of compulsory refresher training for all clinicians.
- Wolverton Sexual Health Centre, Kingston Hospital
Since 2015, the safeguarding lead nurse attends the MASE. This has improved the confidence of GU staff in reporting soft as well as hard intelligence to the SPA.
Since 2016, the Wolverton has a Safeguarding Lead Nurse post.
Due to a lack of funding, the Wolverton Centre has not had an [Independent Sexual Violence Advisor \(ISVA\)](#) since Summer 2014. Evaluation reports are unavailable since 2012 and no conclusions could be drawn from evaluations undertaken in 2011 and 2012 although the number of under 18 year olds accessing the service were extremely low (<5 over these 2 years).
Since January 2014, the Wolverton Centre have been providing a weekly sexual health clinic (called '[Connect](#)') for people with learning disabilities. In

April 2015, this service moved from the Integrated Service for Children with Disabilities in Chessington to the Wolverton Centre. The FPA (Family Planning Association) (and also commissioned by the Kingston Public Health Team) supported and trained the Wolverton Staff regarding people with learning disabilities eg capacity to consent assessments, handling disclosure. A summary of the Connect Clinic and what it provided is available [here](#).

- Termination of Pregnancy Services
BPAS (who provide over 95% of Kingston's terminations) staff receive Level 3 training in Safeguarding and have had no safeguarding incidents reported in 2015/16.
- Your Healthcare (YHC) CIC
During 2015/16, no specific data was held on CSE cases or referrals by YHC in any of the YHC services. Shifting over to new data collection software system in 2016/17 should facilitate the responsive recording of sensitive contemporaneous data. Currently CSE information is only available following referral.
 - Community Contraception and Sexual Health Services.
There is a link to the Kingston strategy and assessment proforma in the Applicable Local Standards section of the service specification.
 - KU19 and SRE services.
There is a link to the Kingston strategy and assessment proforma in the Applicable Local Standards section of the service specification.
 - The School Health Service and the Health Visiting service is included in the [Kingston 0-19 Public Health Nursing Specification 2016/17](#). This states that Your Healthcare will :
recognise the signs of potential child sexual exploitation (CSE) and strengthen data collection to help identify existing or emerging perpetrator information through the development of a full and detailed paper proforma to capture key vulnerability information (including the age of partners, the number of partners and whether there is any violence or coercion within the relationship) and ensure transfer of this data onto electronic records.
To facilitate the identification, recording and appropriate sharing of information of vulnerability and potential exploitation.

3.0 Specialist Service: The Phoenix Project

Children are reported as missing and identified as at risk of CSE are referred to a specialist service. In 2015/16, this service was provided by Barnardos and from 2016/17 onwards the Phoenix Project (Youth Services), or to CAMHS, healthcare, or Early Help as appropriate. In

2015/16, Barnardos was accessed by 17 young people. The fact that boys represented fewer than five of these cases highlights the possibility that boys and young men were under-identified in Kingston (see [seminal research Barnados in the Boys and Young Men section of the Introduction](#)). The Phoenix Project (Youth Services, AfC) has been commissioned through the Multi Agency Safeguarding Hub (MASH) and Children's Social Care since April 2016, to provide direct intervention for children and young people who were being sexually exploited and will accept referrals through the MASE and direct from Social Workers based on capacity depending on the risk factors relating to CSE for individuals through managing up to 25 cases a year across Achieving for Children (AfC).

This specialist project covers:

- Providing information to social workers which enables them to form a more coherent picture of what is happening to a young person,
- Providing information and intelligence increasing the ability of the multi-agency network including the police to identify hot spots, potential perpetrators and gangs and through this the worker develops local intelligence links and supports best practice.

The Phoenix Project does not:

- Advocate for a child protection response,
- Help to locate and safeguard vulnerable young people who are missing.

Young people receive up to 20 sessions at the Phoenix Project. Sessions 1–4 would focus on rapport building and establishing areas of concern/need for further work and meeting with parents/carers to ensure they were clear on the aims and objectives of the project and the confidentiality policy.

Work was recorded on an internal IT system, which is perceived as an 'in-house benefit' as the information would be available to case workers. The add-on service was the exit strategy as a support mechanism in place where AfC was working with other agencies, as appropriate. The allocated youth worker would meet the young person to continue support to plan for the future. Outcomes for Success would be measured against:

- Whether Children and Young People have regular contact with services and are able to accept support;
- Having a suitable place to live, with care and support adequate to their needs;
- Not going missing from home/care; reduced conflict with parents/carers;
- Minimising/not associating with controlling/risky adults or with peers involved in sexual exploitation; attending school/college/ training regularly;
- Reduction of risk taking behaviours i.e. sexual health, drug/alcohol dependent;
- Ability to recognise risky and exploitative relationships;
- Minimising/not experiencing intimate violence and are safe from abuse.

Long term outcomes are:

- Not sexually exploited or at risk of being abused through CSE;
- Able to identify abusive/exploitative behaviour;
- Recovery from sexual abuse/exploitative behaviour.

The long term plan was to monitor through reports and sharing them with professionals, such as this group.

Qualified youth workers, have undertaken CSE training (as part of Level 3 Safeguarding training). Both Phoenix Project staff members are booked onto the LSCB 'missing from home and care' training (as of 20/10/16).

The project engages with Looked After Children (LAC) who are placed out of borough but within a 'reasonable distance'. The staff would not have access to details for other LAC out of borough receiving any support.

Between April to June 2016, the project received 10 new referrals and picked up 11 from Barnardos waiting list and as of July 2016, 12 were receiving/starting support, four cases closed, five cases were not CSE referrals. Risk reduction activities so far include:

- Having a worker they can trust, call and talk and meet with - this has been feedback by less than five young people engaging.
- Online safety to strengthen awareness of internet use, security and protection of personal details with two young women.
- Exploring positive relationships, recognising the difference between a healthy and risky relationship - young people are able to feedback their understanding from sessions and will be reviewed as the intervention comes to an end on the impact towards changing behaviour.

4.0 Housing

The CSE peer review in February 2016 stated that there was a challenge to include Housing departments and providers, who might be placing young people locally or in neighbouring boroughs. Many London boroughs and more particularly, Kingston has a severe shortage of social housing and the benefit cap (effective as of November 2016) will exacerbate this shortage with increasing numbers of under 16 year olds being placed increasing distances out of borough into nightly paid temporary accommodation. The consequence of this is that children will be dispersed further from existing social networks, will potentially experience more placements, and could be rendered more vulnerable to CSE.

5.0 Persons of interest, perpetrators, and prosecution

1. Kingston supports the [Metropolitan Police Pan London CSE protocol \(February 2014\)](#).

2. The central CSE police team is a member of the MASE and the CSE / CME group in order to support identification and escalation of any potential significant high profile investigations and to make sure there is effective local Borough Police action to disrupt CSE activity.
3. The Central Police CSE team deliver a programme of briefings to local Police and multi-agency colleagues on their role in combatting CSE. This takes place at key times eg prior to Operation Makesafe weeks and can have a specific focus eg children's homes, hotels.
4. The Police have one YPVA (Young person's violence advisor) and there is an IDVA (independent domestic violence advisor) in the borough.
5. The [Jigsaw Unit](#) works with the Community Rehabilitation Company (CRC) and probation to risk assess offenders with regard to themselves, their families, the community, as well as devise a communications strategy.

COMMUNITY VOICE

There is a dearth of information in Kingston related to involvement with children and young people:

‘There is a clear need for participation and feedback to go into the service development and commissioning loop more strongly.’

Kingston and Richmond LSCBs’ CSE Peer Review, March 2016

The ‘Voice of the Child’ and Figure 7 in [What Works](#) highlights what is involved in best practice in engaging with children and young people.

The [Recommendations](#) section outlines how Kingston children and young People should be engaged in the development and review of the CSE strategy and every aspect of their care planning and ongoing support (in line with the UNCRC Article 12 rights).

Schools

Kingston Public Health commission health and wellbeing surveys (by the School Health Education Unit, SHEU) of school pupils (Years 7-9) on an alternate yearly basis. The 2015 SHEU survey results from 4,800 children and young people are as follows:

Safety

In the last month:

- 89% of pupils said that they ‘usually’ or ‘always’ feel safe at school.
- 31% of pupils said that their school deals with bullying ‘quite well’ or ‘very well’. 9% said bullying wasn’t a problem in their school.
- 26% of pupils said that their school doesn’t deal with bullying very well and 34% said they didn’t know.
- 8% of pupils said they had been bullied on their mobile phone and 6% said they had been bullied via the Internet during the last month.
- 88% of pupils ‘usually’ or ‘always’ feel safe on their journey to school.
- 93% say they ‘usually’ or ‘always’ feel safe at home.
- 88% say they ‘usually’ or ‘always’ feel safe going out during the day; 46% said this of after dark.
- 10% said they never feel safe.

Internet safety

- 98% of pupils said that they have access to the Internet at home on a computer or mobile device.
- 50% of pupils said that they use the Internet for chatting.
- 33% of pupils said that they chat to people online who they have never met.
- 19% said they had met someone in real life who they first met online.
- 12% of pupils said that they use the Internet to update their blog/webpage.
- 38% said they use the Internet to look at webpages for help and advice.
- 49% of pupils use the Internet for emailing.

- 95% of pupils in Kingston said that they have been told how to stay safe online. This compared with 82% of pupils in the wider sample.

School Lessons

- 67% of pupils said that in the last 12 months they have had lessons, videos or discussions in class on puberty and growing up.
- 59% said that in the last 12 months they have had lessons, videos or discussions in class on relationships and sexual health.
- 32% of pupils found their lessons sexual health at least 'quite useful'
- 55% of Year 7 pupils said that their lessons on puberty and growing up had been at least 'quite useful'. 43% of Year 8, 38% of Year 9 and 29% of Year 10 pupils also said this.

Relationships

- 12% of pupils said that they worried at least 'quite a lot' about abusive relationships. Again, there are gender differences with the answers: 8% of boys and 15% of girls said this in Year 9.
- 6% of Year 10 pupils said that they have experienced a boy/ girlfriend putting pressure on them to do things they didn't want to do.
- 13% of boys and 15% of girls in Year 10 said that their boy/girlfriend had been jealous when they wanted to spend times with their friends.
- 13% of boys and 9% of girls in Year 10 said their boy/girlfriend had kept checking their phone.
- 10% had used hurtful or threatening language and 3% had hit them.
- 60% of Year 10 pupils said if any of these things happened to them they would know what to do; 60% said if any of these things happened to them they could get help.

Contraception and STIs

- 58% Year 10 boys and 65% of Year 10 girls said that they know where to get condoms free of charge.
- 33% of Year 10 pupils (31% of boys and 35% of girls) said that there was a contraception and advice service for young people available locally.

RECOMMENDATIONS

Of the full 73 recommendations outlined below this box, the ten recommendations below are considered the highest priority for Kingston and are intended to be achieved by January 2018 as part of the CSE Action Plan. These ten recommendations should be viewed with reference to the full 73 recommendations.

1. Alcohol and Substance Misuse commissioners from AfC and Kingston Commissioning Service (KCS) (children and young people's commissioners and drug and alcohol commissioners) should:
 - Determine current alcohol service responses to CSE and ensure they are identifying, recording, and reporting CSE concerns.
 - Identify the training and resource needs of alcohol service providers.
 - Utilise Alcohol Research UK research findings information on the role of alcohol in CSE (available from circa 2019).
2. Improve communication between the Local Safeguarding Children Board ([LSCB](#)) and CSE and the community safety partnership ([Safer Kingston Partnership](#)) through the development of the respective Community Safety Partnership dataset and oversight in relation to child and adult sexual exploitation, and arrangements for transitions for young people to adults' services. Ensure the LSCB is working with the Safeguarding Adults' Boards to consider the transition needs of young people over 18, who have been identified as at risk of CSE.
3. AfC should address the CSE Risks around post-16 unregulated accommodation and need for support into adulthood including adult services more closely in service planning and identification of risk, given that young people turning 18 can still be at risk or overcoming the impact of earlier abuse or in court processes.
4. The LSCB should undertake a review of [the number of repeat placements and out-of-area placements](#) to inform whether:
 - AfC have a function for commissioning niche placements, for example, secure places for those children at risk of CSE.
 - AfC ensures that there is a commissioning requirement for residential care homes to let Kingston Local authority know who is coming and when they have been discharged. This would give the host authority the chance to get real-time information.
5. The LSCB leads in offering CSE training making it compulsory for elected members and professionals who work with children and young people to attend. LSCB to offer training to Environmental Health Officers, food outlets, hotels, licensed premises, taxi firms. The Clinical Commissioning Group (CCG) safeguarding leads, Kingston Hospital safeguarding leads, GP safeguarding leads, the police, RBK, and AfC should

continue to ensure that all staff attend and follow up those who do not attend CSE training.

6. Although there have been no gang activity identified in Kingston, in order to bolster prevention of gang activity, the Police should support an initiative called '[Growing against Gangs and Violence](#)' (GaGV) with structured modules cover a variety of topics aimed at safety for young people. The police should also consider [HM Government's 2016 Ending gang violence and exploitation](#) and the [National Crime Agency's \(NCA\) County Line's Gang Violence, Exploitation and Drug Supply 2016](#).
7. The Police and Crown Prosecution Service (CPS) should [achieve best evidence](#) by ensuring effective support for any young person and their family where their case is progressing through to prosecution - ensuring child victims are supported through related legal proceedings including through the use of [special measures](#) where appropriate. Use of Family Court Judges to engender a child-friendly environment for children, [Independent Sexual Violence Advisers \(ISVAs\)](#), [Registered Intermediaries](#) or specialist Voluntary and Community Service (VCS) eg [Triangle](#), where available, may also have important roles to play.
8. AfC should address the way in which [mental health response and longer term recovery services](#) are commissioned and delivered in order to address the gap in this provision for sexually abused/exploited children, their families, and those who are at risk of CSE. This should include:
 - ensure mental health trusts have a policy of [fast-tracking children](#) who are victims of abuse in child and adolescent mental health services (CAMHS). Older teenagers who experience this trauma must receive urgent mental health support so they can stay safe and rebuild their lives.
 - addressing particular needs of those (often young people) who were groomed and/or abused on-line and would be informed by [engaging victims of CSE](#) (see *Community Voice: the voice of the child and of the Parents in Recommendations*), and stronger partnership working with CAMHs.
 - appropriate and robust mental health services and pathways. Services areas should cover:
 - An inclusive approach: ensure all victims are considered eg boys and young men, ethnic minority groups and groups with learning difficulties.
 - Assessment procedures that accommodate for the lack of self-identification of risk or harm by young people. A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation. It is vital that practitioners assessing young people do not allow children and young people to fall out of the assessment and referral pathways as a result of this.
 - support to parents and carers to enable them to proactively support their children.

- long-term intervention to help a young person to fully recover and to prevent re-victimisation.
9. Undertake an ongoing review of the CSE recovery service specification(s) with Voluntary and Community Organisations (currently the Phoenix Project) to ensure interventions are managed as part of local procedures and in collaboration with statutory agencies to deliver :
- [therapeutic work](#) with children and young people who have suffered sexual exploitation
 - support to parents and carers to enable them to proactively support their children and
 - long-term intervention to help a young person to fully recover and to prevent re-victimisation.
10. The following Best Practice should be adapted and adopted as and where relevant, achievable, and realistic:
- The [Railway Children's Reach Model](#). This should target those identified at higher risk (Children in Need, [Looked After Children](#)), children going through transition periods, and exclusion from school).
 - The "See Me, Hear Me" Framework for protecting children and young people by the Police, LSCB, AfC, RBK, KCS, from strategic planning to operational interventions should utilise the 'Evidence Examples of Questions to ask Children exposed to CSE and roles of agencies' (see page 68 of the [Children's Commissioner's Inquiry 2013](#) or Figure 7 in [What Works](#)) to gain the opinions and experiences of those who have been at risk of or have suffered from CSE.
 - The [Evidence-based Assertive Outreach Approach](#) by the specialist provider for CSE victims and those at risk of CSE and the Barnardo's model of practice which focuses on the 'four As' for the Phoenix Project.
 - The [maintained and improved outcomes measures](#) by AfC for young people accessing the specialist provider for CSE victims and those at risk of CSE.
 - [HM Government's 2016 Ending gang violence and exploitation](#) and the [National Crime Agency's \(NCA\) County Line's Gang Violence, Exploitation and Drug Supply 2016](#) by the health sector including mental health services, adult safeguarding, emergency departments and sexual health clinics.
 - [Practice guide Supporting professionals to meet the needs of young people with learning disabilities who experience, or are at risk of CSE](#) by commissioners and staff working with Children who have special education needs and learning disabilities (including those with Autism Spectrum Conditions and Attention Deficit and Hyperactivity Disorder).

A. Improve identification, recording, and reporting of CSE to facilitate early intervention, recovery and prosecution

1. The LSCB, Achieving for Children (AfC), Local Authority (RBK, including Public Health), CCG, Kingston Commissioning Service, and Police must ensure that multi-agency CSE mapping activity incorporates a focus on of CSE victims / at risk of CSE (who largely remain out of sight / 'hidden') who also:
 - are exploited by their peers or street gangs
 - have Autism Spectrum Conditions and Attention Deficit and Hyperactivity Disorder).
 - access information on-line: through images and messages posted on social media.
 - are LGBT
 - are Young carers

The police, LSCB, and AfC, and commissioners of adult mental health services and of adult alcohol and substance misuse should address the gap in the following data:

- The extent to which the number of return interviews are clearly correlated with missing data and routinely aggregated for intelligence / analysis. A meaningful indicator for quality return home interviews uptake needs to be developed.
- Children and young people who accessed Accident and Emergency services or Alcohol services who are affected by CSE.
- Parental alcohol and substance misuse
- Parental mental health
- Number of prosecutions linked to CSE
- Recovery outcomes information for children and young people affected by CSE.
- Profile of perpetrators: Age (perpetrators aged under 18), gender, ethnicity, borough of residence:
 - Increase Police awareness of how central Met Police perpetrator information is being collated, shared and analysed.
 - Incorporate reporting and recording gender, sexual orientation and disability, race and ethnicity of perpetrators. Sharing information on the age of perpetrators is also important in reporting the extent of peer-on-peer exploitation locally.
 - Ensure a consistent and systematic recording process to map and monitor persons of interest and perpetrators.
 - In serious case reviews and other reviews, as well as looking at what happened to the victim, it would be instructive to look at the history of the abuser. The knowledge of offenders that is held by experts such as forensic psychologists and the police needs to be shared more broadly to help recognition. This would provide a better understanding of the environmental conditions that have contributed to the offending behaviour and how interactions with agencies

helped. This information can be incorporated into training and awareness-raising about CSE.

- Percentage of open cases which are:
 - victimised by older males,
 - through peers,
 - through gang-related routes. The health sector including mental health services, adult safeguarding, emergency departments and sexual health clinics should consider [HM Government's 2016 Ending gang violence and exploitation](#) and of the [National Crime Agency's \(NCA\) County Line's Gang Violence, Exploitation and Drug Supply 2016](#)
 - were trafficked
 - identified as being at risk of CSE through images and messages posted on social media.
- 2. Police should ensure police capacity and capability to improve the police CSE data matrix system for CSE so that responsive and appropriate action can be taken.
- 3. Public Health should employ their role in terms of taking a population approach, understanding patterns through clear analysis of data, research and information, and therefore creating opportunities to prevent and disrupt activity.
- 4. Achieving for Children (AfC), Kingston Local Authority (RBK, including Public Health), CCG and Kingston Commissioning Service, and Police should develop local specific models of assessment and intervention programmes for online risks that reflect the known impacts of online grooming and sexual abuse as well as the broader social and family context in which this may occur. Agencies that assess children and young people in the statutory and voluntary sector should ensure that assessment tools include how a young person uses technology; the dual status of offenders who may also be victims and the ability to assess young people for harm even when there has been no contact abuse.

Young People with Learning Disabilities

- 5. The police, AfC, Kingston Local Authority (RBK), Kingston Commissioning Service, CCG, and Public Health should automatically identify young people with recognised learning disabilities **and** the presence of indicators of CSE as a medium or high risk^{1,2,3}.
- 6. The Police should work in partnership with local agencies or professionals with expertise in working with young people with learning disabilities.
- 7. Schools, AfC, RBK, and the CCG, and Kingston Commissioning Service should ensure long-term support and relationships (based on trust and listening to the young person) from agencies working with people with learning disabilities in order to engender

disclosures of CSE and appropriate teaching around SRE and keeping safe as part of PSHE.

Alcohol

8. Alcohol commissioners from AfC and Kingston Commissioning Service (children and young people's and drug and alcohol commissioners) should explore the proportionally higher than England and London rate of alcohol and drug use among children and young people in Kingston in order to reduce risk of vulnerability to CSE.
9. CSE recovery service commissioners and alcohol commissioners (Kingston Commissioning Service) should undertake further research to:
 - Identify the role of alcohol in the perpetration and trauma of CSE through the voices of current and/or previous victims of CSE.
 - Identify the extent to which CSE victims are aware of the role and impact of alcohol on their experiences of CSE and the resources available on this subject.

Alcohol commissioners from AfC and Kingston Commissioning Service (children and young people's and drug and alcohol commissioners) should undertake further research to:

- Determine current alcohol service responses to CSE and ensure they are identifying, recording, and reporting CSE concerns.
- Identify the training and resource needs of alcohol service providers.
- Utilise Alcohol Research UK research findings information on the role of alcohol in CSE (available from circa 2019).

B. Improve Multiagency working and information sharing to intervene early and increase prosecutions

10. Once children and young people are referred to the Single Point of Access (SPA), the SPA manager should respond to the referrer with actions taken.
11. AfC, the Police, Kingston Local Authority (RBK), Kingston Commissioning Service, CCG, and Public Health should improve multi-agency information-sharing concerning learning disabilities (including those with an Autistic Spectrum Condition or with Attention Deficit and Hyperactivity Disorder), and for CSE project referral forms to ask for appropriately detailed information about a diagnosed, or suspected, learning disability. Multi-agency responses should include adults' services for young people who remain at risk of sexual exploitation at the age of 18. The necessity for improvements in multi-agency working concerning CSE generally has previously been recommended by a number of reports addressing CSE^{3,4,5}.

12. AfC, the Police, Kingston Local Authority (RBK), Kingston Commissioning Service, CCG, and Public Health should continue to ensure information sharing is based on practice experience, and includes consideration of the differences between [formal and informal information 'exchange'](#), and between soft and hard intelligence, qualitative and quantitative information so that all relevant information is recorded and reported through the Single Point of Access (SPA). This also includes the sharing of soft intelligence gained during Return Home Interviews (RHIs) which can enable the police to prevent CSE and identify victims and perpetrators.
13. Lead members, scrutiny chairs and all councillors should be asking ['Key lines of enquiry' section \(page 7\)](#), of their officers and partner agencies to ensure that CSE is being addressed effectively at the local level.
14. Sexual Health commissioners (Kingston Commissioning Service) should consider adopting the information-sharing model such as that used in the RUClear Chlamydia Screening Programme (see *Effective information-sharing within and between agencies* in [What Works](#)). A similar model could be explored for girls and young women accessing repeat Emergency Hormonal Contraception within the same year.
15. The LSCB should continue to improve awareness among schools of the importance of sharing intelligence on CSE (that is affecting their pupils) with appropriate agencies in order allow for responsive and timely prevention and intervention. This should include all primary schools and Independent schools.
16. Improve joint working between the Local Safeguarding Children Board ([LSCB](#)) and CSE and the community safety partnership ([Safer Kingston Partnership](#)) through:
 - coordination for children and young people who face, or potentially face, several different risks by professionals having a single referral point where information is collated and then shared eg a Multi-Agency Safeguarding Hub (MASH) which would streamline the initial referral process for the relevant agency.
 - joint commissioning arrangements for CSE, sexual assault, rape, and domestic abuse support services should be considered, which would include the Detective Superintendent, Kingston Council, Public Health, and Clinical Commissioning Groups. The following areas would need to be considered:
 - Common thresholds for interventions across agencies
 - Clear referral pathways
 - Pooling of budgets across the police, council children's services and health services.
 - development of the respective Community Safety Partnership dataset and oversight in relation to child and adult sexual exploitation, and arrangements for transitions for young people to adults' services. Ensure the LSCB is working with the Safeguarding Adults' Boards to consider the transition needs of young people over 18, who have been identified as at risk of CSE.

17. Where applicable, AfC should join up CSE work with the [Strengthening Families](#) work. Eligibility criteria onto the latter project are similar to the risk factors for CSE eg domestic violence; parents and children misusing alcohol and drugs; parents and children who have mental health or emotional wellbeing concerns; children who have been diagnosed under an education and health and care plans with an Autistic Spectrum Condition or Attention Deficit and Hyperactivity Disorder.
18. New roles in Kingston to consider might include:
- a CSE Champion in every agency / department / organisation, including schools (usually the dedicated safeguarding role) with a specific remit of developing new models of working across police and local authority boundaries in partnership with the voluntary sector, young people, communities and parent groups, to better protect young people at risk of CSE.
 - detached youth workers who can act as a bridge between the police, children's services and disengaged young people. They can give valuable information about children at risk to those agencies, while at the same time giving young people better awareness of CSE, providing health advice and tests, and connecting them to services. One source of funding could be social housing providers or schools using their Pupil Premium Money.
 - a dedicated worker with responsibility for coordinating work to tackle child sexual exploitation by gangs and groups (targeting victims and reducing re-offending), support sharing information and mapping data between agencies, and to help develop systems for identifying and acting against persons of interest/perpetrators. This would be MOPAC (Mayor's Office for Policing and Crime) funded. This role would be developed once any evidence of a significant level of gangs and group related CSE was identified.
 - key agencies should identify a designated strategic and operational CSE lead for disabled children and young people (LSCB responsibility).
19. Schools, the Police, AfC, Kingston Local Authority (RBK), Kingston Commissioning Service, CCG, and Public Health should ensure CSE is incorporated into all safeguarding policies, guaranteeing that children aged up to and including 17 are explicitly included.
20. AfC should ensure that CSE recovery service specification(s) with Voluntary and Community Organisations (currently the Phoenix Project) include interventions that are managed as part of local procedures and in collaboration with statutory agencies to deliver:
- therapeutic work with children and young people who have suffered sexual exploitation
 - support to parents and carers to enable them to proactively support their children and
 - long-term intervention to help a young person to fully recover and to prevent re-victimisation.

Kingston Local Authority should ensure that private sector organisations:

- fully implement safeguarding standards such as Leisurewatch (a scheme delivered and maintained by [The Derwent Initiative](#).) Its purpose is to increase public protection by preventing sexual offending in defined public spaces. It brings together trained staff in leisure venues and named police officers responsible for community safety, to reduce the risk of harm to children and young people.
- cooperate with statutory services' work including LSCBs' outreach work, service planning and coordination.

C. Looked After Children, Missing Children, and Quality and Safety of Placements

21. AfC should address the CSE Risks around post-16 unregulated accommodation and need for support into adulthood including adult services more closely in service planning and identification of risk, given that young people turning 18 can still be at risk or overcoming the impact of earlier abuse or in court processes.

Missing

22. The police should conduct Police Audits to see if the new police system of recording absent and missing is better safeguarding Kingston children at risk of CSE.
23. AfC should continue to ensure that every child returning from a missing episode is given a timely return home interview ([within 72 hours of returning](#)). Local authorities should establish a set of practice standards for these interviews and ensure that these are consistently met. Information obtained from the interviews should be centrally collated eg in Protection and Early Help (PEH) across AfC and used to inform and improve future operational and strategic activity eg to inform the Missing Person and MASE meetings. This information should include the clear correlation between the number of missing episodes and the number of return home interviews. RHIs should also result in a reduction in the number of missing episodes per individual by ensuring that quality RHIs are undertaken eg by the [Jigsaw4U organisation](#).
24. The Looked After Children's Nurse should establish a targeted preventative and self-protection programme on child sexual exploitation for looked after children in Kingston.
25. AfC and Kingston Local Authority should ensure that contract specifications (namely the Recovery service - currently the Phoenix Project, LAC and leaving care specifications) include utilisation of the [Railway Children's Reach Model](#) locally.
26. AfC should include prevention and intervention for those persistently missing in Health and Care Plans of those children who continue to generate multiple missing reports. Intelligence from quarterly learning thematic reports on missing from care interviews should be used to highlight reasons for going missing and potential risks areas. This

should target those identified at higher risk (Children in Need, [Looked After Children](#)), children going through transition periods, and exclusion from school).

27. AfC should further improve and embed access by all relevant agencies to missing information by:
- ensuring the availability of a regular 'missing' report.
 - ensuring minutes from MisPer and MASE meetings are shared across all agencies including GPs and schools whilst being mindful that information is provided on a need-to-know basis and legal and ethical confidentiality obligations are upheld. This would be formalised through a change to the Terms of Reference so that this information is explicit and all staff in receipt of the minutes are fully aware of their:
 - responsibility in distributing the MASE and MISPER minutes to the relevant staff eg the child's GP or the child's Head of School
 - purpose in attending the MASE and MISPER meetings.
 - continuing to strengthen links between the MisPer and the CSE / CME subgroup.

Out of borough placements

28. Kingston LSCB should ensure that any future independent private children's homes in Kingston implement the [Government guidance](#) which states that they have to notify the local authority when a child moves in from another area.
29. Continue to [involve all looked after children in decision making](#) regarding placement decisions and moves and also inform them about their right to be supported by an independent advocate. Audit the extent to which this is consistent.
30. The LSCB should undertake multi-agency audits of all Looked After Children in Kingston as well as those placed Out of Borough considered at risk of sexual exploitation. This could form part of the annual auditing plan.
31. AfC should ensure social workers actively and meaningfully contribute to the out of borough MASE meetings to strengthen information sharing.
32. [Reduce the number of repeat placements and out-of-area placements](#) by:
- AfC having a function for commissioning niche placements, for example, secure places for those children at risk of CSE.
 - LSCBs introducing a system whereby AfC reports annually to them (LSCBs) on how many children they are placing out of area and the reasons for doing so. This would help to build a picture on how children's homes are being commissioned and provide information on why children are running away.
 - AfC should ensure that there is a commissioning requirement for residential care homes to let Kingston Local authority know who is coming and when they have been discharged. This would give the host authority the chance to get real-time information.

D. Primary prevention – schools, awareness raising through training and campaigns

33. All agencies (RBK, AfC, Kingston Commissioning Service, Schools, and the Police) communication strategies should endorse the removal of the term ‘child prostitution’ from all information and media.

Awareness campaigns

34. LSCB should ensure that CSE campaigns and awareness-raising activities at national and local levels include a focus on boys and young men, and young people with learning disabilities. Public audiences should include parents and carers of young people (including those with learning disabilities) and the wider community, including the business community, faith groups and those from black and minority ethnic communities. Campaigning activity should be developed and delivered in partnership with children, young people and young adults (including those with learning disabilities) and all materials made available in a range of accessible formats.
35. LSCB should streamline the use of local CSE resources (including the SafeFrom campaign) using national resources: from the **NWG network** <http://www.stop-cse.org/how-you-can-help/raise-awareness/> and the **‘See Me, Hear Me’ resources** (cited in the **LGA’s resource pack for councils** and based on the standards and pathways created using the **‘See Me, Hear Me’ Framework**) for general continuous awareness raising and for the National Child Sexual Exploitation Awareness Day.
36. LSCB should increase the effectiveness of the co-ordination of existing campaign **CSE resources** by every agency so that providers know the mechanism for ordering / renewing resources and peaks in demand can be met.
37. Although children and young people can be referred to the Phoenix Project through the SPA, AfC should promote the Phoenix Project to relevant stakeholders through:
- regular CSE training
 - networking through local providers forums and through the Kingston Local Authority (RBK), LSCB, and AfC websites.

Training

38. As set out in **‘Working Together’** (see paragraphs 5.23 to 5.30 of ‘Working Together’ and Annex B), the Police, RBK, AfC, and Kingston Commissioning Service should continue to ensure that all relevant organisations (including voluntary and private) receive safeguarding training and refresher training that includes an awareness of CSE.

39. The Community Safety Partnerships and LSCB should evaluate the impact of CSE training to find out whether it was making children and young people safer by exploring a specific, measurable, achievable, relevant and timescaled indicator.
40. The police, RBK, AfC, and the Kingston Commissioning Service should continue to ensure that all staff attend and follow up those who do not attend CSE training, making it compulsory for elected members and professionals who work with children and young people to attend. Environmental health officers may identify potential victims of CSE when inspecting takeaway outlets. Training should include:
- How to prevent CSE.
 - How to gather evidence of CSE.
 - Understand the nature of CSE and the different ways in which it manifests itself
 - Spot the warning signs (see Appendix 2) and risk factors of CSE.
 - Using the [local pathway](#), know to whom to refer when there are concerns that a child or young person is at risk or is being sexually exploited. **This particularly applies to those agencies (namely health eg GPs, Kingston Hospital, and Your Healthcare) who provide their own CSE training as opposed to the training sub-contracted by AfC.**
 - Know and understand their own specific responsibilities and how to discharge them.
 - Online communications and the role it plays in the sexual abuse of young people. Access information on-line: through images and messages posted on social media. Training should cover how to ensure immediate safety measures are assessed at point of discovery, including the decision regarding mobile phone possession, access by young people to online platforms and assessing the parents or carers abilities to safeguard their children's future online activities.
 - An understanding of the sexual exploitation of Black, Asian and minority ethnic victims and different types of victim-offender models.
 - Inclusion of 16 and 17 year olds as potential victims of CSE.
 - Children who are exploited by their peers or street gangs
 - CSE of boys and young men.
 - Children who have special education needs and learning disabilities (including those with Autism Spectrum Conditions and Attention Deficit and Hyperactivity Disorder). See Recommendation 43.
 - Children who are missing (including repeat missing and missing only for brief periods eg following registration at school during afternoons),
 - Children who are placed to and from out-of-borough
 - Children who have a Children in Need Plan / Child Protection Plan
 - Children who are LGBT
 - Children who are Young carers
 - Children who have low levels of mental health morbidity which does not reach the threshold of CAMHS referral.

Training should also cover how to identify:

- Profile of perpetrators: Age (perpetrators aged under 18), gender, ethnicity, borough of residence.

- Parental alcohol and substance misuse and parental mental health as risk factors for CSE of children in their care.

Training should ensure that staff do not include the following terms and words in the reporting, statements, and documentation that might undermine court cases:

- Promiscuous
- Manipulative
- Streetwise
- Risky choices
- Risky behaviour
- Absconder
- Sexual aware / sexually experienced
- Aggressive
- Out of control
- 'Boys being boys'
- Glamour
- The child / young person 'will not engage' - instead this should be 'we cannot engage them in this service'.

41. AfC, Kingston Local authority, and the Police should improve professionals' knowledge and understanding of learning disabilities, Autistic Spectrum Conditions (ASC) and Attention Deficit and Hyperactivity Disorder (ADHD) and CSE (multiagency training and for CSE professionals, and for professionals whose work focuses on young people with learning disabilities) by:
 - Professional's utilisation of the [Practice guide Supporting professionals to meet the needs of young people with learning disabilities who experience, or are at risk of CSE](#)
 - Employers and organisations whose workers or volunteers have regular contact with young people with learning disabilities and their families (e.g. special schools and colleges, residential schools and colleges, providers of residential or personal care, and volunteering agencies) providing CSE awareness training for their staff.
42. CCGs and the Kingston Commissioning Service should ensure training of health care services staff (eg GPs and Your Healthcare) includes:
 - actions following referral to the Single Point of Access
 - management of perpetrators' information.
43. AfC, Public Health, Schools and the Police should improve staff training regarding UK Safer Internet Centre (UKSIC), the UK Council for Child Internet Safety (UKCCIS) the South West Grid for Learning or Internet Matters, the Internet Watch Foundation (a 'notice and take down service' for reporting child abuse images) and the Professionals' Online Safety Helpline (POSH) (a helpline set up to assist professionals, including if they have concerns about particular sites regarding the safety of children and need assistance).

See Appendix 7 for *Full CSE Training Recommendation in Kingston*

Relationships and Sex Education (SRE and Schools)

44. Schools, the LSCB, Kingston Local authority (including Public Health), the Commissioning Service should ensure that all educational establishments (including primary schools and independent schools) facilitate the provision of high-quality, age-appropriate sex and relationships education, including same-sex relationships, with information adapted and made accessible. This should form part of a whole-school approach to child protection that includes information about internet safety, awareness of exploitation and when to give, obtain, or refuse consent.
45. LSCB should oversee joined up working between and within organisations providing CSE prevention and intervention including with staff and parents / carers eg school safeguarding lead, school PSHE coordinators, TENDER, Kingston Local authority's Safer Space Worker, Kingston Local authority's commissioned Voluntary Organisations, Health Link Workers (Public Health) and AfC (internet safety lead, Youth Service and Family Support Service leads). The approach should ensure that CSE is embedded in healthy relationships, consent, sexting, and expressions of sexuality work and would address the current gaps and duplication. Areas that should be covered in CSE work in schools should include:
 - how to recognise grooming for sexual exploitation including the use of technology (on-line grooming, sexting)
 - healthy or abusive relationships including issues about the body, gender, sexual behaviour, and influence of the media
 - sexual consent
 - how to get help if they have concerns or are abused.
46. Health Link Workers (Public Health) should prioritise building on their existing CSE work throughout each academic year in supporting schools to provide CSE prevention and intervention work; particularly in those schools that have had no significant direct CSE prevention work undertaken in 2015/16: Coombe Girls, Coombe Boys, Tiffin Girls, Tiffin Boys, Hollyfield, and Richard Challoner. This work should involve engagement with parents and with schools safeguarding / SRE leads in order to surmount barriers in preparation, delivery and evaluation at these schools.
47. AfC, RBK, Public Health, and the LSCB should increase the accessibility of on-line CSE resources to school staff (through training resources and local CSE pathways), young people, and parents in one central location (eg LSCB website). Explore the feasibility of a digital cloud storage resource in which material made by children and young people could be accessed directly by all young people and schools across Kingston to use as part of their safeguarding.

48. All schools, should explore the feasibility of peer mentoring as this is greatly valued by young people at risk of CSE and some schools use their Pupil Premium money to provide that help. Raising self-esteem and confidence makes young people resilient to exploitative relationships and also improves their education outcomes.
49. Public Health should continue to improve the SRE information resources for parents and carers, and young people with learning disabilities.
50. Public Health and the Kingston Commissioning Service, and Special Schools should strengthen and expand existing work which aims to provide SRE to young people with learning disabilities provision focusing on healthy relationships and raising awareness of CSE. This includes sustaining the work achieved during 2014 to 2016 when the Family Planning Association provided SRE and enhanced training for education, health, and social care staff:
- Build on addressing the prevention needs of this population with more focus on those with severe learning disabilities as well as adults with learning disabilities.
 - To avoid CSE prevention work in schools being undertaken in isolation as a tick-box exercise, ensure it is couched in work covering sexting, pornography, and healthy relationships (including consent).
 - Ensure that the sub-group (to PSHE Strategic Working Group) which maintains the competence of staff who have undertaken enhanced SRE for young people with learning disabilities:
 - Promotes itself as an information resource to staff from clinical, education, and social care settings.
 - Develops education work in order to support the CONNECT clinic staff to provide this work.
 - Ensures appropriate staff are delivering this training in the appropriate setting.
51. Schools and Health Links Workers should ensure the utilisation of the Flixton Girls' School approach to protecting children and young people from CSE (taken from [nine essential foundations of effective practice for safeguarding children and young people from sexual exploitation](#)).
52. Although there have been no gang activity identified in Kingston, in order to bolster prevention of gang activity, the Police should support an initiative called '[Growing against Gangs and Violence](#)' (GaGV) with structured modules cover a variety of topics aimed at safety for young people. The police should also consider [HM Government's 2016 Ending gang violence and exploitation](#) and the [National Crime Agency's \(NCA\) County Line's Gang Violence, Exploitation and Drug Supply 2016](#).
53. All schools should identify existing roles who could also be identified as CSE Champions in all Primary, Secondary Schools and academies, and Special Schools in Kingston, to support awareness raising and early identification.

E. Post–abuse support services and use of robust mental health services pathways for victims and their families

54. AfC should address the way in which [mental health response and longer term recovery services](#) are commissioned and delivered in order to address the gap in this provision for sexually abused/exploited children, their families, and those who are at risk of CSE. This would include addressing particular needs of those (often young people) who were groomed and/or abused on-line and would be informed by [engaging victims of CSE](#) (see Community Voice: the voice of the child and of the Parents in [Recommendations](#)), stronger partnership working with CAMHs, and consideration of the role of the voluntary and community services (eg Phoenix Project) in utilisation of appropriate and robust mental health services and pathways. Services areas should cover:
- an inclusive approach: ensure all victims are considered eg boys and young men, ethnic minority groups and groups with learning difficulties.
 - Assessment procedures that accommodate for the lack of self-identification of risk or harm by young people. A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation. It is vital that practitioners assessing young people do not allow children and young people to fall out of the assessment and referral pathways as a result of this.
 - support to parents and carers to enable them to proactively support their children.
 - long-term intervention to help a young person to fully recover and to prevent re-victimisation
55. AfC should ensure mental health trusts have a policy of [fast-tracking children](#) who are victims of abuse in child and adolescent mental health services (CAMHS). Older teenagers who experience this trauma must receive urgent mental health support so they can stay safe and rebuild their lives.
56. The LSCB should carry out an audit of step down cases for children, who previously were involved with the MASEs to consider early help support and assistance given to their families.
57. AfC should ensure utilisation of the [evidence-based Assertive Outreach Approach](#) and the Barnardo's model of practice which focuses on the 'four As' for the Phoenix Project:
- Access: provide services in a space that the child feels comfortable and safe; support young people on their own terms; build trust
 - Attention: give young people time and positive attention, focusing on what matters to them
 - Assertive Outreach: make consistent and persistent attempts to contact the young person through a range of methods
 - Advocacy: support young people to get the support they need from multi agency protocols.

58. AfC should support peer mentoring programmes to enable young people to work closely with young people who have recovered from abuse.

F. Police and Justice – Disruption and Prosecution

59. The Police and the Crown Prosecution Service should continue to make best use of the full range of powers and tools available to them to disrupt offenders (Victim Support - based on recommendations from the Coffey Report (2014) which itself utilised the recommendations from the National Working Group - NWG):
- Child Abduction Warning Notices (CAWNs)
 - Sexual risk orders
 - Issuing behaviour orders including abduction warning notices where they may have been appropriate to safeguard children from sexual exploitation
 - Closure notices and hotel information requests
 - Road Policing and use of Automatic Number Plate Recognition (ANPR) technology.
 - Follow-up visits for potential victims and return interviews when missing. There should be a clear correlation between the number of missing episodes and the number of return home interviews. The return interviews need to be considered in the Missing Person or MASE meetings, and routinely aggregated for intelligence / analysis.
 - Use of licensing authorities and related powers.
 - Covert activity including surveillance.
 - Directed patrols in identified hotspot locations.
 - Safety planning as part of the care and placement plans.
 - Targeting of perpetrators through other known criminality (e.g. drug warrants).
 - Letters of Concern (LoCs) for perpetrators under the age of 18.

A different approach should continue to be used when the perpetrator is a child or young person.

60. As well as probation, the Community Rehabilitation Company (CRC) which supervises lower level offenders should review those persons of interest to the Police in relation to CSE in Kingston.
61. The police should continue to ensure that their criminal justice lead who attends CPS meetings, feeds relevant information into the MASE and the CSE / CME meetings.
62. To gain a better understanding of attitudes to CSE, the Crown Prosecution Service should ensure research into Kingston trends in respect of jury verdicts in sexual offence cases against children.

Improve the Court Experience

63. The Crown Prosecution Service (CPS) should improve⁶ the implementation of the England and Wales Crown Prosecution Service's 2013 Guidelines on Prosecuting Cases of Child Sexual Abuse^{7,8} to guarantee that stated entitlements and recommendations are translated into practice with young victims and witnesses. This will include building on the local work which involves [interviewing and cross-examining children outside of and before the trial](#) in order to accelerate positive outcomes (with regard to mental health and prosecution). This should include ensuring that more young people with learning disabilities can be supported to go through the court process to prosecute perpetrators of CSE in order to increase the chances of cases reaching court and facilitating communication within the court process⁶.
64. The Police and CPS should [achieve best evidence](#) by ensuring effective support for any young person and their family where their case is progressing through to prosecution - ensuring child victims are supported through related legal proceedings including through the use of [special measures](#) where appropriate. Use of Family Court Judges to engender a child-friendly environment for children, [Independent Sexual Violence Advisers \(ISVAs\)](#) or specialist Voluntary and Community Service (VCS), where available, may also have important roles to play.
65. The CPS and the Police should ensure further research into the use of [Registered Intermediaries](#) and [Triangle](#) by the CPS and the police, and the barriers to increasing their use, as well as an evaluation of their work. Triangle provides skilled intermediaries across the U.K. to enable communication with children and young people up to the age of 25. They have particular expertise with very young and traumatised children and with children and young people with learning disability, autism, brain injury, ADHD (Attention Deficit Hyperactivity Disorder), mental health difficulties and physical disability. They also train intermediaries.
66. In view of the [new CPS guidelines](#), the CPS should review the type of questioning and tone of cross-examinations used by defence barristers in child sexual abuse cases.

G. Community Voice: including the voice of the Child and of the Parents

Although this item appears at the end of the list of recommendations, the voice of the child and of parents is intrinsic throughout effective CSE prevention, protection, intervention, recovery, and prosecution.

67. The Police, LSCB, AfC, RBK, Kingston Commissioning Service should implement the "See Me, Hear Me" Framework for protecting children and young people, from strategic planning to operational interventions should utilise the 'Evidence Examples of Questions

to ask Children exposed to CSE and roles of agencies' (see page 68 of the [Children's Commissioner's Inquiry 2013](#) or Figure 7 in [What Works](#)) to gain the opinions and experiences of those who have been at risk of or have suffered from CSE to:

- evaluate the interagency strategy
- consider information-sharing agreements
- raise awareness about local information for children, their friends and family members so that they know who they can tell and how to access help.
- gain feedback about their care, protection and on-going support and be kept informed on any issues that affect them throughout. This would ensure that services are tailored to the different age and developmental stage of the victims. Overall evaluation should ensure children and young people:
 - are being listened to and understood
 - are having their views considered
 - are having their individual needs and equalities addressed
 - are being kept informed of what is happening
 - are given space to talk in their own time and be flexible
 - access services that are attentive and respectful of their identity, culture, needs and wishes
 - are able to trust and know the people who are working with them
 - have one worker who sticks with them throughout
 - are in contact with people who keep trying and do not give up on them
 - are provided with language that is accessible
 - are provided evidence that their input has been taken in to account and has made a difference. This was also reflected in the [Office of the Children's Commissioner's response to the DfE consultation: Children's Safeguarding Performance Information, 2012](#).
- take part in programmes unrelated to sexual exploitation, so that they can start to put their distressing experiences behind them and rebuild their lives.
- provide feedback on their experiences, so that other victims will benefit from any lessons learned
- ensure sensitive and appropriate engagement with children and young people at risk of CSE and exposed to CSE to ensure sexual health services are meeting their needs.

The LSCB should follow-up after nine months to ensure that actions have been completed to achieve this.

68. The Police should:

- utilise the [eight principles](#):
 - Demonstrating empathy and compassion;
 - Respectful and non-judgmental practice;
 - Effective Communication: eliciting and responding to children and young people's accounts;

- Conveying information to children and young people in a timely and appropriate manner;
- Due consideration to confidentiality and discretion;
- Maximising continuity of engagement;
- Considering children and young people's support needs; and
- Facilitating choice and control.

These principles recognise the additional vulnerability of children and young people and articulate a series of related entitlements. These include:

- early identification, and ongoing review, of victim and witness support needs
 - clear explanation of processes and requirements
 - provision of information about appropriate avenues of support
 - appropriate facilitation of supporters within the investigative process
 - ongoing communication about the progress of the case, and
 - use of [specially trained officers](#)^{9,10,11,12}.
- [Involve parents of CSE victims in police training on CSE](#) as this has positively influenced understanding and should be implemented more widely.

69. AfC and LSCB should ensure the inclusion of an [independent parent liaison officer](#) who respects parents and recognises the potential of their unique role in safeguarding.
70. AfC, Kingston Local authority, and the Kingston Commissioning Service should ensure that providers working with children and young people with a learning disability, an autistic spectrum condition or who have Attention Deficit Hyperactivity Disorder engage with parents through fora such as [Express CIC](#) and the Special Educational Needs and Disabilities ([SEND Families website](#)) eg by providing information (eg the [Relationships, the Internet and You](#) leaflet) on CSE on-line prevention.
71. Express CIC should promote its website to St Philips School, Enhanceable, and the SEND and transitions teams at Moor Lane Centre, Chessington.

H. Overall explicit Outcome Performance Indicators

72. The LSCB should address the gap in information on explicit intended outcomes and ongoing evaluation and review cycle from prevention, intervention, protection, prosecution, and recovery by employing [performance indicators and outcome data](#) on the model/hub activities to ensure areas can demonstrate the value a new model/hub would add in terms of consistent risk assessments across agencies, outcomes, referrals, safeguarding work and savings. CSE should be included in local performance frameworks to ensure it is a priority for all agencies.
- Minimum outcomes from evaluations should include:
- Increased access to services for young people at risk

- Increased skills, knowledge and resources for people working with young people
- Increased access to advice and information for young people
- Better sector coordination
- Increased awareness of the issue by policy makers
- asking for feedback from children and young people
- establishing, reviewing and assessing aims and objectives for children and young people and other related or external parties (e.g. families, communities etc.), staff and practice
- reviewing and assessing immediate, short and long term outcomes for children and young people
- assessing and monitoring practice, performance, and compliance
- identifying gaps and areas for improvement.

73. AfC should employ the [maintained and improved outcomes measures](#) for young people accessing the specialist provider for CSE victims and those at risk of CSE eg Phoenix Project:

- Enhanced parent/carer/adult - child relationships
- Ability to express feelings
- Knowledge of sexual health services
- Reduced/safer consumption of controlled substances
- Able to identify abusive/exploitative behaviour
- Recovery from sexual abuse/exploitation
- Able to describe safety strategies
- Reduction in level of risk/harm
- Reduced association with risky peers/adults
- Remains in regular contact with the service
- Stable and secure accommodation
- Family has access to support services
- Episodes of missing from home/care reduced
- Satisfactory school/college attendance
- Aware of own rights and those of others.

References for 'Recommendations'

¹Office of the Children's Commissioner Final Report (2013) "If only someone had listened" Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups.

²Jago, S with Arocha, L; Brodie, I; Melrose, M; Pearce, J and Warrington, C (2011) What's Going on to Safeguard Children and Young People from Sexual Exploitation? How Local Partnerships Respond to Child Sexual Exploitation Luton: University of Bedfordshire.

³Smeaton (2013) Working with children and young people who experience running away and child sexual exploitation: An evidence-based guide for practitioners.

⁴Alexis Jay (2014).Independent Inquiry into Child Sexual Exploitation in Rotherham 1997- 2013.

⁵Office of the Children's Commissioner Final Report (2015) 'If it's not better, it's not the end': Inquiry into Child Sexual Exploitation in Gangs and Groups: one year on.

⁶Plotnikoff, J and Woolfson, R (2009) Measuring up? Evaluating implementation of government commitments to young witnesses in criminal proceedings. NSPCC, London.

⁷Director of Public Prosecutions (2013) Guidelines on prosecuting cases of child sexual abuse.

⁸Warrington, C (2015) Making justice work: Experiences of criminal justice for children and young people affected by sexual exploitation as victims and witnesses.

⁹Ministry of Justice (2011) Achieving best evidence in criminal proceedings. Guidance on interviewing victims and witnesses, and guidance on using special measures, London. MoJ.

¹⁰Ministry of Justice (2013) Revised Code of Practice for Victims of Crime, London: TSO.

¹¹Crown Prosecution Service (2013a) CPS Guidelines on Prosecuting Cases of Child Sexual Abuse, London: CPS.

¹²Crown Prosecution Service (2013b) Safeguarding children as victims and witnesses, London: CPS.

GLOSSARY

Child Abduction Warning Notices (CAWNs) (or just 'notices' in police parlance) were formerly known as Harbourers' Warnings. They can be issued against individuals who are suspected of grooming children by stating that they have no permission to associate with the named child and that if they do so they can be arrested under the Child Abduction Act 1984 and Children Act 1989. Currently, child abduction notices can only be issued to children up to the age of 16 if they are living at home.

CEOP Ambassador training is more in-depth than the Thinkuknow Introduction. It covers a wide range of areas, including:

- The nature of online offending against children
- How offenders use the online environment
- How young people use the internet and mobile technology
- Risk taking behaviour of young people online, including digital footprints and sexting
- School and organisational responses and policy in this area

On completion of the course, you will be able to download training materials which you can then use to train fellow professionals to deliver the Thinkuknow education programme to children and young people.

Children in need are defined in law as children who are aged under 18 and:

- Need local authority services to achieve a reasonable standard of health or development
- Need local authority services to prevent significant harm or further harm to health or development
- Are disabled

The local authority must keep a register of children with disabilities in its area but does not have to keep a register of all children in need.

Closure notices and hotel information requests. The 2014 Anti-social Behaviour, Crime and Policing Act brings in new measures for police to disrupt child sexual exploitation, such as the power to close down premises used to commit sex offences. Police can also request information about hotel guests, such as their name and address, from hotels or similar locations if they reasonably believe that child sexual exploitation is taking place there.

Family Support First Contact (FSFC) team (formerly the Family Support team) which since June 2016 covers Kingston and Richmond.

IDVA – Independent Domestic Violence Advisors address the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children. Serving as a victim's primary point of contact, IDVAs normally work with their clients from the point of crisis to assess the level of risk. They also discuss the range of suitable options leading to the creation of a workable safety plan. They are proactive in implementing the plans, which address immediate safety, including practical

steps to protect victims and their children, as well as longer-term solutions. These plans will include actions from the Multi-agency Risk Assessment Conference (MARAC) as well as sanctions and remedies available through other organisations. IDVAs support and work over the short to medium term to put victims on the path to long term safety. IDVAs receive specialist accredited training and hold a nationally recognised qualification.

ISVA

Independent Sexual Violence Advisers are an important and often overlooked resource when supporting victims of sexual abuse, violence and exploitation. They are trained specialists who provide practical and emotional support and are independent from statutory agencies such as Police and Social Care. ISVAs are crucial in helping victims understand what their options are, their legal rights and what services are available to them. Victims of sexual abuse, violence and exploitation are entitled to an enhanced service from agencies within the Criminal Justice System (CJS) which includes the provision of an ISVA, should they wish to access one.

Grab Pack Pre-risk assessment (PAC – pre-assessment checklist) Research shows that LAC are over-represented in the cohort who go missing (LSCB Child Protection Procedures 2013). Prior to each placement, Children’s Services staff (including placing Social Workers, Residential Workers and Foster Carers) should assess the risk of the child going missing outlined in the Social Care Pre-Incident Risk Assessment. Where the risk assessment indicates a high risk of a child going missing, practitioners/foster carers should prepare and maintain an updated “Grab Pack” also referred to as the Looked After Child Information Sharing Form which should be shared with the Police if the child goes missing. The Grab Pack should include a common set of information:

- Personal details of the child (including description)
- Known addresses and history
- Known associates and addresses frequented
- Up-to-date photo of child
- Any known contact numbers/email
- Behaviour details
- Other useful information e.g. medical, physiological
- Details of previous missing episodes if known and where found.

Good practice would also suggest that this common set of information would be maintained for regular absconders who are not Looked After.

Grindr is an adult website for gay, bi or ‘curious’ men to date and find partners.

Jigsaw Unit manages [MAPPA](#) offenders. There is one Jigsaw team per metropolitan borough.

LSCB Local safeguarding Children’s Board

MAP Multi Agency Professionals

MAPPA Multi-Agency Public Protection Arrangements

MAPPA are a set of arrangements to manage the risk posed by the most serious sexual and violent offenders. They bring together the police, probation and prison services into what is known as the MAPPA 'Responsible Authority'. A number of agencies are under a duty to cooperate with the Responsible Authority including local housing, social, health and children's services. There are four key stages to the MAPPA process: identification, information sharing, assessment and management.

MARAC Multi Agency Risk Assessment Conference

MASE The Multi-agency Sexual Exploitation group is a subgroup of the LSCB that meets monthly to maintain an overview of all children for whom there are CSE concerns. The meetings include all children related to the borough, including those in care placed out of borough, and those placed in the local area by another local authority, for whom there are CSE concerns. The Kingston MASE panel will only monitor and discuss children who reside in Kingston or are looked after by Kingston Children's Social Care and are placed outside of the borough. Kingston MASE are not responsible for discussing/monitoring children who have been placed in the borough, by another Local Authority area (typically applies to children who are looked after by another Local Authority). These children will be discussed by MASE panels from the Local Authority that the child is from. It is chaired by the Detective Inspector of Kingston Police and attended by leads from the Substance Misuse Service, Youth Offending Service, Service Manager - Family Support Service, LAC Manager, Education Welfare Service, Assistant Manager - Single Point Of Access and MASH Team, Independent Reviewing Officer, Social Worker – Assessment and Referral, Kingston MASH Team lead, School Nurse CSE lead for Your Healthcare, Head of the Pupil Referral Unit, CSE lead from the Phoenix Project.

MASH Multi-Agency Safeguarding Hub

MERLIN (Missing persons and Related Linked Indices) is an MPS computer system which was first introduced in 2003. The MERLIN database is used for entering the following information in the following categories:

- Missing Persons
- Found Persons (Sudden Death)
- PACs (per-assessment checklists)
- Child Protection Register
- Youth Non-recordable
- Prostitute caution

MISPER – The Kingston Missing Persons (MISPER) group is a subgroup of the LSCB and the meetings review children/young people who reside in Kingston and at Kingston children living in other boroughs and other borough / counties' children living in Kingston who are missing. Children who live or are looked after by another Local Authority are referred back to the child's residing authority. It is chaired by the Associate Director of Safeguarding

Services and Looked After Children and attended by representatives from the police, Looked after Children, AfC (including leads from leaving care, the Phoenix Project lead, Substance Misuse, Youth Offending Service, Single Point of Access).

Operation Makesafe is a campaign led by the Metropolitan Police Service in partnership with London boroughs raising awareness of Child Sexual Exploitation within the business community including hotels, taxi companies and licensed premises. The campaign aims to identify potential victims of Child Sexual Exploitation and, where necessary, deploy police officers to intervene prior to any young person coming to harm.

Registered Intermediary (RIs) have been facilitating communication with vulnerable witnesses in the Criminal Justice System (CJS) in England and Wales since 2004 when the Witness Intermediary Scheme (WIS) was first introduced as a pilot project. The WIS has been available in all 43 police forces and CPS areas in England and Wales since September 2008. Over the course of its existence, and as knowledge and usage of the scheme has increased, the WIS has developed significantly. Consequently, procedures and practices have evolved since the publication of previous versions of the Procedural Guidance Manual (PGM) in 2005, 2011, and 2012 and will continue to do so.

Sexual Risk Order A Sexual Risk Order can impose restrictions on a perpetrator, such as limiting their internet use, preventing them from approaching or being alone with a named child, or restricting their travel abroad. It can be issued by a court after police application if it is satisfied that the individual has done an act of a sexual nature.

Sexual Risk Orders replaced Risk of Sexual Harm Orders (RSHOs) in March 2014, after they were found to be not fit for purpose.

Single Point of Contact (SPOC) is a member of staff who is based in a secondary school and is the CSE contact for that school. This member of staff may be the safeguarding lead or have an interest or expertise in the area.

OTHER NEEDS ASSESSMENTS

- [Children and Young People Needs Assessment \(Kingston 2016\)](#)
- [Children and Young People's Needs Assessment \(Kingston\) – Executive Summary](#)

USEFUL LINKS

- [Kingston and Richmond LSCB CSE Strategy](#)
- [Kingston and Richmond LSCB CSE Referral Form](#)
- [Children Missing Education – Policy and procedure](#)
- [AfC Protection and Early Help Services Booklet](#)
- [CSE: Training materials](#)
- [LGA's additional resources](#)
- [Department for Education 2017 Child sexual exploitation: Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation](#)
- [Tackling child sexual exploitation: A resource pack for councils](#)
- [Independent Inquiry into child sexual exploitation in Rotherham 1997-2013.](#)
- [Real Voices: Child sexual exploitation in Greater Manchester. An independent report by Ann Coffey MP.](#)
- [The sexual exploitation of children: It couldn't happen here, could it?](#)
- [Child sexual exploitation in Rotherham: Some issues for local government.](#)
- ['If only someone had listened'](#)
- ['I thought I was the only one. The only one in the world'](#)
- [Child abuse and neglect in the UK today. NSPCC](#)

- NSPCC 2013 Not One noticed No-one heard: A Study of Disclosures of Childhood Abuse
- Barnardos and The Marie Collins Foundation, 2015 Digital dangers: The impact of technology on the sexual abuse and exploitation of children and young people
- Barnados, Hidden in Plain Sight, 2014
- Unprotected, overprotected: meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation
- Practice guide Supporting professionals to meet the needs of young people with learning disabilities who experience, or are at risk of, child sexual exploitation
- British Institute of Learning Disabilities CSE leaflets resources for Young people with learning disabilities, Parents and Carers, and Professionals
- The national working group (NWG) for sexually exploited children.
- Local Government Association CSE: National action plans and guidance
- NSPCC Inform
- See me hear me
- Pan London Operating Protocol to Tackle CSE and related resources
- University of Bedfordshire: International Centre researching CSE, violence and trafficking
- Crown Prosecution Service 'What is Consent?'
- DfE Guidance on what to do if you suspect a child is being abused
- Barnados - Spot the signs
- Barnardos
- Tackling CSE Helping Local Authorities to Develop Effective Local Responses
- The APPG for Runaway and Missing Children and Adults and the APPG for Looked After Children and Care Leavers (2012). Report from the Joint Inquiry into Children Who Go Missing from Care.

- NICE Guideline NG55 (2016) Harmful Sexual Behaviour among Children and Young People
- HM Government's 2016 Ending gang violence and exploitation
- National Crime Agency's (NCA) County Line's Gang Violence, Exploitation and Drug Supply 2016

Education CSE training resources for use in primary and secondary schools, including for young people with learning disabilities.

Health resources

- Helping healthcare staff spot the signs of child sexual exploitation for health (eg community pharmacist, a GP, a community nurse and a paramedic) and social care
- Academy of Medical Royal Colleges (2014): Improving recognition and response in Health Care Settings
- Royal College of Physicians Guidance for physicians for the detection of CSE
- e-learning resource to support training in identifying victims of CSE
- tool from the Brook website.
- Child Sexual Exploitation: Health Working Group Report
- Healthy Schools Wiltshire
- School Nurse Toolkit - Improving young people's health literacy
- Helping school nurses to tackle child sexual exploitation (CSE) and pathway document
- Combatting CSE toolkit
- BASHH Spotting the signs
- National Institute for Health and Care Excellence (NICE) guidance on child abuse

HELP AND INFORMATION

- Kingston's Local Safeguarding Children's Board
- Children Missing Education – Policy and procedure (2015)
- It's not okay
- National Crime Agency CEOP Command
- MsUnderstood partnership
- NWG Network formerly The National Working Group for Sexually Exploited Children and Young People
- Missing People
- Barnardos
- ChildLine
- NSPCC
- The NSPCC National Child Trafficking Advice and Information Line (CTAIL)
- The Children's Society
- ThinkUKnow
- The Sex Education Forum
- ECPAT UK
- UK Human Trafficking Centre
- International Centre for the Study of Sexually Exploited and Trafficked Young People

RESOURCES FOR YOUNG PEOPLE

- Disrespect No-body
- Childline app <http://www.childline.org.uk/Play/GetInvolved/Pages/sexting-zipit-app.aspx>
- Blast – project to support boys and young men
- CEOP – Child Exploitation Online Protection.

- www.ThinkUKnow.co.uk
- British Institute of Learning Disabilities CSE leaflets resources for Young people with learning disabilities, Parents and Carers, and Professionals
- Relationships, the Internet, and You
- Jigsaw – assembly for 8 – 10 yr olds
- Face up to it
- 'Wud U?'
- Barnardo's 'Sexual Exploitation: Sex, Secrets and Lies'
- The hideout
- Getting it on
- NHS go

RESOURCES FOR PARENTS

- For parents coping with the day to day reality of CSE
- PACE online training package
- British Institute of Learning Disabilities CSE leaflets resources for Young people with learning disabilities, Parents and Carers, and Professionals
- Selfiecop app
- Get safe online
- CEOP – Child Exploitation Online Protection.
- NHS Choices
- Getting it on
- NHS go

APPENDICIES

Appendix 1: CSE and the Law: Children's rights and legislation

Safeguarding children legislation in the UK is based on the United Nations (UN) Convention on the Rights of the Child¹ which² provides the fundamental rationale for all government action to tackle child sexual exploitation, across a number of its provisions. The Convention provides an early intervention directive – to promote the development of each child; and specifically requires States Parties to protect all children from sexual exploitation and abuse, also to give each child a voice in matters concerning them and to promote the physical and psychological recovery and social reintegration of all child victims. This is reflected in section 11 of the [Children Act 2004](#), which places a duty on a range of key organisations (including health services), to ensure that their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. Section 10 of the Act places a duty on these organisations to co-operate to improve the wellbeing of children.

Sexual offences legislation in the UK assumes that children under 13 do not have the capacity to consent to sexual activity ([Sexual Offences Act 2003](#)). The legal age for consent to sex is 16. [Children under 16](#) years old are unlikely to be prosecuted for mutually agreed peer sexual activity where there is no evidence of exploitation. Children over the age of 16 now have some additional protection under the new definition of domestic violence³.

The law seeks to address Child Sexual Exploitation through a number of criminal offences, the bulk of which are contained within the [Sexual Offences Act 2003](#). The key offences are outlined below with specific offences that recognise the grooming, coercion and control of children.

- section 14 arranging or facilitating a child sex offence (child under 16)
- section 15 meeting a child following sexual grooming (child under 16)
- section 47 paying for the sexual services of a child
- section 48 causing or inciting child prostitution or pornography
- section 49 controlling a child prostitute or a child involved in pornography
- section 50 arranging or facilitating child prostitution or pornography
- section 57, section 58 and section 59 trafficking into, within or out of the UK for sexual exploitation. The Act includes three broad categories of sexual offences against children.

OFFENCES AGAINST CHILDREN UNDER THE AGE OF 13

Sexual activity with a child under the age of 13 is an offence regardless of consent or the defendant's belief of the child's age. The offences carry a maximum sentence of life imprisonment or 14 years imprisonment, depending on which offence applies. The offences are:

- rape
- assault by penetration
- sexual assault
- causing or inciting a child under 13 to engage in sexual activity.

OFFENCES AGAINST CHILDREN UNDER THE AGE OF 16

These offences apply regardless of whether the child consented to the sexual activity but, unlike the offences relating to children under 13, an offence is not committed if the defendant reasonably believed that the victim was 16 years or over. These offences carry a minimum sentence of 10 or 14 years imprisonment, depending on which offence applies. Where the offender is under 18, the maximum sentence is 5 years imprisonment. If any of these offences is committed against a child under 13, the defendant's belief of the age of the child is irrelevant. The offences are:

- sexual activity with a child
- causing or inciting a child to engage in sexual activity
- engaging in sexual activity in the presence of a child
- causing a child to watch a sexual act
- arranging or facilitating the commission of a child sex offence
- meeting a child following sexual grooming (under section 15, an offence is committed if an adult meets or communicates with a child on at least two previous occasions, and then meets the child, arranges to meet the child or (the adult or child) travels for such a meeting, where the adult intends to commit a sexual offence.

OFFENCES AGAINST CHILDREN UNDER THE AGE OF 18

There are a number of sexual offences in the Act that apply to all children under the age of 18. These include sexual offences where there is abuse of a position of trust (sections 16 to 24) and familial child sex offences (sections 25 to 29). When children and young people who are at risk of CSE are found at repeat locations, orders such as Child Abduction Notices can be utilised. The Act also provides for offences specifically to tackle the use of children in the sex industry, where a child is under 18 (sections 47 to 50). These offences are:

- paying for sexual services of a child
- causing or inciting child prostitution or pornography
- controlling a child prostitute or a child involved in pornography
- Arranging or facilitating child prostitution or pornography.

SEXUAL OFFENCES ACT (2003)

12 years 364 (and under)

Any sexual activity is an offence – unable to consent to sexual activity. Refer on. Sexual activity will be statutory rape

13, 14, and 15 years

“Sexual activity can be mutually agreed, but remains an offence. Sexual activity is legal in a consenting relationship otherwise it is a criminal offence. Risks to be assessed and young people vulnerable to abuse / exploitation to be referred on as appropriate

16 and 17 years

Sexual activity is legal in a consenting relationship otherwise it is a criminal offence. It is an offence to take, distribute possess an indecent image of a child under 18 Risks to be assessed and young people vulnerable to abuse / exploitation to be referred on as appropriate.

OTHER LEGISLATIVE ACTS AND ORDERS

The following Orders, Warnings and Notices can be used to help disrupt the exploitation of children and young people:

- The Magistrates' Courts (Risk of Sexual Harm Orders) Rules 2004 – see also sections 123 to 129 (UK:GOV, 2004) of the Sexual Offences Act 2003
- The Magistrates' Courts (Sexual Offence Prevention Orders) Rules 2004 – see also sections 104 to 113 (UK:GOV, The Magistrates' Courts (Sexual Offences Prevention Orders) Rules 2004, 2004)of the Sexual Offences Act 2003
- The Magistrates' Courts (Foreign Travel Orders) Rules 2004 (UK:GOV, The Magistrates' Courts (Foreign Travel Orders) Rules 2004, 2004)– see also sections 114 to 122 of the Sexual Offences Act 2003
- Harassment Warnings (Police Information Notices) – see also ACPO (2009) Practice Advice on Stalking and Harassment (ACPO, 2009)
- Anti-social Behaviour Act 2003 (GOV:UK, 2003)
- Child Abduction Warning Notices (CAWNs)
- Police protection – section 46 of the Children Act 1989 (UK:GOV, Children Act 1989, 1989).
- Hotel Notices -sections 116, 117 and 118 Crime and Policing Act 2014 (UK:GOV, Anti-social Behaviour, Crime and Policing Act 2014, 2014)

The Anti-Social Behaviour, Crime and Policing Act 2014 provide three new provisions for the investigation of child sexual exploitation offences. Sections 116, 117 and 118 allow the police to issue a notice requiring the owner, operator or manager of relevant accommodation to disclose information where intelligence indicates the premises are being or have been used for the purpose of child sexual exploitation. This includes preparatory or other activities connected to child sexual exploitation.

The police, where they reasonably believe child sexual exploitation is taking place, can request the owner, operator or manager to provide information about their guests. This includes the name and address, and other relevant information, e.g. age. The information supplied can be used as intelligence to support the investigation of any criminal offences which may have been or are being committed on the premises, thereby helping to identify paedophile rings and other organised groups involved in child sexual exploitation.

A police officer of at least the rank of inspector may serve a Section 116 notice on an owner, operator or manager requiring them to provide information. The notice specifies the information that should be provided, how frequently, and over what period of time. The specified period will be no more than six months, although a subsequent notice may be

served on the expiry of that period. The officer must reasonably believe that the hotel has been or will be used for the purposes of child sexual exploitation, or conduct that is preparatory to, or otherwise connected with, child sexual exploitation.

The hotel operator commits a Section 118 criminal offence if they fail to comply with the notice without a reasonable excuse. It is also an offence to provide information without taking reasonable steps to verify it, or knowing it to be incorrect. They will not commit an offence if there were no reasonable steps they could have taken to verify the information.

Prosecution of these offences will be heard in the magistrates' court, with a maximum penalty on conviction of a level 4 fine (currently £2,500). A person served with a notice has a right of appeal to the magistrates' court under Section 117 of the Act.

References for Appendix One

¹United Nations (1989) Convention on the Rights of the Child),

² UNCRC Articles 6, 12, 34 and 39.

³Home Office (2013), Circular 003/2013 New government domestic violence and abuse definition; from Violent Crime Unit).

Appendix 2:

WARNING SIGNS AND VULNERABILITIES CHECKLIST

The following are typical vulnerabilities in children prior to abuse:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality).
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect).
- Recent bereavement or loss.
- Gang association either through relatives, peers or intimate relationships (in cases of gang associated CSE only).
- Attending school with young people who are sexually exploited.
- Learning disabilities.
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families.
- Friends with young people who are sexually exploited.
- Homeless.
- Lacking friends from the same age group.
- Living in a gang neighbourhood.
- Living in residential care.
- Living in hostel, bed and breakfast accommodation or a foyer.
- Low self-esteem or self-confidence.
- Young carer.

The following signs and behaviour are generally seen in children who are already being sexually exploited:

- Missing from home or care.
- Physical injuries.
- Drug or alcohol misuse.
- Involvement in offending.
- Repeat sexually-transmitted infections, pregnancy and terminations.
- Absent from school.
- Change in physical appearance.
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites.
- Estranged from their family.
- Receipt of gifts from unknown sources.
- Recruiting others into exploitative situations.
- Poor mental health.
- Self-harm.
- Thoughts of or attempts at suicide.

Evidence shows that any child displaying several vulnerabilities from the above lists should be considered to be at high risk of sexual exploitation. Professionals should immediately start an investigation to determine the risk, along with preventative and protective action as required. However, it is important to note that children without pre-existing vulnerabilities can

still be sexually exploited. Therefore, any child showing risk indicators in the second list, but none of the vulnerabilities in the first, should also be considered as a potential victim, with appropriate assessment and action put in place as required. This content is taken from the interim report of the [Office of the Children's Commissioner's inquiry into child sexual exploitation in gangs and groups](#) (pages 114-115).

The following organisations and agencies need to take account of the above list and work together to identify children and young people showing the warning signs of, or who are vulnerable to, child sexual exploitation, and act accordingly:

- Accident and Emergency departments
- CAMHS services
- Children's Social Care (including family support/early intervention teams, child protection/duty and assessment teams, looked-after children teams, leaving care teams)
- Drop-in clinics and community based health services
- Drugs and alcohol misuse services
- Educational institutions (including schools, pupil referral units, academies, private schools, special schools, and extra-curricular provision)
- Fire Service
- Gangs and serious youth violence projects
- GP surgeries
- GUM and family planning clinics
- Housing (including foyers, hostels, refuges, bed and breakfast, and housing associations)
- Midwifery and health visitors
- Police (including neighbourhood policing, missing, safer schools officers, gangs and youth violence, organised crime, trafficking, child abuse investigation teams, sexual offences teams)
- Residential children's homes
- Sexual Assault Referral Centres
- Violence against women agencies (including rape crisis and refuge provision)
- Youth Justice agencies (including youth offending services, secure training centres and youth offending institutions)
- Youth service and specialist agencies working with children and young people (including mentoring services, those working with disabled children, LGBT children, BME children).

In order to identify children who show the above risk indicators, professionals could begin by bringing together data that is already collected, adopting a similar approach to that which has been used by the Inquiry to produce the CSEGG dataset. Data is not routinely collected on all of the risk indicators identified, but to assist with the risk assessment process we are publishing the list of indicators that the Inquiry used for the CSEGG dataset, and the data sources from which they were accessed.

Appendix 3: The [Barnardos Digital Dangers report \(2015\)](#)

“There is a big difference between what concerned parents understand and what their technologically savvy children know. The rapid pace at which new media are evolving has left adults and children stranded either side of a generational digital divide.... The trouble is that although as adults we instinctively know how to protect our children offline, we often assume that their greater technological expertise will ensure they can look after themselves online. But knowledge is not the same as wisdom.”¹

In the last twenty years, the growth of internet usage, together with the ever increasing ways of communicating online, has transformed and changed the way people form relationships. The creation of cyberspace². The network can also be used for peer-to-peer transfers, the downloading and uploading of files from the hard drives of a designated group of people, which is significant because a server is not involved and thus transmissions may seem untraceable³. No other form of communication is as global and cheap or so easily transcends regional and national barriers and cultural and ethnic barriers. The ease of communication, without barriers or monitoring, has enabled not only positive interactions between people, but also harmful interactions.

To enable the abuse of a child, an offender must be able to access children. In the offline environment, this involves overcoming the physical and human ‘obstacles’ that may get in the way. The nature of grooming, however, takes on a different course online as children and young people are readily contactable. Perpetrators will often take a ‘scatter-gun’ approach, contacting hundreds of young people at one time and then waiting for one of them to respond⁴. It is at this stage that the grooming process begins. The numerous online channels that are available for abusers to access children makes it difficult to police illegal behaviours and to protect them. Peer to Peer (P2P)⁵ networks, the Dark Web⁶ and other ‘hidden’ ways of communicating enable communications to appear anonymous and increase the difficulties of identifying those engaging in abusive online behaviours towards children.

Inherent aspects of the new technologies

People’s behaviour, including children’s, can be less inhibited and more spontaneous online, and they may do and say things that they would not participate in offline.

“What I find really strange is if you’re talking to a young person face to face and, for example, you get on to topics such as sexual health and contraception, they might go bright red and look at the floor and yet they can have [start] an online conversation with someone they’ve just met online and within 30 seconds they’ll be talking about really explicit sexual things, sending and receiving sexual messages and images with complete strangers that they don’t know and they can do that, and that’s fine... but to

have a conversation with me on sexual matters, they just can't do it. They revert back to being a child."

Project worker.

The concept of friendship has taken on a different meaning with the introduction of Facebook and the possibility of 'friending' people who make contact. Children, and some adults, frequently refer to their online contacts as 'friends' or even 'boy/girlfriends', even though they may never have met them face to face. They may openly share intimate thoughts, feelings and emotions without consideration of who the person on the receiving end of their communications really is or what the consequences might be of sharing such information. Practice experience reveals that some of these online friendships are very important to young people and have serious psychological and social meaning for them.

A lack of knowledge, data, and critical understanding of harm has been highlighted⁷:

- lack of critical understanding of the harms posed by the new technologies
- lack of training, expertise and capacity to investigate crimes against children, to protect them from harm and assist their recovery.
- lack of reliable data from many parts of the non-industrialised world which made generalisations from existing published studies more difficult
- the paucity of recovery programmes for children and young people abused and/or exploited through the new technologies.

"From a therapeutic perspective, children who meet their abuser online and suffer offline abuse seem to have additional problems to deal with in therapy. It seems that in IT-related sexual abuse, feelings of guilt and shame may be accentuated by the fact that they were seen to be actively participating in the contact with the abuser."⁸

Changing nature of referrals

Since Just one Click!⁹ the nature of the cases that are referred to projects working specifically with children and young people who have been sexually exploited has changed.

Project workers report that:

- the 'street scene'¹⁰ where young people at risk would be visible to perpetrators and also to project workers has diminished and is almost non-existent
- an increasing proportion of young people being referred to services who have been abused online do not present with the same vulnerabilities or risk indicators as those who have been sexually exploited offline
- the age at referral of young people abused online tends to be lower than those referred due to offline sexual exploitation
- referrals for young people due to the abuse they have received online appear to be given less priority by statutory services than other forms of sexual abuse and

exploitation, which can mask the extent of the harm caused by online grooming and the abuse that may follow.

The five key presenting problems that project workers employed in Barnardo's CSE projects identified as being representative of the nature of the initial referrals for online abuse are:

- grooming
- sending and receiving sexually explicit messages and images (sexting)
- use of inappropriate websites
- communicating with people not known to the child or young person
- control of the young person via their mobile phones.

Professionals' response to online risk

The research indicated that professionals across the children's workforce lacked confidence in dealing with online abuse. Reasons included a lack of social work, police, Healthcare (including CAMHS¹¹ and GPs), schools and criminal justice understanding of the differential impacts of online sexual abuse; insufficient training and models for investigation and intervention and the surge of referrals that has occurred over the last four to five years resulting in a large workload without additional training. The threshold that children's services impose for initiating interventions is also seen as too high resulting in many children not receiving early help and safeguarding action. Project workers recognised that they themselves needed further training regarding intervention programmes and needed to develop new resources to use with young people in their recovery.

Currently there is no national multi-disciplinary guidance for best practice when online abuse is discovered. Immediate safety measures need to be assessed at point of discovery, including the decision regarding mobile phone possession, access by young people to online platforms and assessing the parents or carers abilities to safeguard their children's future online activities.

Appendix 3 References

¹Byron, T (2010) Do we have safer children in a digital world? A review of progress since the 2008 Byron Review. Children and New Technology.

²Cyberspace is a virtual, vast area for communication that was established through the internet, a complex web of connections that was created by and is accessed through a range of digital and electronic media. The internet is the collective term for a number of electronic forms of communication that include still and moving images, audio transmission, electronic mail, chat rooms, bulletin boards, web sites, databases, social networking sites, Apps and newsgroups, some of which are live and in real time. The web is part of the internet that links sites and allows for rapid movement from one site to another.

³Hughes, D M (2002) The use of new communications and information technologies for sexual exploitation of women and children. Hastings Women's Law Journal, 13, 129-148.)

⁴An example of this can be found at: Bahrain men posed as girls online to dupe and sexually abuse UK boys. National Crime Agency, 25.4.2014).

⁵P2P is a decentralised communications model which bypasses the server.

⁶Dark web is a term that refers specifically to a collection of websites that are publicly visible, but hide the IP addresses of the servers that run them. Thus they can be visited by any web user, but it is very difficult to work out who is behind the sites and you cannot find these sites using search engines. Almost all sites on the so-called Dark Web hide their identity using the Tor encryption tool).

⁷Quayle, E, Loof, L, Palmer, T (2005) Child pornography and sexual exploitation of children online. A contribution of ECPAT to the World Congress III against sexual exploitation of children and adolescents.

⁸Ainsaar, M & Loof, L. (eds) (2011) Online behaviour related to child sexual abuse. Literature report. Council of the Baltic Sea States, Stockholm. ROBERT project.

⁹Palmer, T (2004) Just one click! Sexual abuse of children and young people through the internet and mobile telephone technology. Barnardo's, Barkingside.

¹⁰The 'street scene' refers to the more traditional model of commercial sexual exploitation where young people are forced into sexual exploitation. This model takes place on the street, where 'punters' knew where they would find young people to have sex with for payment.

¹¹These concerns are reflected in the findings outlined in the Government's report on children's mental health and well-being (Department of Health and NHS England (2015) *Promoting, protecting and improving our children and young people's mental health and wellbeing*). The report recommends that CAMHS needs to review its work practices, approaches and systems and to work more closely with other agencies working with children and young people.

Appendix 4: Website and apps linked to sexual exploitation and abuse

Facebook – age limit 13+. Social media, you can share images, write status updates and comment on others pages and content. Also has private messages and instant chat facility. Requires a ‘real name’ policy, ie not impersonation.

Risks – privacy issues, possible to ‘friend’ strangers, graphic content now allowed. Although the age limit is 13+, this site is popular with younger users and there is no default safety in place for these users.

Snapchat – an app which allows you to take a photo and send it to someone else, the image then self-destructs after a predetermined time. Risks – Snapchat was dubbed by media as ‘sexting app’, it is also used to bully and ridicule. Easy to copy the images and share them eg ‘snapchat exposed’ pages on Facebook and Twitter.

Instagram – age limit 13+. This is a photo sharing app which is popular with young people. It is owned by Facebook thus reporting facilities are more robust than some other apps. Risks – seems extremely popular with primary age pupils. Sexting images can be shared in closed groups, bullying and videos of playground fights are frequently found.

BB – this is a messaging service on blackberry phones. Its popularity with young people has diminished considerably over the past four years. Risks – it was a serious cause of bullying and sexting issues within schools.

Kik – app which offers free text messaging. You can add people by user name, set up group chats, and send images. Risks – stranger interactions, sexting.

WhatsApp – age limit 16+. This is an app similar to Kik, the site matches you with other users from your mobile contacts list. It has more users than Twitter Risks – to be added

Skype – age limit 13+. Web cam and instant chat website. Risks – unsolicited contacts from strangers, sexting risks. Some of the self-generated illegal image of children (IIOC) content has been taken from Skype chats where perpetrator has used webcam capture technology.

Grindr – adult gay dating app, which uses geo-location to match you to 88 Digital dangers people in your local area. If you both ‘like’ each other, you can then start chatting via private message. Risks – most profile pictures are indecent, lots of sexting and the GPS element shows where users are. This is an adult site and not suitable for children and young people

Flirtfinder- a mobile dating site for men and women exclusive to UK mobile users. It allows users to join the site in less than a minute, search for matching members, send messages to members, buy message credits and upload pictures. Risks – this is an adult site and not suitable for children and young people

Tumblr – a ‘blogging’ site, popular with aged 14+. You write content, or upload images (called gifs), and others can see and share your content. You can follow other users’ blogs and make comments. Risks – the site is sometimes used for therapeutic benefits, for example recovery diaries, but also holds significant amounts of content on self-harm and pro anorexia. Allows nudity and erotic content.

YikYak – age limit 17+. A Geo location based anonymous app. They are currently working to ring-fence it from schools addresses so they cannot be accessed. Risks – adult comments, young people use it to anonymously bully others, for example ‘outing’ children.

Oovoo – age limit 13+. A messaging app popular with young people. Allows for video and group video chat. Risks – unsolicited contacts and requests for sexual activity.

Topix – chat boards and forums. Risks – lots of inappropriate content, potential grooming content, and bullying by way of publishing private numbers, or Kik details as ‘interested in sex’.

Appendix 5 CSE Training

At Kingston Hospital

Level 3 training including CSE occurs on an annual basis and is provided to all staff who work with children (following intercollegiate guidelines) – mainly A&E, paediatrics, Wolverton Sexual Health Centre, maternity. Additionally there are annual Safeguarding Conferences which are organised internally but have representation from Barnardos and police representatives from MASH. LSCB training is also promoted and there is awareness raising regarding the local CSE assessment proforma and referral path way.

Your Healthcare

YHC used to facilitate internal training for Health Visitors and School Nurses in 2012. The training was delivered by Barnardo's. Since then, staff are signposted to the LSCB training.

LSCB Child Sexual Exploitation training

Training attendance report: April 2015– March 2016

Context

The Child Sexual Exploitation (CSE) training courses, commissioned by the LSCB, are designed to ensure delegates have knowledge of local resources to help victims of CSE. Kingston and Richmond LSCB business plan highlights that multi-agency training will be provided to the whole of the children's workforce.

The key findings from recent serious case reviews, involving children who have been sexually exploited, highlights the necessity for a multi-agency response to addressing the issue of CSE in communities, boroughs and nationwide. Attending training enables delegates to be confident in direct work with young people regarding sex and relationships and be able to respond to children and young people's needs.

As part of the programmes of learning delegates are introduced to tools and ways of engaging children, young people and their families and use a model of assessment, analysis, and identification of interventions and measures of outcomes. During sessions, practitioners have the opportunity to consider how to apply research including messages and lessons learned from serious case reviews in relation to working with young people who maybe experiencing CSE. The report below illustrates the offer and briefly outlines access to centrally based learning and development opportunities on this subject.

LSCB Provision

During the period April 2015 – March 2016 Kingston and Richmond LSCB, in collaboration with Children's Workforce Development team, provided numerous multi-agency training events for practitioners in relation to CSE. Furthermore all messages are shared via the core and additional learning and development opportunities. The following methods are employed to share messages:

- Single Agency training

- LSCB Multi Agency centrally run training
- Conferences
- Best Practice Briefings, Forums and Networks
- LSCB Newsletters and workforce development updates

Training Provider

Barnardo's was initially commissioned to deliver the CSE training programme during the period April – September 2015. From the period September 2015 – March 2016 Mike Smith has taken over training delivery. Mike is an independent trainer and consultant specialising in early help, safeguarding and child protection. He has extensive experience of delivering a wide range of related courses to single and multi-agency groups. His professional background is as a social worker and senior practitioner, working in child in need, child protection, fostering, adoption, care leaver and court services. He has also worked as a Children's Services and as a LSCB trainer, commissioner and manager.

Training content

The content of the programme has been driven by local and national priorities, Serious Case Reviews and evaluation of existing provision. The programme has been presented to and agreed by the Local Safeguarding Children Board.

In general the courses try and cover the following learning outcomes;

- Understanding the identification of sexual exploitation, grooming process, power and control in abusive relationships, reducing risk and the law regarding young people and sexual activity.
- Understanding the safeguarding procedures when a child or young person has been identified of being at risk of sexual exploitation.
- Understand key terminology in relation to work on sexual exploitation and gain awareness that sexual exploitation can effect boys and girls and young people from all social and ethnic groups.
- Understanding of the nature of sexual exploitation by identifying the vulnerability factors and risk indicators.
- Understand the need for multi-agency working and be able to identify the additional support needs of young people and carers.

In addition the course will ensure delegates are aware of

- Tools or techniques available to support children and young people.
- Specific risks that may present for children and young people who are sexually exploited ;
- Kingston and Richmond LSCB CSE referral form
- Kingston and Richmond LSCB CSE Strategy

Supplementary Training

In addition to the core CSE training sessions there has been additional supplementary sessions including briefings and a mini conference hosted by the LSCB. The LSCB have delivered briefing sessions on local learning from serious case reviews; where there has

been a focus on CSE. Regular briefing meetings with Designated Safeguarding Leads in schools have also been established.

South London Rape Crisis facilitated 4 Sexual Violence Awareness sessions, 2 multi-agency and 2 education based training sessions, providing an introduction to the issue of adolescents who are using or experiencing violence within their relationships. This addressed both violence within intimate relationships and towards parents or other family members.

CFAB delivered a briefing session on the issue of Child Trafficking in April 2015, CFAB are the only non-government organisation in the UK set up specifically to deal with child protection cases which involve the UK and one or more countries. Through its inter-country social work team, CFAB provides guidance, counselling and practical support on a range of complex international child protection issues.

The ICT and online Adviser for AFC has delivered training on Online Safety throughout the year. This course focuses on making children and young people aware on how to stay safe on-line. A key element of this training is the issue online grooming.

The area youth work lead for the Kingston town locality has delivered training sessions on Young People Experiencing Violence in their Relationship. This course focuses on young people's perspectives of what they think is acceptable and unacceptable behaviour within a relationship, recognising the early signs of coercive and controlling behaviour and how this can lead to possible exposure of CSE.

The following briefings have also occurred over the last year

- 25 April 2015 Tamil Institute
- 7 May 2015 Independent Schools Kingston
- 17 June 2015 Designated Leads Richmond
- 16 July 2015 Primary Heads Kingston
- 13 November 2015 Secondary Heads
- 3 December 2015 Designated Leads Richmond

The following briefings from lessons learned and serious case reviews have also occurred over the last year

- 20 October 2015
- 3 November 2015
- 6 November 2015
- 7 December 2015
- 9 March 2015

Overview

CSE training provision has been well attended by multi-agency practitioners with a range of training opportunities provided by Kingston and Richmond LSCB. The LSCB has offered a total of **21** learning opportunities resulting in **294** delegates being trained; further breakdown highlights of the **294** delegates there were **113** Kingston colleagues and **162** Richmond

colleagues represented. Feedback from the training is positive and plans are in place to continue with the training programme into 2016/2017.

Feedback has included;

- I now have a more in depth knowledge of field from different perspectives
- Benefit to my service users
- Provided me with a broader knowledge base
- Extensive knowledge of trainer

Attendance data Kingston and Richmond

The chart below outlines attendance at training per organisational type. Social, family and Voluntary Services refer to the following types of teams/ organisations; AfC teams in PEH and Social Care as well as voluntary and community groups as well. The types of job roles accessing the training include; Family Support Worker, Education Welfare Officer, Education Psychologist, School Lead Inspector Social worker Housing support officer, Foster Carers.

CSE Training	Sessions	Business Support Services	Early Years & Childcare	Education Services	Health	Justice & Crime Prevention	Social, Family & Voluntary Support Services	Sport & Culture	Youth	Total
CSE: 1 day course Multi-agency	6	3	6	8	8	7	77		11	120
CSE-Social Work Specific	1						22			22
Young People Experiencing Violence In Their Relationship	1			1	7		4			12
Child Trafficking	1	1		1	1	3	10		2	18
Online Safety & Risky Behaviour	3	1		2	2		20	3	5	33
Local Learning from Serious Case Review	5	1	5	10	6	3	20		3	48
Sexual Violence & Young People	4		2	4	8	4	23			41
TOTAL		6	13	26	32	17	176	3	21	294

Attendance data – Kingston

The chart below outlines attendance at training per organisational type. Social, family and Voluntary Services refer to the following types of teams/ organisations; AfC teams in PEH and Social Care as well as voluntary and community groups as well. The types of job roles accessing the training include; Family Support Worker, Education Welfare Officer, Education Psychologist, School Lead Inspector Social worker Housing support officer, Foster Carers.

CSE Training	Sessions	Business Support Services	Early Years & Childcare	Education Services	Health	Justice and Crime Prevention	Social, Family & Voluntary Support Services	Sport and Culture	Youth	Total
CSE: 1 day course Multi-agency	6		1	4	2		25		4	36
CSE-Social Work Specific	1						6			6
Young People Experiencing Violence In Their Relationship	1			1	5		2			8
Child Trafficking	1			1	1	1	3			6
Online Safety & Risky Behaviour	3						6	2	1	9
Local Learning from Serious Case Review	5	1	2	2	2	4	8			19
Sexual Violence & Young People	4			3	7	4	15			29
TOTAL		1	3	11	17	9	65	2	5	113

Cancellations and no shows per sector (Kingston) April 2015 – March 2016

The following table outlines cancellations including no shows that delegates have made, per sector over financial year. Given the nature of some professional roles i.e. Social Work there will always be situations that arise which mean cancellations are made at the last the last minute. Despite having understanding of those situations, it does impact on course attendance and the value of multi-agency training – where we rely upon a mixed audience to add value.

CSE Training	Sessions	Business Support Services	Early Years and Childca&	Education Services	Health	Justice & Crime Prevention	Social, Family & Voluntary Support Services	Sport and Culture	Youth	Total
Child Sexual Exploitation: 1 day course Multi-agency	6			1			32			33
Child Sexual Exploitation-Social Work Specific	1						6			6
Young People Experiencing Violence In Their Relationship	1						1			1
Child Trafficking	1					1	2			3
Online Safety & Risky Behaviour	3		2	3			7			12
Local Learning from Serious Case Review	5		1	2	4	1	3			11
Sexual Violence & Young People	4			1	1	1	5			8
TOTAL			3	7	5	3	56			74

APPENDIX 6:

Feedback by children from one school to Health Link Worker (HLW) on CSE delivered in Autumn Term, 2015 using 'B Wise 2 Sexual Exploitation' training resource

CSE (Child Sexual Exploitation): School Activity Report

4 out of 5 sessions delivered for Y11 classes. n= 105 students

100% agreed with the statement *'My knowledge on the grooming process has improved as a result of attending the session'*

99% agreed with the statement *'I feel more confident in spotting some of the warning signs of sexual abuse and exploitation'*

100% agreed with the statement *'I would know where to get help if I had concerns for a friend or myself with regard to sexual exploitation'*

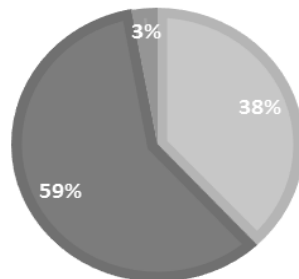
Do you think it is important that the school teaches you about these issues? **100% of students responded yes.**

Are there any other PSHE topics you would like to know about? 43 responses (41% of evaluations). Of the 43 responses, the most popular were:

Topic	% (n)
Drugs and alcohol	30% (13)
Sexual health, sexual relationships, contraception, sexual abuse	26% (11)
Finance	16% (7)
Mental Health/ Stress	12% (5)
Jobs/ careers	7% (3)

**RESPONSE TO THE QUESTION
'HOW DID YOU FIND THE SESSION
OVERALL?'**

■ Very good ■ Good ■ Neither poor nor good ■ Poor ■ Very poor



Other student comments:

It was very interesting

I found the session very useful

Really good and interactive

It was interesting and engaging

*Very good lesson & I learnt lots
more aware*

I feel after this session I will be

Thank you very much I found it really useful

Really important to talk about these things with young people!

Thanks for teaching us- I learnt very well from today

Appendix 7: Full CSE Training Recommendation in Kingston

The police, RBK, AfC, and the KCS should continue to ensure that all staff attend and follow up those who do not attend **CSE training**, making it compulsory for elected members and professionals who work with children and young people to attend. Environmental health officers may identify potential victims of CSE when inspecting takeaway outlets. Training should include:

1. How to prevent CSE.
2. How to gather evidence of CSE.
3. Understand the nature of CSE and the different ways in which it manifests itself. Assessment procedures should accommodate for the lack of self-identification of risk or harm by young people. Common features of CSE are that disclosure is facilitated by longer term relationships with the same practitioner and that the child or young person neither recognises the coercive nature of the relationship nor sees themselves as a victim of exploitation. It is vital that practitioners assessing young people do not allow children and young people to fall out of the assessment and referral pathways as a result of this.
4. Spot the warning signs (see Appendix 2) and risk factors of CSE.
5. Using the [local pathway](#), know to whom to refer when there are concerns that a child or young person is at risk or is being sexually exploited. **This particularly applies to those agencies (namely health eg GPs, Kingston Hospital, and Your Healthcare) who provide their own CSE training as opposed to the training sub-contracted by AfC.**
6. Know and understand their own specific responsibilities and how to discharge them.
7. Online communications (through images and messages posted on social media) and the role it plays in the sexual abuse of young people. Agencies that assess children and young people in the statutory and voluntary sector should ensure that assessment tools include how a young person uses technology; the dual status of offenders who may also be victims and the ability to assess young people for harm even when there has been no contact abuse. Training should cover how to ensure immediate safety measures are assessed at point of discovery, including the decision regarding mobile phone possession, access by young people to online platforms and assessing the parents or carers abilities to safeguard their children's future online activities. AfC, Public Health, Schools and the Police should improve staff training regarding UK Safer Internet Centre (UKSIC), the UK Council for Child Internet Safety (UKCCIS) the South West Grid for Learning or Internet Matters, the Internet Watch Foundation (a 'notice and take down service' for reporting child abuse images) and the Professionals' Online Safety Helpline (POSH) (a helpline set up to assist professionals, including if they have concerns about particular sites regarding the safety of children and need assistance).
8. An understanding of the sexual exploitation of Black, Asian and minority ethnic victims and different types of victim-offender models.

9. Inclusion of 16 and 17 year olds as potential victims of CSE.
10. Children who are exploited by their peers or street gangs
11. CSE of boys and young men.
12. Children who have special education needs and learning disabilities (including those with Autism Spectrum Conditions and Attention Deficit and Hyperactivity Disorder) utilising the [Practice guide Supporting professionals to meet the needs of young people with learning disabilities who experience, or are at risk of CSE.](#)

Training should cover:

- The need for police, AfC, Kingston Local Authority (RBK), KCS, CCG, and Public Health to automatically identify young people with recognised learning disabilities **and** the presence of indicators of CSE as a medium or high risk^{1,2,3}.
 - how to improve multi-agency (AfC, the Police, RBK, KCS, CCG, and Public Health) information-sharing concerning learning disabilities (including those with an Autistic Spectrum Condition or with Attention Deficit and Hyperactivity Disorder), and for CSE project referral forms to ask for appropriately detailed information about a diagnosed, or suspected, learning disability.
 - Multi-agency responses should include adults' services for young people who remain at risk of sexual exploitation at the age of 18. The necessity for improvements in multi-agency working concerning CSE generally has previously been recommended by a number of reports addressing CSE^{3,4,5}.
13. Children who are missing (including repeat missing and missing only for brief periods eg following registration at school during afternoons),
 14. Children who are placed to and from out-of-borough
 15. Children who have a Children in Need Plan / Child Protection Plan
 16. Children who are LGBT
 17. Children who are Young carers
 18. Children who have low levels of mental health morbidity which does not reach the threshold of CAMHS referral.

Training should also cover how to identify:

- Profile of perpetrators: Age (perpetrators aged under 18), gender, ethnicity, borough of residence.
- Parental alcohol and substance misuse and parental mental health as risk factors for CSE of children in their care.

Training should ensure that staff do not include the following terms and words in the reporting, statements, and documentation that might undermine court cases:

- Promiscuous
- Manipulative
- Streetwise
- Risky choices

- Risky behaviour
- Absconder
- Sexual aware / sexually experienced
- Aggressive
- Out of control
- 'Boys being boys'
- Glamour
- The child / young person 'will not engage' - instead this should be 'we cannot engage them in this service'.

References

¹Office of the Children's Commissioner Final Report (2013) "If only someone had listened" Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups.

²Jago, S with Arocha, L; Brodie, I; Melrose, M; Pearce, J and Warrington, C (2011) What's Going on to Safeguard Children and Young People from Sexual Exploitation? How Local Partnerships Respond to Child Sexual Exploitation Luton: University of Bedfordshire.

³Smeaton (2013) Working with children and young people who experience running away and child sexual exploitation: An evidence-based guide for practitioners.

⁴Alexis Jay (2014).Independent Inquiry into Child Sexual Exploitation in Rotherham 1997- 2013.

⁵Office of the Children's Commissioner Final Report (2015) 'If it's not better, it's not the end': Inquiry into Child Sexual Exploitation in Gangs and Groups: one year on.