

Child Sexual Exploitation, Female Genital Mutilation (GM), Honour Based Violence (HBV) and (DA) Domestic Abuse Update

Children's Health, Social Care and Education Overview & Scrutiny Committee

29th March 2017

Author:	Service Manager for Quality Assurance and Review Service
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 To update the Committee on work being undertaken regarding Child Sexual Exploitation, Female Genital Mutilation (GM), Honour Based Violence (HBV) and (DA) Domestic Abuse.
- 1.2 This is the first report and it has been requested to update the committee of the progress being made in relation to Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse.
- 1.3 Tackling these areas of harm which children and their families in Swindon experience is linked to the Council's Corporate Priority of reducing vulnerability. It also contributes to the One Swindon Priority: Living Independently, protect from harm, leading healthy Lives and making a positive contribution. There are also links to the Crime and Disorder Act whereby Section 17 of the Act 1989 makes it a statutory responsibility for all local authorities to consider community safety as part of its core business.

2. Recommendations

2.1 The Committee is recommended to:

The Committee is recommended to note the contents of this report and provide appropriate challenge and scrutiny in relation to the information it contains. It is the responsibility of the author to take forward any actions required.

3. Child Sexual Exploitation (CSE):

- 3.1 The council's CSE working group was established in January 2015 which is now chaired by Karen Reeve Director of Children Services. (Previously John Gilbert). The CSE strategy has been refreshed and has been approved by cabinet in February 2017. The Council CSE Working group is currently writing a new delivery plan and each Head of Service will be supporting the strategy with SMART actions and measures.

Child Sexual Exploitation, Female Genital Mutilation (GM), Honour Based Violence (HBV) and (DA) Domestic Abuse Update

Children's Health, Social Care and Education Overview & Scrutiny Committee

29th March 2017

-
- 3.2 A successful bid was made to One Swindon that led to leaflets being produced for children, taxi drivers, hotels, leisure centres, bus drivers, parents and professionals
 - 3.3 The money from the One Swindon Bid is also providing training. The aim of training for organisations outside of the Council is to train the trainer so this can be rolled out as part of their ongoing safeguarding training.
 - 3.4 A new basic CSE e-learning course is now available. It has finally been agreed by the Council's Corporate Management Team that the course will be mandatory for all SBC staff in contact with the public. A mandatory targeted e-learning course was already in place for all Children, Families and Community Health staff.
 - 3.5 The Local Safeguarding Children's Board (LSCB) undertook a multi-agency staff survey. Results from the survey were mostly positive and indicated a good awareness of CSE across the workforce.
 - 3.6 Additional training has been developed through the Children's Workforce Development Team to enhance practitioner's skills and practice also in relation to CSE and children with learning difficulties and working with parents.
 - 3.7 Multi-agency Risk Panel (MARF) quality assures the children who are high risk of CSE, Criminal Exploitation and Missing. Over the last 6 months, MARF saw an increased number of referrals for children who are being criminally exploited. These have all been boys. As a direct response to this change in vulnerability the role of the CSE and Missing Manager has been extended to include this development area and the revised council CSE strategy also reflects this change.
 - 3.8 MARF further focus on perpetrator disruption in relation to each child and the use of all orders/powers available to the council and the police.
 - 3.9 Children who have been missing three times in 90 days, for over 24 hours and children under 13 are also highlighted at MARF. Participants at MARF, challenge the absence of a clear plan for a child or when strategy discussions are not being undertaken to address risk associated with children that go missing. There is also a shift in emphasis to ensure that children that do go missing, who are not open to social care, are actively supported through the Early Help Record and Plans so that support can be put in place in a more proactive and preventative way.

Child Sexual Exploitation, Female Genital Mutilation (GM), Honour Based Violence (HBV) and (DA) Domestic Abuse Update

Children's Health, Social Care and Education Overview & Scrutiny Committee

29th March 2017

-
- 3.10 Multi-Agency Perpetrator Disruption Meetings have been developed jointly with the police to discuss complex cases. These are convened quickly when concerns are highlighted in relation to perpetrators. They are chaired by the police detective inspector for public protection. MARP has made requests for these meetings to be convened. Police and Children's Social Care have also made requests.
 - 3.11 There has been challenge to the Police by MARP to provide performance information regarding the legal orders used to pursue perpetrators and this information is now developing.
 - 3.12 Multi-Agency Support Networks have been established and chaired by the CSE and Missing Manager for key schools where MARP has identified concerns regarding Criminal Exploitation.
 - 3.13 MARP was subject to an Independent Evaluation in 2014. The same evaluator is currently re-evaluating MARP and has observed one of its meeting with initial positive feedback. It is of key importance to be able to demonstrate the impact of MARP.
 - 3.14 Opal Team: The multi-agency Opal Team has been operational for nine months. The team are co-located at Clarence House and work closely with the Multiagency Safeguarding Hub (MASH) / Family Contact Point (FCP). One of the key benefits of this model has been the sharing of intelligence that has safeguarded children and disrupted perpetrator activity.
 - 3.15 The Opal Team practitioners deliver bespoke packages for each child. These are closely linked with their care plans and are negotiated with the child and family.
 - 3.16 The service is child-centred; staff work flexibly by working outside normal office hours and weekends as/if required.

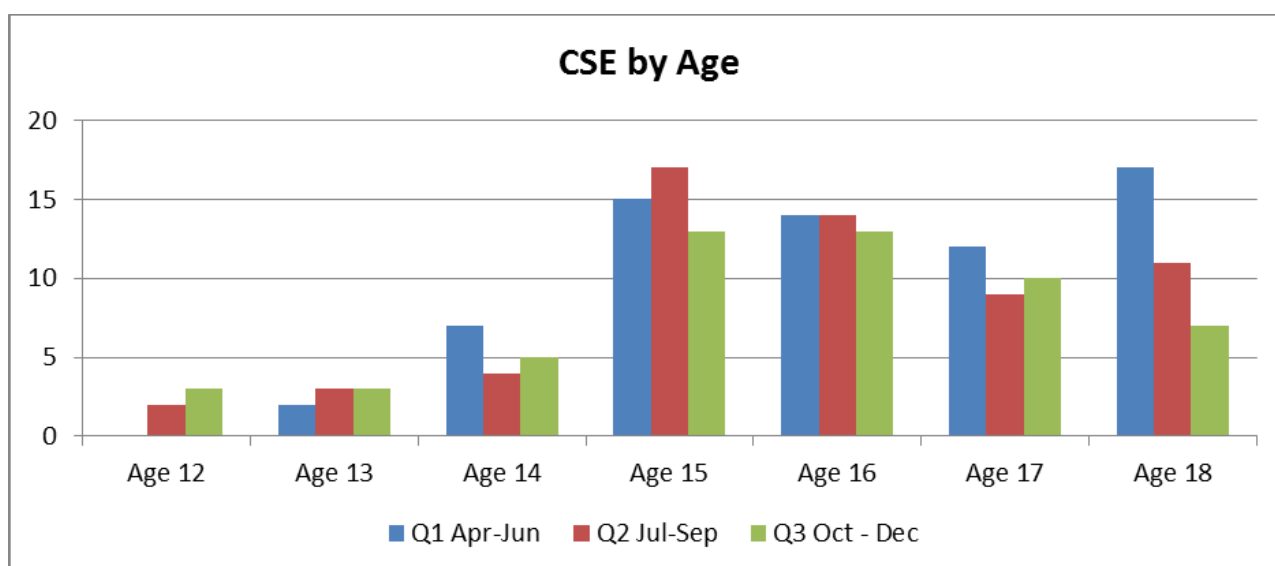
A performance scorecard is in place for CSE. The following quantitative information is collected on a quarterly basis.

Child Sexual Exploitation, Female Genital Mutilation (GM), Honour Based Violence (HBV) and (DA) Domestic Abuse Update

Children's Health, Social Care and Education Overview & Scrutiny Committee

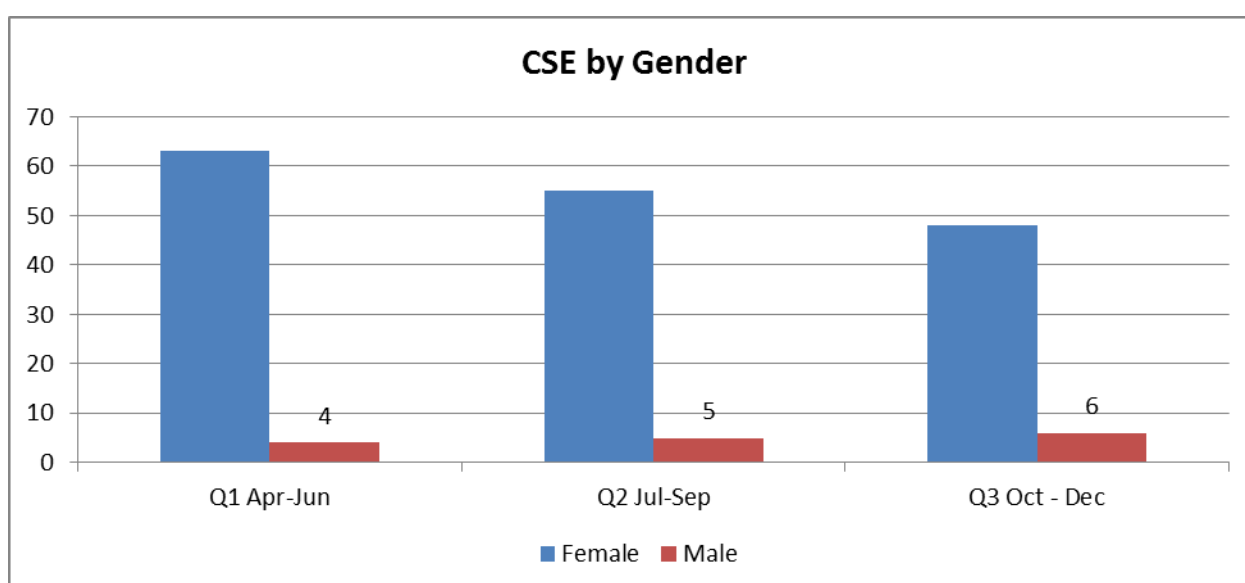
29th March 2017

Table 1 shows the age of children subject to CSE by age across Q1 Q2 and Q3.



This information evidence that the target age where children become subject to CSE is from 15 years onwards. This indicates that the younger children, and the prevention strategies below 15 years could possibly be strengthened.

Table 2 shows the number of children who are subject to CSE by gender across Q1, Q2 and Q3



Further information on the subject of this report can be obtained from Fiona Francis, ffrancis@swindon.gov.uk.

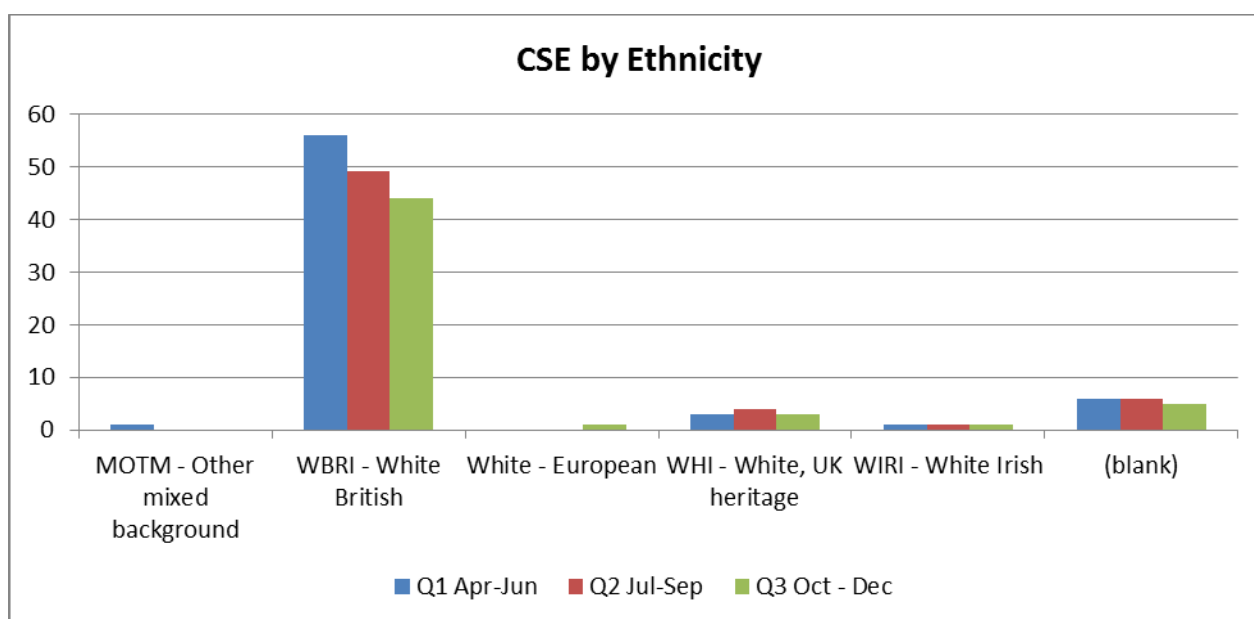
Child Sexual Exploitation, Female Genital Mutilation (GM), Honour Based Violence (HBV) and (DA) Domestic Abuse Update

Children's Health, Social Care and Education Overview & Scrutiny Committee

29th March 2017

This information shows us that boys are starting to be identified as victims of CSE. This was an area of concern as professionals do not always recognise boys as being subject to CSE.

Table 3 shows the comparison of children subject to CSE across Q1, Q2 and Q3



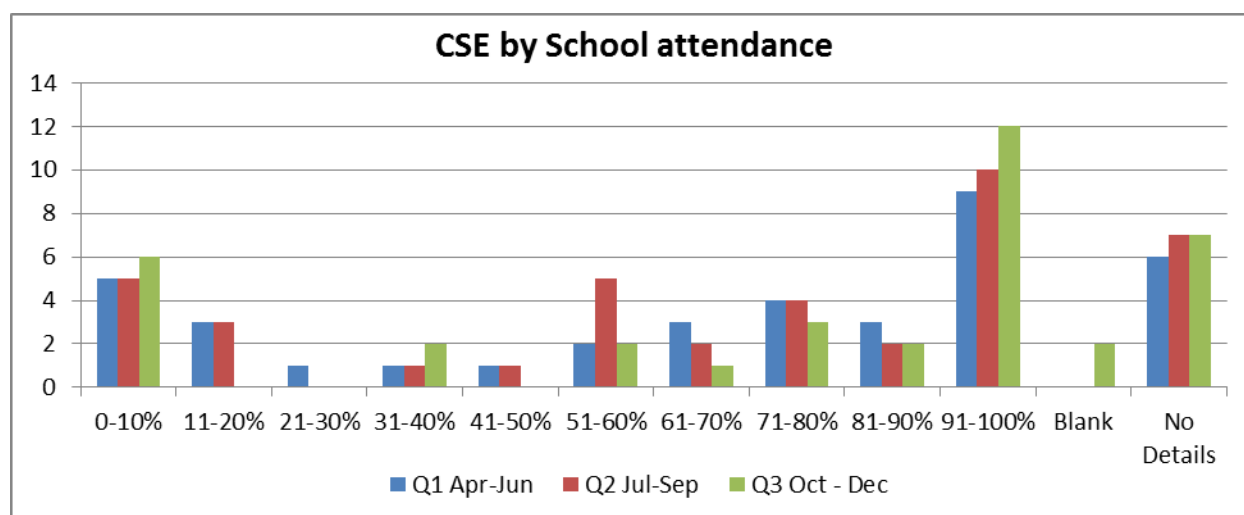
This table evidence that white British children are the highest ethnic group who are subject to CSE. This does not mean that other ethnicities are not subject to CSE rather it is not being identified and referred to services.

Table 4 shows the school attendance of those children subject to CSE (up to 16 years) and their school attendance across Q1, Q2 and Q3.

Child Sexual Exploitation, Female Genital Mutilation (GM), Honour Based Violence (HBV) and (DA) Domestic Abuse Update

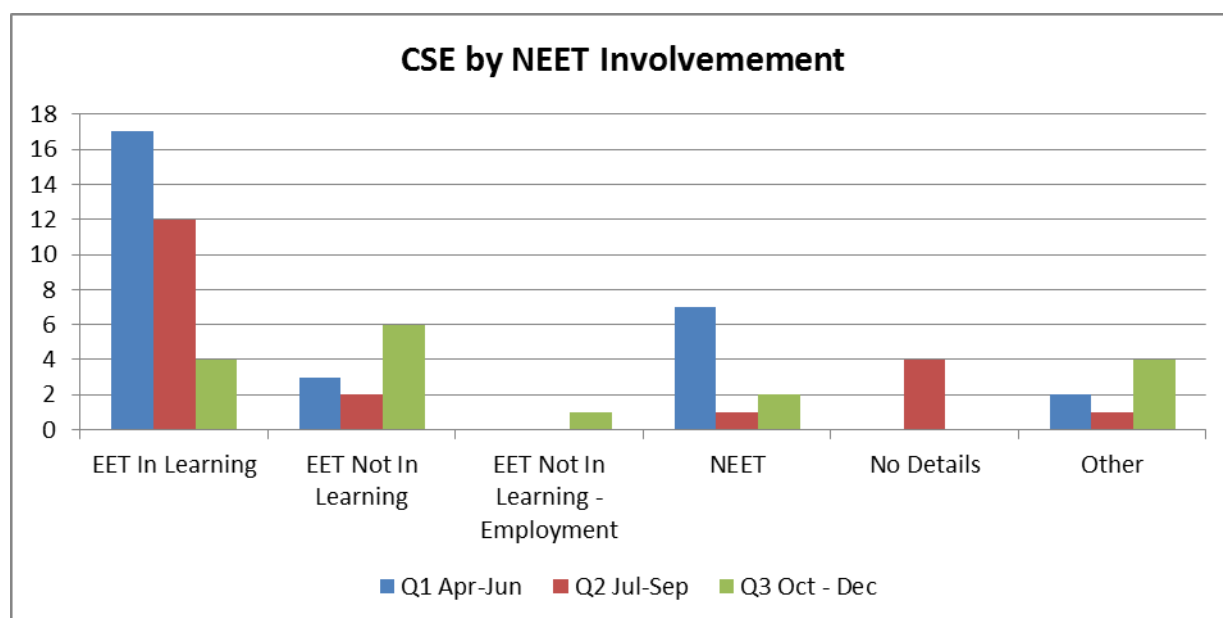
Children's Health, Social Care and Education Overview & Scrutiny Committee

29th March 2017



This table indicates that the numbers of children subject to CSE is decreasing, and that those who are subject to CSE are improving their school attendance. This is good.

Table 5 shows the NEET Activity (17-18 yr olds) across Q1, Q2 and Q3.



This table evidence a reduction across Q1 – Q3 for those young people subject to CSE who are NEET.

Child Sexual Exploitation, Female Genital Mutilation (GM), Honour Based Violence (HBV) and (DA) Domestic Abuse Update

Children's Health, Social Care and Education Overview & Scrutiny Committee

29th March 2017

3.17 Honour Based Violence (HBV)/ Female Genital Mutilation (FGM) /Forced Marriage

In 2015/2016 there were 5 contacts to Children's Social Care in relation to FGM. All resulted in no further action. There were 4 referrals in relation to honour based violence and all progressed onto assessments. One referral in relation to concerns about Forced Marriage, was not substantiated at the conclusion of an assessment. There is a good awareness within MASH/FCP and the Assessment and Child Protection Team around concerns relating to FGM, HBV. Partner agencies are referring into the service and seem to also have a good understanding.

3.18 Specialist awareness courses continued in 2015/2016 and 80 practitioners attended. A good cross section of agencies attended from health, education, voluntary sector, police and SBC were trained. There are a further two full day courses planned for 2017/2018 (March & October) and two half day sessions just on FGM in June.

3.19 The community safety partnership lead on the development of the Violence against Women and Girls Strategy, HBV, FGM and force marriage are key areas in the strategy and will form part of the delivery plan. CSE and Teenage Domestic Abuse are also key areas of the Violence against Women and Girls Strategy.

3.20 The FGM protocol and practitioner toolkit is still in place and will be updated by a multi-agency working group within the next two months.

3.21 Domestic Abuse

Swindon has estimated high levels of domestic abuse, compared with its 'nearest neighbours'. Evidence suggests that the number of children affected by domestic abuse has increased in recent years. Domestic Abuse continues to be a high priority across all of Children Families and Community Health and work is underway within the Community Safety Partnership to develop the risk, prevalence and impact of domestic abuse in Swindon by developing new models of working which are based on successful evidenced based practice.

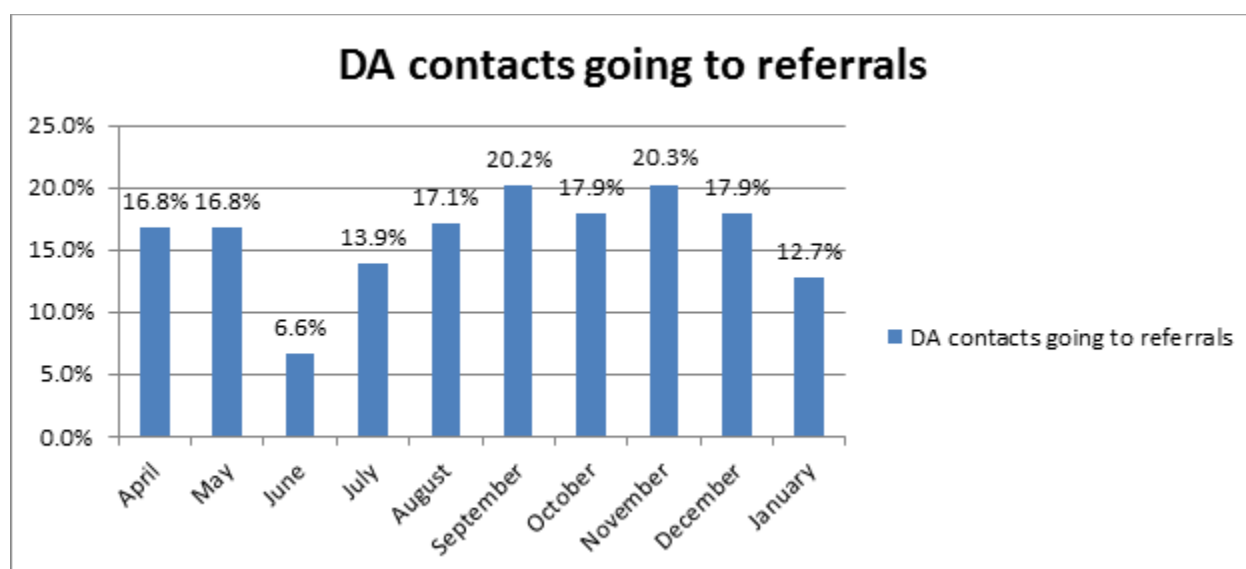
3.22 Domestic abuse (DA) accounted for 32.5% of contacts for MASH in January 2017 (352 contacts) - however this is only where DA is identified as being the primary reason for referral. This is higher than any other category of need. Table 6 depicts the rate of domestic abuse referrals that progressed to referrals between April 2016 – January 2017. This shows the percentage of those contacts that became referrals to social care.

Child Sexual Exploitation, Female Genital Mutilation (GM), Honour Based Violence (HBV) and (DA) Domestic Abuse Update

Children’s Health, Social Care and Education Overview & Scrutiny Committee

29th March 2017

Table 6



- 3.23 MASH has been working with partner agencies regarding its pathways for referral and domestic abuse and involved schools in a number of workshops in November 2016.
- 3.24 FCP/MASH also have information sharing agreements with the refuge and they advise every time a Swindon family leave the refuge.
- 3.25 Police are risk assessing domestic abuse notifications to consider the risk to a child and a RAG rating is being applied.
- 3.26 The new model for sharing police notifications, Encompass - started in February 2017 and police are now sharing all domestic abuse notifications with schools. Police are going to expand this model to include the sharing of notifications with Early Years and Health partners as well. There are also meetings in place to progress the sharing of this information with GP’s. In the meantime, Children Social Care continue to share these notifications.
- 3.27 Children’s Social Care are leading on the Strengthening Families – ‘Repeat Removals’ project which is about to commence. This project is based on the national research that at least 1 in 4 women will return to the family court, having previously lost a child through a court order, and the chances of having a child removed increases to at least 1 in 3 for the youngest women who were

Child Sexual Exploitation, Female Genital Mutilation (GM), Honour Based Violence (HBV) and (DA) Domestic Abuse Update

Children's Health, Social Care and Education Overview & Scrutiny Committee

29th March 2017

teenagers at the birth of their first child. This statement is supported by research undertaken by Professor Karen Broadhurst, Dr Bachar Alrouh, Claire Mason and Emily Yeend (2015).

- 3.28 After a child had been removed from a mother's care, a mother was unlikely to get the required level of help to bring about the changes needed, because agencies are not under any statutory obligation to provide comprehensive post removal support; many of these women had experienced very difficult childhoods themselves and are then severely and emotionally damaged by the removal of their baby.
- 3.29 In Swindon, we found that between June 2013 - June 2015, 34 mothers returned to court losing 66 subsequent children to the care or adoption system. In the majority of these cases it was due to domestic abuse and a parent's failure to protect a child/ren.
- 3.30 A number of projects and initiatives have been developed, across England, to address this problem. Pause Project and similar initiatives across other Local Authorities have demonstrated the positive impact of working with mothers and families to reduce repeat removals.
- 3.31 Swindon is starting a Project to provide a multi-agency support pathway for vulnerable women and families, who have had at least one child removed from their care or have an unborn child on a child protection plan where the plan is removal. The purpose of such a support pathway is to reduce the number of children taken into care following unplanned pregnancy and to improve parenting capacity for planned births into vulnerable families, where a chaotic lifestyle would preclude them from safely caring for a child.
- 3.32 The proposal is to offer:
- Mothers and their partners to engage with the idea of long term reversible contraception (LARC) in order to avoid unplanned pregnancy; and/ or
 - Mothers and their partners who do wish to have a family, support, them to modify behaviours and circumstances in order that they can successfully parent

Through this Project it is planned to reduce the number of children that become looked after by the local authority.

Child Sexual Exploitation, Female Genital Mutilation (GM), Honour Based Violence (HBV) and (DA) Domestic Abuse Update

Children's Health, Social Care and Education Overview & Scrutiny Committee

29th March 2017

4. Alternative Options

4.1 This report is for information only.

5. Implications, Diversity Impact Assessment and Risk Management

5.1 Financial and Procurement Implications

At the time of writing this report there is no discernible financial implications.

5.2 Legal and Human Rights Implications

Human Right considerations have been taken into account fully in compiling this report. It is considered that the recommendations of this report are compatible with Convention rights.

5.3 All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

None

5.4 Diversity Impact Assessment

This report is covered by the Diversity Impact Assessment for Swindon's Children Social Care.

5.5 Risk Management

There are no risk implications.

6. Consultees

6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

7.1 None

8. Appendices

8.1 None