# Kingston CSE Needs Assessment Executive Summary (April 2018)

## INTRODUCTION

A frequent feature of CSE is that the child or young person does not recognise themselves as a victim of CSE and is often due to their social, economic or emotional vulnerability eg domestic violence, a history of abuse, being in care of the Local Authority (particularly looked after children with instability in their placement), as well as children missing from education, home, or care. A significant proportion of children who have experienced CSE have issues with drugs and alcohol, mental health problems (including post-traumatic stress disorder, depression, self-harming, thoughts of suicide, low self-eteem, self-neglect); and sexual health issues (pregnancies, miscarriages, STIs and HIV).

**Population groups that are commonly 'hidden' from being identified as vulnerable to CSE include children and young people who:**

- experience contact sexual abuse from a peer
- are particularly young
- are sexually abused online
- are male
- have learning disabilities (including those with Autism Spectrum Conditions and Attention Deficit and Hyperactivity Disorder)
- are LGBT
- are from ethnic backgrounds.

## LOCAL PICTURE

**Kingston has the following information related to being at increased risk of CSE:**

- Boys are overrepresented amongst LAC, and this is even more pronounced in Kingston compared with London and England with boys comprising 64%, 58% and 55% of all LAC respectively**Error! Bookmark not defined.**.
- Lower percentages of 15 year olds reporting cyberbullying compared with London. More girls than boys experiencing cyberbullying.
- A higher percentage of children and young people taking drugs (excluding cannabis) than England and London (2014/15).
- The 2nd highest rate (6.8%) of Children and Young People who drink regularly in London, with Richmond having the highest (at 8.6%) (2014/15).
- 15 year old girls are more likely and 15 year old boys less likely than England to report having been drunk in the previous 4 weeks (What about YOUth Survey, 2014).

**Kingston data 2015/16:**

- In line with the national trends, 14 and 15 year olds account for 58% of all 'new' cases discussed at the Kingston MASE in 2015/16. The number of 16 and 17 year olds may be under-represented due to not being identified. Five or fewer children (exact number withheld) aged 12 were referred into the MASE and all were closed within a month due to the lack of evidence of CSE concerns.
- Of the total of 52 cases, 42 (80%) were female whilst only 10 were male. This is similar to the national data picture. However, it may be that the number of males may be underrepresented due to not being identified.
- 81% of the cases referred had an ethnic background of white and the remaining 19% were from black and minority ethnic (BME) backgrounds, whilst the percentage of the Kingston 11–18 population of BME origin is 34%[i]. Experience from other areas would suggest that the proportion of people from BME backgrounds is likely to be underreported due to their not being identified.
- 7 LAC placed out of borough were at risk of CSE.
- 55% LAC went missing from care more than once in the year. Nationally, children and young people living in foster care or in a children's home were found to be three times more likely to go missing than young people living with their family.

- 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.

**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 |

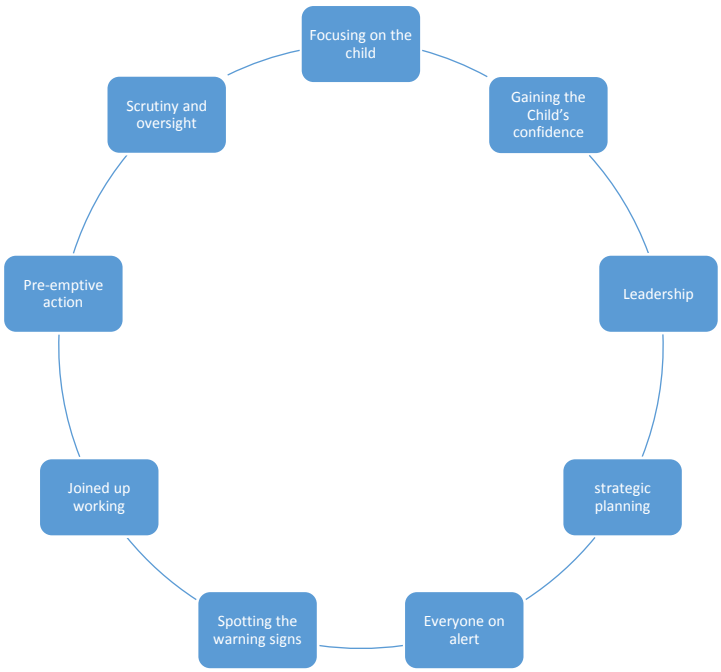
Source: https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2014-to-2015

- 22% children went missing from home more than once in the year. However this is a higher number than missing LAC.
- 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 referral.
- In 2014/15, a total of five children were presented at MASE who were subject to CP plan whilst in 2015/16, <5 children were presented at MASE who were subject to CP Plan.

## WHAT WORKS

Entirely based on: 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): *If Only Someone had listened* (2013)

### Essential Foundations for Good Practice




- Recognition and Telling Framework (see page 63 of full JSNA).
- Women and Girls' Network Therapeutic Model (see page 64 of full JSNA).

- Flixton Girls' School Approach to protecting Children and Young People from CSE (see page 65 of full JSNA).
- Operating model linking strategies and subgroups (see page 66 of full JSNA).
- The Railway Children's Reach Model 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. (See page 70 of full JSNA).

**The See Me, Hear Me Framework. (see page 73 of full JSNA)**
The See Me, Hear Me Framework details three sets of simple and essential questions under the headings:

**a.** Voice of the Child
Evidence Examples of Questions to ask Children exposed to CSE and Roles of Agencies.
**b.** Voice of the Professional
**c.** Protecting the Child

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

## CURRENT SERVICES

- The CSE awareness working group has begun to create a local community awareness strategy, and there has been considerable activity in Kingston.
- Operation Makesafe. This was tied in with the LSCB and AfC Participation SafeFrom Project.
- In 2015/16, the LSCB offered 21 CSE training events across Kingston. 113 Kingston staff attended the main CSE day Level 3.

**CSE Primary Prevention: Schools**
Providers:
- Public Health Link Workers cover all state secondary schools, one Special school, and Kingston College
- Your Healthcare
- Tender (an education-in-theatre company)
- Kingston Safer Space
- Kingston Police
- Achieving for Children.

**Additional Activities in Schools**
- Independent Schools - Safeguarding leads from Richmond and from Kingston CCGs chair quarterly health forum meetings at Independent Schools and regularly raise the subject of CSE and the identification of warning signs and referral protocol.
- Early intervention work has been carried out with young men at a Youth Centre whilst the Family Support Team were undertaking early intervention work at a nearby a secondary school. Work included healthy relationships, gender equality, and respect.
- CSE specific activities in School have also been delivered through Family Support Service.
- In 2014, Family Planning Association initiated SRE Training (including aspects of CSE) of young people with learning disabilities, their primary carers, health, social care and education staff.

**Children's Social Care**
- CSE/ CME subgroup
- CSE strategy and assessment/referral procedure
- CSE training.

**Health Services: Sexual Health (SH) & Mental Health (MH)**
- All sexual health contracts covering GPs, Community Pharmacies, and community settings (Contraception & SH Services, Young Peoples SH services, and School Health Services) stipulate use of the 2016 Kingston strategy and assessment and referral proforma.
- Since 2014, the Wolverton SH Centre 'Connect' for people with learning disabilities.
- South West London and St. George's MH Trust circulates the NHS England Pocket book to CAMHS staff. 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'.

**Housing**
The benefit cap (effective as of November 2016) will exacerbate Kingston's existing housing shortage with increasing numbers of under 16 year olds being placed increasing distances out of borough into nightly paid temporary accommodation.
Consequence = children will be dispersed further from existing social networks, will potentially experience more placements, and could be rendered more vulnerable to CSE.

**Specialist Service: The Phoenix Project since April 2016**
Children identified as at risk of CSE are referred to the Phoenix Project (Youth Services), or to CAMHS, healthcare, or Early Help as appropriate.

## COMMUNITY VOICE

**SHEU Survey 2015 – 4,800 Yrs 7-9 children surveyed**
**On-line safety**
- 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.
- 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.

**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 time 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.

## RECOMMENDATIONS

**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 Indictors.

**Top Ten Recommendations as at April 2018**

1. A training quality indicator should be developed with commissioners and providers of the Youth Resilience Service (which includes the young offenders service and the young Alcohol and Substance Misuse service) and of Mental Health Services (including CAMHs) to ensure:
   - All current staff are trained within an agreed timeframe of commencing their post and updated on an agreed regular basis. That the particular needs of those young people who were groomed and/or abused on-line are addressed by referring to the appropriate agency eg KOOTH Kingston.
   - That once victims are identified within their service as having been exposed to CSE that they are fast-tracked to the appropriate mental health service(s).
   - SPA staff should be trained regarding potential CSE triggers and CSE should be added to the SPA referral form.
   - That assessment and intervention is guided by the See Me Hear Me Framework (see page 68 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").
   - An inclusive approach: ensure all victims are considered eg boys and young men, ethnic minority groups and groups with learning difficulties. This should be aligned with local and national campaigns eg the Learning Disabilities campaign.
   - That there is support to parents and carers to enable them to proactively support their children eg referral to ICope
   - Further embed effective assessment tools (eg Derbyshire's) as part of the local CSE Strategy and raise awareness of this tool by engaging with the Local Offer, Involve Express CIC in order to ensure long-term intervention to help a young person to fully recover and to prevent re-victimisation.

2. Identify and address the needs of young people during transition (ages 16-24) who are at risk of or exposed to CSE by:
   - Engaging adults as well as children's safeguarding leads in the CSE / CME subgroup.
   - Exploring relationships between CSE victims and post-18 male and female offending patterns including sex work.
   - Ensure CSE is included in the forthcoming Kingston transitions protocol.

3. Address the needs of Looked After Children to prevent and intervene early to disrupt CSE:
   - 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.
   - 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.
   - 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 from part of the annual auditing plan. This should involve 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.

   - AfC should ensure social workers actively and meaningfully contribute to the out of borough MASE meetings to strengthen information sharing.

4. Return Home Interviews (RHIs) (Taken from Recommendation One, 12, 23, 59)
   - The extent to which the number of return home interviews (RHIs) are clearly correlated with missing episodes data should be monitored. RHI information should be routinely aggregated for intelligence / analysis and 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 can enable the police to prevent CSE and identify victims and perpetrators.
   - AfC should ensure that every child returning from a missing episode is given a timely return home interview (within 72 hours of returning). This should include Kingston children and young people placed out of borough.
   - Local authorities should establish a set of practice standards for these interviews and ensure that these are consistently met.
   - 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. A meaningful indicator for quality return home interviews uptake needs to be developed with the data team in AfC and the CSE/CME subgroup.
   - All staff undertaking RHIs should be trained in CSE and the local assessment and referral process. This should include the increased risk of particular vulnerable groups (see list of vulnerable groups in data recommendation 5 - below) and the importance of recording this information and sharing it with appropriate agencies.

     For best practice, see also http://www.londonscb.gov.uk/wp-content/uploads/2016/04/4.-Ofsted-Learning-B-Mclaughlin-7.10.16.pdf

5. Improve MASE data quality presented to CSE/CME Subgroup by including
   - CSE victims / at risk of CSE (who largely remain out of sight / 'hidden') who also:
     - Boys and young men
     - are exploited by their peers or street gangs
     - have learning disabilities, Autism Spectrum Conditions and Attention Deficit & Hyperactivity Disorder.
     - access information on-line: through images and messages posted on social media.
     - are LGBT

    - are Young carers.
    - Age (disaggregated to show particularly young and the 16 and 17 age group whom services often overlook as at risk of CSE).
    - Ethnicity (disaggregated to show actual ethnic background (not just 'White' and 'BAME').

- Percentage of victims / at risk of CSE who are:
    - victimised by older males (males aged 18+),
    - through peers (under 18s),
    - through gang-related routes.
    - were trafficked

- Percentage correlation between number of RHIs and number of missing episodes. Present this as % quality RHIs (of missing episodes) achieved within 72 hours and also achieved within one month.
- Recovery outcomes information for children and young people affected by CSE defined (reversely) as number individuals (known to the MASE) who are re-referred to the Phoenix Project as a proxy marker of number of re-victimisation episodes per number of individuals. Dates of referrals would be noted.
- Number of prosecutions linked to CSE *(It is very concerning that there is so little or no information presented on perpetrators in Kingston currently)*.
- Profile of perpetrators: Age (perpetrators aged under 18), gender, ethnicity, borough of residence.
- Data presented as 2017/18 compared with 2016/17 and then consider 3 year rolling data from 2018/19 for relevant indicators eg recidivist data and demographics of perpetrators and of victims.

6. 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.
   Support should remain in place to cover the impact of CSE for over 18's due to the fact that emotional/physical trauma may not become evident to children until such a time where they can understand what they may have been through.
   Kingston's forthcoming (as of February 2018) Housing Model seeks to modernise the Councils landlord housing function. Investigation is underway to confirm that support will be available for CSE victims in this model. CSE will be considered similarly to all vulnerable groups in all supported post-16 housing (and in general with all children who are part of a protection plan with AfC).

7. The work of the AfC Cluster leads who are newly trained as ISVAs (as at 05/01/18) should be:
    - informed by the role of special measures, Registered Intermediaries, and supportive organisations eg Triangle, where the child has needs which extend beyond the scope of the Cluster leads.
    - Monitored and evaluated on a quarterly basis to ensure effectiveness and improvements.
    - Liaise with Police Young People Advisors.

8. 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 6 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).

9. 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.
    - 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.

10. 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 advice and information for young people and to services for young people at risk.
    - Increased skills, knowledge and resources for people working with young people
    - Better sector coordination.

- Increased awareness of the issue by policy makers.
- Asking for feedback from children and young people, parents, professionals.
- 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.

[i] Public Health Kingston. *Eat well, Exercise more, Drink sensibly. Annual Public Health Report 2015*. Royal Borough of Kingston upon Thames: 2015.