

Strategy & Delivery Plan to Prevent Child Sexual Exploitation for Children, Families & Community Health & Swindon Borough Council

23.01.15

Introduction

The sexual exploitation of children and young people has been identified throughout the UK, in both rural and urban areas and in all parts of the world. It affects boys and young men as well as girls and young women; they are equally vulnerable. Increasingly victims are identified under 16 years of age, across all cultures. Many children and young people are exploited in the community, although the behaviours associated with exploitation may bring them into care and a number of children/young people are also targeted whilst being Looked After by Local Authority Children's Social Care:

Swindon Borough Council has adopted the same definition as the Local Safeguarding Children Board (LSCB) who in turn use the Department of Health's definition, which is;

'involving exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of their performing, and/or another or others performing on them, sexual activities. It can occur through the use of technology without the child's immediate recognition; e.g. being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child's limited availability of choice resulting from their social/economic and/or emotional vulnerability.' (DoH 2008)

We recognise that child sexual exploitation (CSE) can take many different forms including:

- 1) Exploitation by family members, including being 'sold for sex'
- 2) Sexually exploitative relationships with older adults
- 3) Sexually exploitative relationships with peers
- 4) Sexual exploitation through technology including grooming through social media and the taking and circulation of sexually explicit images of the child

The Swindon Local Safeguarding Children's Board has had a developed a strategy in place since 2012 which sets out about how partner agencies will work together. This is based broadly on three strands – Prevent, Protect and Pursue. It was

developed following the work of the Board's Sexual Exploitation and Runaways sub group. CSE has been a strategic priority for the Board since 2012/13 and the Board monitors an associated action plan. Swindon Borough Council is a very active partner in this work and has led several areas of its activity.

The Board has affirmed its expectation that all agencies will work together using the agreed multi-agency child protection and CSE procedures and this strategy and delivery plan identifies how our services across the Council will further support and enhance the work of the Board to protect the children of Swindon.

We also plan to introduce a Pledge that supports the concept of a 'Zero Tolerance of CSE', an approach launched recently in the Wiltshire Assembly. As we share a number of services across the area having a Pledge is one way that others can also engage in helping protect children and young people. The Pledge 'Zero tolerance of CSE in Swindon' will commit the signatory to find out more about what CSE is: sign up and complete an on-line training course and tell 5 other people about CSE and encourage them to complete the course and sign the pledge too.

This Strategy takes into account the national guidance, reports of recent high profile cases across the Country, the Ofsted thematic CSE Review and other research of note.

Swindon Borough Council's Commitment and Strategy

Whilst those who have worked in children's services for many years know that CSE is not a new phenomenon what is new is the level of professional and public awareness generated by recent high profile cases and what has been discovered about what may be new and more organised patterns of abuse. Hence, it has become everybody's responsibility to identify, prevent, and protect children and young people from this form of abuse

We know that CSE takes place in many towns and cities across the country. In this instance, Swindon is no different and we wish to take a zero tolerance approach to this crime.

Swindon Borough Council is committed to the same three strands of activity for its strategy and delivery plan as the Swindon LSCB, that being to Prevent, Protect and Pursue. It is fully committed to working with the LSCB and its partners, both statutory, voluntary and community based in order to provide an effective response.

An effective response means that we will:

- maintain good strategic leadership,
- performance manage our service delivery and provide good services to children and young people that need it,
- involve and engage the community to raise awareness

- disrupt perpetrators and support the police to prosecute offenders whenever and wherever possible and
- ensure we learn from good practice and relate this back to our own provision

Some areas of the Council's activity already demonstrate a good understanding of the forms of CSE and provide good services, some less so and practice is developing across the Country, not just in Swindon. We want to learn from the challenges highlighted nationally and apply the learning locally to ensure we support staff to be open to the issues of CSE in their day- to- day activity. We want to challenge where needed whilst fully supporting the need for excellence in partnership working and intelligence gathering. Consistency in each of the three strands of the strategy will be the challenge in what is an incredibly difficult form of abuse to identify and support young people to disclose.

Although CSE is not solely a children's issue and requires effective work and engagement from across the whole of the council's services the delivery plan will be led by and regularly reviewed by the Children's Services senior management team and the delivery plan adapted as required to enable a robust response and approach to CSE (and Missing Children). However they will rely on service leaders from across the Council to engage with them and support activity or lead activity to address the need to prevent, protect and pursue. The overall strategy and effectiveness of the delivery plan will be led and monitored by the Cabinet Member Children's Services with Council's Corporate Board, and scrutinised by elected Members.

Much work has already taken place with schools, providers of services, raising children and young people awareness and across agencies and council departments. But we are not complacent and more can and will be done to secure an excellence in our services and a zero tolerance approach to CSE. We are committed to further refine and developing our approach and work with our partners and in particular the Police as more becomes known about this form of child abuse. It is hoped in particular that the development of a multi-agency safeguarding hub (MASH) in Swindon will enable an enhanced approach at the front door to our services by identifying risk indicators of CSE much earlier and enabling earlier intelligence sharing.

It is proposed that an annual report is prepared for the relevant Council body and LSCB on the evidence of effectiveness, the prevalence as far as can be ascertained and the achievements and challenges the Council has identified in the preceding year.

Prevalence & Research

In April 2014, a literature review was commissioned and compiled by the Council's Strategy and Research team in response to a request from our service. It incorporated a literature review from across the country on prevalence, risk, best practice and evidence of 'what works' in responding to CSE, as well as six in-depth interviews with practitioners in the UK, exploring individual local approaches.

Its report noted that data on prevalence of CSE can be contradictory; some studies suggest a possible reduction in recent years, whilst knowledge from specialist teams has identified a sharp increase in case referrals, further to the instigation of the specialist team itself.

Statistics indicate a recent rise in victims aged under 16 in the UK (relative to age 16 – 18). Any statistics on prevalence are however likely to be underestimates, due to the amount of activity that goes unreported.

There are recommended data sources for starting to build a picture of local prevalence and this needs to be developed further in Swindon to allow us to build a richer picture of prevalence and local intelligence. However, given the disparate electronic database resources and recording practice this will be a challenge for all child care professionals across the county and not just in Swindon. At this time there is no national definition, data set/collection or benchmarking conducted which makes it much harder for our area to ascertain our effectiveness.

Data collected locally in September 2014 suggested there were around seventy cases known to children's social care in Swindon in the preceding three years where CSE was a possible or probable concern. Of these approx. 25 were of a high or medium risk nature across this 2-3 year time frame. There was a range of forms of abuse described and a range of ages and ethnicities for the victims. Alleged perpetrator information is sparse but indicates a cross sample of ethnicities as well. This would fit the national research which indicates perpetrators come from a diverse range of backgrounds despite on occasions the prevalence of reporting in the media re Asian communities.

One common feature and high- risk indicator that CSE may be a factor for a child is a child going missing from home (or placement). Hence there are specific links built into the work of the LSCB, child protection procedures and the Boards 'Missing Children sub group' to ensure connections are made for children going missing and children for whom there may be CSE concerns. Hence, data linked to missing children is also used in the identification of prevalence.

What we know about our performance

There have been three key practice assessments and /or audits conducted since March 2014 plus an external inspection that have further informed our view on what we know about our practice.

Ofsted Inspection:

Firstly, Ofsted conducted the Single Inspection Framework inspection in March 2014 which assessed performance in Swindon Children's services and at the same time Ofsted reviewed Swindon's LSCB.

Ofsted found in the headlines section of the report that the:

'strategic overview of child sexual exploitation (CSE) is robust. However this is not yet translated into consistently high quality and timely practice by staff working within children's services'

In the more detailed section Ofsted said that:

'The strategic overview of CSE is well embedded across the partnership, with some effective practices taking place to share information about vulnerable young people and disrupt patterns of activities. A dedicated post within children's services links directly with other agencies and service providers to support a coherent approach to the CSE strategy. Awareness raising of CSE is on-going across the partnership, including amongst hoteliers and other providers of night time services such as taxi drivers and takeaway outlets' and 'Highly vulnerable young people identified as being at risk are discussed at the monthly Multi-Agency Risk Panel (MARF). Through the dedicated CSE worker, social workers will discuss referrals they will present at the panel so that action plans are established and the level of risk is appropriately identified and shared with all agencies. Whilst there is confidence in the strategic overview of CSE, it is less clear how social workers respond to referrals where CSE is an emerging factor and connected friends and groups of children are implicated in the information'

In response to the issues raised by inspectors, the service conducted an immediate practice audit. It also continued to address the findings of the Inspection through an 'Ofsted Action Plan'

Multi-Agency Risk Panel

The LSCB in May 2013 was supported by the Council to establish a Multi-Agency Risk Panel (MARF), which is now led and chaired by a senior manager from within Children's Services. It aims to facilitate the effective information sharing; intelligence gathering and care planning for the children/young people considered most 'at risk' in the area (- although not just from CSE it is predominantly CSE cases that the MARF considers) and has so far considered more than 25 children and young people. This forum provides a key activity around which we will all ensure

themes and trends, intelligence or areas of concern and good practice are used to better inform further service improvements or future resource needs.

Practice Audit:

As noted above a second practice audit of a number of cases looked at recent referrals (only) from September 2013 to March 2014 -the date of the Ofsted inspectors being present, which had highlighted the need to improve practice on the front line of social work services.

Positively it found that referrals were appropriate and initial assessments were conducted but that in headline terms three areas for improvements were found;

- Assessments were descriptive and gave a good account of the context but were not consistently holistic or analytical enough in developing an understanding of how the YP's vulnerabilities impacted on them or enhanced their risk of CSE.
- The CSE vulnerability/risk assessment checklist needed to be a component of the assessments undertaken in cases where CSE was considered a feature.
- That a deeper understanding and attitudinal change was needed by social workers

This last point identified a positive and widespread understanding of what indicates the signs and symptoms of CSE and the potential factors that pre-dispose vulnerability to it; however, there is a need for more in depth work to be undertaken when taking into consideration attitudinal changes to CSE across the workforce.

It was not uncommon it noted to see language such as "engaging in risky behaviour", "making lifestyle choices", "inability to understand risk she is placing herself at", "unmanageable". This phrasing and emphasis towards choice and problematic behaviour in relation to young people suffering CSE did not necessarily convey that the workforce has a deeper understanding of the victim nature of young people suffering CSE, such as the power dynamics that might be involved.

We know this last point about attitudinal behaviour is a common feature highlighted nationally for many workers needing to come to understand the context of this form of abuse and is not peculiar to Swindon but still needs to be addressed.

Work was strengthened in the service to ensure staff were accessing training, the issues were discussed and understood and the connections between key agencies were being made.

Thematic audit of CSE June-September 2014

Whilst continuing to address the issues identified by Ofsted and in the practice audit the need for a further thematic audit/review was identified –this to look at cases that had been worked with for longer periods and to provide a more qualitative measure. Involving front line practitioners and managers to help inform us about what more

subtle or organisational learning changes may be most effective in improving our work going forward.

This review/audit looked at in depth 20 cases that had been worked long term and identified similar issues to the practice audit, the headlines being:

- Recognition of young people at risk of being exploited and the most common indicators linked to CSE seem to be widely known by staff. However the robustness of response is less effective when the young person has not disclosed actual CSE or the quality of engagement of parents is variable.
- Some cases showed a lack of compliance with S47(child protection) processes which could have resulted in delaying effective intervention and engagement.
- It was not possible to evaluate fully the role of early help within the cases audited due to differences in the depth of case recording and inability to identify CSE cases systematically from early help records.
- Workers were able to reflect on how the young person's family experiences, history or life disadvantages could affect them, this was frequently however not included in case files and analysis on assessments but could be articulated and reflected upon by the current case holding workers. Hence case recording is an area for improvement to provide the needed 'audit trail'
- Overall it could be demonstrated that practitioners got to know families well, but it was less clear how well understood exploited young people actually were.
- The attitudinal element described earlier was evident still in some cases.
- Staff were found to be open to having more opportunities to learn more about working with CSE cases and they expect that there will be increase in this area of work.

It was also observed that, occasionally, this alertness to the risks of CSE by professionals can prove a hindrance when "along with a heightened awareness and understanding, came a heightened level of anxiety" especially seen in some professional teams working 'around' a child. Hence as a Council we will need to work with partners to ensure that anxiety management is not left to the social workers to do on behalf of the whole team around the child.

Hence all of the above learning from inspection and audits will be incorporated in our delivery plan in order to ensure that the response to CSE is right every time and of a good or outstanding quality.

The work above should be noted and it should not be forgotten that significant improvements have been made in understanding and recognising CSE over the past two to three years across all agencies.

What does good practice look like?

The literature review mentioned earlier noted there was not much available about what seems to constitute good practice however some has never been evaluated so

needs to be treated carefully to ensure good outcomes are being seen. In particular the good practice noted included the need for:

- A child (young person)-centred approach.
- Good recognition of the signs of CSE.
- That key to supporting young people experiencing CSE is good access for them to a range of services, attention, assertive outreach and advocacy.
- The need for non-time limited support in direct work with victims as being crucial to establishing trust, increasing the victim's understanding of abuse, and reaching disclosure - "a key attachment figure" (for that young person) being critical to reducing risk at an individual case level.
- Where young people are experiencing lower levels of risk availability of indirect support, which may include referrals to Child and Adolescent Mental Health Services or help in accessing sexual health services for example is needed.
- That use of secure accommodation (whereby the Court is asked to agree to lock up a young person for their own safety) is only considered where that young person is at serious risk of harm, and no other viable options exist.

What was difficult to ascertain in the research was what an 'optimum operating model' for managing CSE is. Whilst there are examples of areas that are responding well and consistently, there is little available that benchmarks 'what works' in terms of utilising a dedicated resource. In addition, some areas have only very recently funded or appointed CSE lead workers and the nature and scale of response varies significantly between authorities.

Hence, we will need to recognise we are working in an area where what works (has a meaningful long- term impact) is still largely unknown, but staying child focused will likely help ensure we are able to keep young people safer.

We do know that there is evidence showing the potential negative impacts of an under-developed approach to CSE that we can learn from.

Serious case reviews has shown problems where there has been confusion about sexual activity and the issue of consent (i.e. assuming those aged over 16 are engaged in consensual activity); linking CSE to risk taking behaviour (rather than viewing that young person as vulnerable); and a lack of action following disclosure, meaning that abuse was allowed to continue. We will need to be mindful of this within our services. We must also find ways to work with young people who do not see themselves as victims or at risk and sometimes refuse to engage in work with professionals.

Recent research has also highlighted the potential negative health consequences associated with not identifying risk soon enough – including Post Traumatic Stress Disorder (PTSD), substance misuse, self-harm, STIs, depression, eating disorders and flashbacks.

We will therefore also need to develop our operational approach to CSE including defining further our thresholds for services across early help and children's social care that specifically relate to CSE risks

The following delivery plan identifies the key areas of activity, practice development or areas for focus that will make the children and young people of Swindon safer.

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Key Areas of Activity- Three Year Delivery Plan
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NB: The working copy of this delivery plan will have action owners, specific tasks and target dates for completion. The actions listed below are listed to enable an overview of the areas that will be acted on.

Key Area	Actions
Leadership & Management:	
	Elected Members Briefed, all have done the on line training as a minimum and are engaged in raising awareness in their localities.
	Corporate Board and Senior Leaders aware and engaged across Council
	Whistleblowing policy effective across the Council
	Data of prevalence, research etc is used to inform and revise the CSE strategy and ensure adequate resource provision
	Local arrangements with partners are effective, and challenged if needed
	Ensure staff across the Council are briefed on the CSE Strategy & they know what their role is in relation to it.
Community Engagement:	
	Development of community communication & engagement strategy -to include work of the Communities/Localities staff
	Ensure good engagement and understanding in Schools
	Develop ways to engage young people and help to educate them about areas of risk and prevention
	Identify who in our BME community to best speak to and discuss how we reach their community -to include work of the Communities/Localities staff
	Introduce a zero tolerance to CSE Pledge
Case Identification:	
	<ul style="list-style-type: none"> • Role of early help provision is supported to prevent CSE • Use of tools- screening tool, handbook is enhanced and supported

Role of others across council in identifying intelligence is enhanced and further developed (to include actions for Leisure, Housing, Licensing –off licences, taxis, hoteliers, localities staff)
Role of schools in identifying victims is enhanced and supported (truant, poor behaviour indicators, referral etc)
Exploration of a MASH for Swindon
Practice Development:
<p>Social Work Practice Improvements to include:</p> <ul style="list-style-type: none"> • Better use of tools- screening tool, handbook, • Minimum standard of case work document to be developed • Further improve management oversight • Further improve case working (care plans) • Ensure missing children processes compliance & intelligence to inform continued improvements in case-working • Ensure further improvements in risk management and understanding across all cases • Role /requirements of the Outreach Service defined • Threshold criteria to be specified for CSC and CSE cases • Role of dedicated worker –recruit, define, ensure the role is effective
Define model of proposed case working with the benefit of research and best practice examples shared nationally
Ensure good engagement in the LSCB CSE & Missing Sub group to ensure effective liaison(Chair Wilts police)
Undertake evaluation of the Multi-Agency Risk Panel that the Council leads and Chairs
<p>Training & development of staff- on line course. LSCB led</p> <ul style="list-style-type: none"> • Ensure meets needs • Ensure all relevant staff across the council attended
Enabling partners to support their staff so that SWs are not carrying out this function
Taxi licensing to include CSE training, checking and vetting, and drivers alert to issues to aid identification of risk
Support local hoteliers to be alert to CSE
Role of Early Help professions. i.e. YEWS, EWO's, YOT, School nurses to be further enhanced
Housing staff to be trained and alert to CSE risks and contribute to prevention and protection as appropriate
Leisure staff to be trained and alert to CSE risks and contribute to prevention and protection as appropriate
Legal Services to research and identify what legal powers are available to the Council and advise support and assist relevant services as and

when these powers may need to be deployed
Long Term & Therapeutic Support for Victims:
<ul style="list-style-type: none"> • Define commissioning need • Barnardos current spot purchasing for long term support to be reviewed • Use young people's feedback to inform 'what works'
Engagement with LSCB:
Ensure we fully support the LSCB to engage all areas of the wider children's workforce and community
Data Set:
Develop a robust multi-agency local data set in order to develop further our intelligence, direct resources, benchmark Inc: Cross reference soft data- i.e. truant, missing, exclusions
Campaign for a national definition and data set
Prevent:
<p>Ensure staff are supporting the use of disruption activity that use the full range of powers available to the Council- including</p> <ul style="list-style-type: none"> • Links to CSP • Enforcement • Housing • Licensing