

Devon Children's Residential
Services.

Community Residential Homes.

Working with Children and Young
People at Risk of Child Sexual
Exploitation.



Contents

Section	Title	Page
1	Introduction	3
2	Aims and Purpose	4
3	What is Child Sexual Exploitation? (CSE)	5-6
4	The Role of Inter-Agency Partnerships in Challenging Child Sexual Exploitation	7-11
5	Timely and Effective Interventions from Services	12-13
6	Devon Children's Residential Service Procedures	14-17
7	Child Sexual Exploitation Team	18-19
8	Local Police Procedures and Support	20-22
9	Awareness and Preventative Education	23-24
10	Staff Training	25-26
11	Recovery from Child Sexual Exploitation	27
12	Final Note.....	28
13	Appendices	29-74

Introduction

' "For children over 10, sexual exploitation is the most pressing and hidden child protection issue in this country." '
(Anne Marie Carrie, Barnardo's)

Children's Residential Services recognises the need to take a proactive approach to protecting children and young people both at risk of, and exposed to Sexual Exploitation.

This Policy sets out the procedures for safeguarding and protecting the welfare of the young people living in the Community Residential Homes, who go missing and are at risk, or are the victims of, Child Sexual Exploitation by the identification of those young people at risk, the context and circumstances in which exploitation may take place, and the strategies necessary to reduce the risks.

In order to reduce the harm and threats posed to children and young people, this policy details Inter-Agency Partnerships to assess risk, manage risk and provide an effective service to protect children and young people from Sexual Exploitation.

This policy is to be used in conjunction with the South West Peninsula Child Sexual Exploitation Standard Operating Protocol and Strategy (Launched March 2103) which can be found at <http://www.torbay.gov.uk/csestrategy201215.pdf>

Aims and Purpose

- ❖ To identify those at risk of going missing and being sexually exploited.
- ❖ To employ solution-focussed problem solving to address the risks associated with victims, perpetrators and locations in the community, prioritising the safeguarding and welfare of the children and young people within effective multi-agency working.
- ❖ Residential Services to work collaboratively with all agencies, ensuring that information sharing is a high priority. To provide effective procedures to recognise links between children and young people who are missing and at risk of Child Sexual Exploitation.
- ❖ People's Services need to provide timely and effective interventions to safeguard those who are vulnerable to going missing and sexual exploitation within the Community Residential Homes.
- ❖ To aim to ensure that any assessment provided by referring agents e.g. Social Worker must identify clearly where Child Sexual Exploitation risks exist and what Diversionary Planning has been undertaken to address this.
- ❖ To facilitate Awareness and Preventative Education for those children and young people who go missing and are or may be sexually exploited.
- ❖ To provide appropriate Child Sexual Exploitation training for all residential staff, which is regularly reviewed and updated.
- ❖ To promote continuity of and expansion of provision of Psychological support from CAMHS to Community Residential Homes which will provide immediate guidance, a Mental Health Worker attached to each home, Consultant Psychiatrist and Clinical Supervision.
- ❖ To promote awareness that exposure to Child Sexual Exploitation results from a complex set of factors, therefore withdrawal from Child Sexual Exploitation and Recovery is just as complex, particularly if there is a strong dependency relationship with the abuser.

What is Child Sexual Exploitation?

Sexual Exploitation is child abuse and children and young people who become involved face huge risks to their physical, emotional and psychological health and well-being. Victims of this abuse include boys and girls, it is not gender specific.

Sexual Exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, attention, gifts, money) as a result of them performing, or others performing on them, a sexual act or acts. Child Sexual Exploitation grooming can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

How do children and young people become involved?

The common issues and reasons can be due to a number of factors including a young person's low self-esteem and a poor self-image. Young people who run away from home are recognised as being more at risk of being targeted as a victim of sexual exploitation. It is therefore essential that all agencies recognise this factor and work hard to ensure existing policies are stringently followed.

Vulnerabilities are identified and targeted by the abuser, whether the young person is living with their family, looked after, away from home or they have run away. Figures show that the majority of CSE victims are actually living with their families.

It is often the case that children and young people do not perceive themselves to be victims, as they consider that they have acted

voluntarily. The reality is that their behaviour is not voluntary or consenting.

Carlene Firmin, Assistant Director, Youth Justice & Child Sexual Exploitation for Barnardo's has written a paper on the effective work with sexually exploited children and young people. Key messages from Barnardo's research and evaluation are as follows:

The characteristics of YP at risk of CSE

- ❖ A disrupted family life, separation and being in local authority care
- ❖ A history of abuse and disadvantage
- ❖ Problematic parenting - inconsistency and poor relationships
- ❖ Disengagement from education - exclusion or truancy
- ❖ Going missing from home or care
- ❖ Drug and alcohol misuse
- ❖ Poor health and well-being, low self esteem

Key findings from research

- ❖ Prevention and early intervention are vital when indications of risk are first identified
- ❖ Many young people at risk of exploitation have been failed by services at an early stage in their lives
- ❖ A pro-active approach to identify Sexual Exploitation and the development of detailed protocols are essential to effective intervention
- ❖ Specialist services play a key role in engaging with this hard to reach and vulnerable group
- ❖ Continuity of care is essential
- ❖ Responses to young people at risk of Sexual Exploitation are undermined by resource constraints

These key messages from Barnardo's research and evaluation, are equally relevant to Children and Young People within the Devon Children's Residential Service.

The Role of Inter-Agency Partnerships in Challenging Child Sexual Exploitation.

"The time for excuses and blame is over - we must all work together."

David Cameron, Prime Minister 09.06.2013 talking about child online abuse and pornography

Child Sexual Exploitation takes place in local communities and information known to partner agencies could be used to highlight the threat and establish risk. It is anticipated that an improved intelligence picture will enable effective action in a greater number of cases of Child Sexual Exploitation, thereby reducing the harm which would otherwise be caused to the young victims and their families.

Information sharing and co-ordinated responses results in a greater ability to disrupt perpetrators and provide early intervention to reduce harm. As well as protecting and safeguarding children and young people, partnership working promotes a range of specialist knowledge which will increase the understanding of the threat posed by those who are missing or at risk of CSE.

Professionals can only work together to safeguard and promote the welfare of children and young people if they share relevant information.

Effective information sharing underpins integrated working and is a vital element of both early intervention and safeguarding.

Key Messages

- ❖ The welfare of a child or young person is paramount and must be the first consideration in all decision making about information sharing

- ❖ Professionals can only work together to safeguard and promote the welfare of children and young people if they share relevant information and understand its relevance.
- ❖ Only share as much information as is needed but share enough to achieve the purpose for which information is being shared
- ❖ Recognise that where a child, young person or family needs the support of a number of different agencies, information sharing will be an on-going process and there may be more than one information sharing protocol to take into account across agencies, but all are governed by child protection principles (see below)
- ❖ It is standard practice to obtain consent to share information although there are exceptions to this in child protection cases, for example, situations where a child would be considered to be at risk of significant harm or a Police investigation into a serious offence would be prejudiced.

Obtaining and Sharing Information

- ❖ The sharing of information must have due consideration to the law relating to confidentiality, data protection and human rights. Having a legitimate purpose for sharing information is an important part of meeting those legal requirements. It is important only to share as much information as is needed and records should be accurate, relevant and up to date.

Confidential Information

Confidential Information is:

- ❖ Private or sensitive personal information
- ❖ Information which is not already lawfully in the public domain or readily available from another public source
- ❖ Information that has been shared in circumstances where the person giving the information could reasonably expect that it would not be shared with others

This is a complex area and you should seek advice from your Line Manger, if you are unsure about confidentiality.

Residential staff may lawfully share confidential information without obtaining consent if this can be justified in the public interest. Judgement is required on whether there is sufficient public interest using the facts of each case individually. Public interest can arise when protecting children from significant harm, promoting the welfare of children or preventing crime and disorder.

Proportionality and necessity are factors to be taken into consideration when deciding whether or not to share confidential information. In making the decision, Residential staff must weigh up what might happen as a result of the information being shared against what might happen if it is not and apply their professional judgement.

The nature of the information to be shared is also significant where the information is sensitive and has implications for the Residential staff's relationship with the individual, recognising the importance of sharing information in a timely manner if it is in the child's best interest to do so. It is helpful to record on the child's file why you have decided to share (or, in some instances not share) a particular piece of information.

Obtaining consent

Consent must be informed, in other words the person giving consent needs to understand:

- ❖ Why the information needs to be shared
- ❖ Who will see it
- ❖ How much will be shared
- ❖ What are the purposes and implications of sharing, including the impact on the child/young person

It is good practice for the Community Residential Homes to set out their policy on sharing information when children and young people first join a service and when securing information, the process should be transparent and respect the individual. Consent must not be obtained by coercion and must be sought again if there are to be significant changes in the use of the information.

A child or young person, who is able to understand and make their own decisions, may give or refuse consent to share information. This would generally include children aged over 12, although younger children may have sufficient understanding. The child's view should be sought as far as possible. If a child is competent to give consent or refusal but a parent

disagrees, each individual case should be considered and again professional judgement should be applied.

When assessing a child's ability to understand, Residential staff should explain what is needed in a way suited to their age, language and likely understanding. Where a child cannot consent, a person with parental responsibility should be asked to do so, on their behalf, although there are circumstances where this might be inadvisable. Where parenting is shared only one person with parental responsibility for a child needs to give consent.

It may not be appropriate to let a person know that information about them is being shared nor to seek their consent to share the information. For example, this would arise when sharing information is likely to hamper the prevention or investigation of a serious crime or put a child at risk of significant harm. In these circumstances, Residential staff need not seek consent from the person or their family nor inform them that the information will be shared.

Similarly, consent need not be sought when practitioners are required to share information through a statutory duty or court order. However, in most circumstances they should inform the person concerned that they are sharing the information, why they are doing so and with whom.

Sharing Information Appropriately and Securely

Information should be shared in accordance with the principles of the Data Protection Act 1998 and follow the policy and procedures of Devon Children's Residential Service.

Residential staff should:

- ❖ Only share the information which is necessary for the purpose
- ❖ Understand the limits of any consent given, particularly if it is from a third party
- ❖ Distinguish between fact and opinion
- ❖ Only share it with the person or people who need to know and check that the information is accurate and up to date
- ❖ Record decisions on sharing information and the reasons for doing so or not
- ❖ If deciding to share the information, record what was shared and with whom

Information Sharing Checklist

- ❖ Do I already have informed consent to share this information?
- ❖ Is the information sensitive and personal?
- ❖ Do I need consent to share the information?
- ❖ Have I a legal duty or power to share the information?
- ❖ Whose consent is needed?
- ❖ Whose information is this?
- ❖ Would seeking consent place someone at risk, prejudice a Police investigation, or lead to unjustifiable delay?
- ❖ Would sharing the information without consent cause more harm than not sharing the information?
- ❖ What will be the impact on the child/young person of sharing the information?
- ❖ How much information is it necessary to share in this situation?
- ❖ Am I giving this information to the right person?
- ❖ Am I sharing this information in a secure way?
- ❖ Does the person I am giving it to know that it is confidential?
- ❖ What will they do with it?
- ❖ Is the service user aware that the information is being shared (where this would not place someone at risk or prejudice a Police investigation)?
- ❖ Have I distinguished between fact and opinion?
- ❖ Does the person who is giving consent understand the possible consequences of sharing the information?

Working in partnership is crucial to tackling Child Sexual Exploitation. All professionals working with children and young people should have a shared understanding of the risks they face and adopt a shared protocol with the use of shared language.

Timely and Effective Interventions from People's Service.

The earlier that Child Sexual Exploitation or the likelihood of it can be identified, the more opportunities there are to prevent or minimise the harm suffered by a child or young person.

When we consider the key findings from Barnardo's research and evaluation, it is clear that a proactive approach and detailed protocols are required, specialist services are needed, prevention and early intervention is vital and that the risks of CSE can be undermined by resource restraints. When taking all these elements into consideration, it is essential that there is an effective response from People's Services when the risk of or actual CSE is identified in order to support victims to escape and consequently address perpetrators. Victims need a helpful, swift, understanding and supportive response which is co-ordinated across partnerships. Such support needs to be continued to aid understanding for the children and young people in how they will be helped in the future. Support needs to be predictable for the young person and our Service.

People's Service needs to support Children's Residential Service when risks are escalating and experienced Residential Managers assess that the current situation for a particular young person or the dynamics of the group living situation needs to be addressed;

- ❖ Alternative accommodation needs to be found
- ❖ Additional staff may be needed due to escalating risks
- ❖ Specialist services for support for the young person (mental health, sexual health, CSE.....)
- ❖ Consideration to admissions and group dynamics within the home
- ❖ Appropriate paperwork and Carefirst entries from Care Managers
- ❖ Prompt response to requests for Strategy Meetings
- ❖ Acknowledgement of the Ofsted National Minimum Standards for Residential Childcare and how these Standards and the Gradings are continually changing

- ❖ If a young person is removed from the home due to the risks of CSE, it may also require that the young person is not placed in the same geographical area due to established associates
- ❖ Awareness of the friendship groups and connections with other children in care, consider that the effect of CSE may be on the majority of the group living at the home or that the network of friendships include all areas of care making the abuse far more complex. Careful consideration is a must if the young person is to be supported in Recovery

It was evident from the Munro Review of Child Protection that services must consider the whole of the child's journey and the effectiveness of the contribution of all the agencies.

People's Service needs to take strategic action to secure a sufficient range of accommodation for all their Children in Care and Care-Leavers. This should include having the capacity to access the accommodation that is able to protect young people from Sexual Exploitation.

Devon's Community Residential Homes Procedures.

Children and young people who are at risk of or victims of Sexual Exploitation are vulnerable individuals who require specialised, appropriate support. They can suffer long-term physical and psychological damage which requires detailed interventions and those who are at risk require educative preventative work in an attempt to lessen the risk. The aim of Devon Children's Residential Service is to reduce risk factors associated with CSE in the hope that each young person can lead a harm-free, positive lifestyle in the community.

Interventions for young people who have been sexually exploited are paramount, as in the absence of intervention the young person's level of risk changes. Early interventions for young people with CSE concerns should be common practice. This could ensure that overall expense and support needed could be lessened, as the long-term physical and psychological damage would need to be addressed on a lower level. (Evidenced by Barnardo's working with Pro Bono Economics, Reducing the risk, cutting the cost, September 2011).

Children's Community Residential Homes Procedures.

Relevant Paperwork:

- ❖ A CSE folder needs to be in place in each Residential Home. This folder needs to be GREEN in colour to match the other relevant Ofsted folders for inspection. This folder is to be kept within the Home for current concerns and to refer to in the future. (See Appendix 1)
- ❖ Section 8 of the YP file has an additional title page (See Appendix 2). This section will include the key pieces of information and recording with regard to CSE risks and this information will be transferred to the new placement.
- ❖ Within the CSE folder there is a simple Step-By Step guide to support RSWs in remembering all actions required by them to support and safeguard young people at risk or exposed to sexually

- exploitation. (See Appendix 3) This guide compliments the policy and can be used in conjunction with Staff Induction.
- ❖ During an Emergency Admission, there is a specific question relating to CSE within the Referral Questions Checklist. (See Appendix 4)
 - ❖ During the 72hrs Placement Meeting, the set proforma has an additional CSE question added to ensure all details are obtained. All this information then informs the Care Plan. (See Appendix 5)
 - ❖ The Joint Police-'Home' Risk Assessment Profile should be completed to ensure that the Police are fully aware of current risks, antecedents and photo of young person. (See Appendix 6)
 - ❖ The young person's Welcome Pack within each Home will include the "Running Away/Going Missing" leaflet so that young people are fully aware of what might happen if they are missing and who can support them other than their Care Manager and Care Staff. (See Appendix 7)
 - ❖ Within the admission process the Devon Children's Residential Service Screening Tool has been amended to include questions relating to Putting Yourself at Risk from Sexual Harm. This will provide another avenue to ensure information on CSE is sought as well as giving the young person an opportunity to discuss in an environment that suits their needs, other than a formal meeting setting. (See appendix 8)
 - ❖ When an incident occurs, the Devon Children's Residential Service incident form will be used. This form has an additional CSE tick box at the beginning of the form and a contact CSE team reference at the end of the form. (See Appendix 9)
 - ❖ There is a CSE/Missing Significant Events form which needs to be instigated at the beginning of any concerns and used as an on-going form to document all the relevant information. Such recording supports High Risk Level Meetings, Police Communication, building patterns etc..... (See Appendix 10)
 - ❖ CSE/Missing, Known Associates and People of Interest Form needs to be completed and filed within Section 8 of the Young Persons File and within the Home's CSE file. This information is relevant for current concerns and information sharing as well holding for future reference for other young people. (See Appendix 11).
 - ❖ If a young person is also missing, staff to follow procedure. This is detailed on the Missing Referral Pathway (Draft, See Appendix 12). Also the Guidance - Missing Devon Children details that Practitioners contact the Police, complete M6 form and SWRW's

complete CS38. (This policy also in draft form.) Return Interviews for missing young people must be completed by the Social Worker unless there is a specific need for an independent person which can be arranged via the REACH team. In addition the Devon Children's Residential Services Misper form has an added section for CSE and risk criteria. (See Appendix 13)

- ❖ Ensure that any suspicions/intelligence that staff may have with regard to perpetrators is completed on all in-house paperwork as well as the Police-'Home' Communication Profile. This should be discussed and emailed to the Home's Youth Intervention Police Officer and PCSO. If concerns escalate then it is possible that Residential Staff and the Police will collaboratively prepare a Section 2 Abduction Order. (Full details in Section 8, See Appendix 14)
- ❖ Complete a Devon Children's Residential Service CSE Referral Form. This form is placed in the CSE Folder and Section 8 of the YP file. This provides evidence required for Ofsted Inspection and to ensure that Information has been shared by Residential staff. (Full details in Section 7, See Appendix 15)

Relevant Procedures:

- ❖ Each Home will nominate a Shiftleader to become the CSE Champion. The CSE Champion will work alongside the Home's Managers and the REACH Team (Reducing exploitation and absences from care and home). The Champion will monitor the CSE folder, on-going risks, and completion of educative resources and ensure that all information is shared at relevant Missing/CSE Monthly Forums.
- ❖ At Admission, Residential Managers and the Operations Manager would consider referrals dependent on both current and potential group dynamics and risks. Such consideration would be reliant on detailed known risks, any Diversionary Planning which has taken place, CSE2 RA.....
- ❖ If a young person has been placed in Children's Residential Service with a history or CSE risk, due consideration will be given to the allocation of a Link-worker. Our paramount aim is to provide positive role-models who demonstrate positive relationships with young people; however we must consider the needs of the young person with regard to risk assessment and request by the placing

authority or young person. The Link-worker or another RSW, dependent on strength of relationship with the young person, can use the preventative educative resource of Bwise2 Sexual Exploitation pack from Barnardo's. Each Home will purchase this pack as this educative resource is also employed by the CSE team. Further educative work can be completed using the Home's Independence Programme, C-card Scheme etc.....

- ❖ If a CSE concern has been highlighted then a Schedule 5 Notification must be sent to Ofsted.
- ❖ Residential Managers are able to input data onto Carefirst; all information needs to be highlighted to management so that information is current within the Carefirst system for all concerned.
- ❖ Enhanced Psychological Support for Devon Children's Residential Service will provide additional resources for the teams. A designated Mental Health Worker will be attached to each Home for support, as well as Clinical Support each month.
- ❖ Timely and Effective Interventions will be provided by People's Services when the risks within the Home and the community are too high and safeguarding is jeopardised. This may be additional staffing, placement move.....
- ❖ When a young person is discharged from our Residential Service, staff must ensure that Section 8 of the YP File is completed; the information relating to the young person within the CSE Folder is complete and archived within a different section of the folder. It is likely that the discharge will be emergency based, so staff must ensure that Referral Forms, Known Associates, CSE2 RA is passed immediately to the new placement.

As relating policies are also in draft form, this policy will need some amendments once final drafts and more information is available.

REACH - Reducing exploitation and absences from care and home

The team for Child Sexual Exploitation consists of an Advanced Practitioner, Social Workers and Youth Workers. The youth workers in the team will carry out Return Home Interviews for young people who have been missing (unless child in care in which case the social worker will complete the interview) via this initial route, the team will identify those at risk of going missing and being sexually exploited. There will be solution-focussed problem solving to address the risks associated with victims, perpetrators and locations in the community, prioritising the safeguarding and welfare of the children and young people within effective multi-agency working.

The team will have a specific role in collating information to provide preventative work, safeguarding and recovery of victims. The social worker in the team will work alongside nominated social workers to undertake specific pieces of protection work with children at risk of or suffering child sexual exploitation. With regard to Residential Children's Services the team will also work closely with Children in Care providing Individual Specialist provision, training for staff and group-work for the residents of the Homes.

Referral Pathway (See Appendix 12)

- ❖ Residential Workers report a Young Person as missing and/or CSE risk to the Police
- ❖ The Police refer this information to MASH which is triaged for CSE, missing and data collection
- ❖ Residential Workers can contact the CSE Advanced Practitioner in the REACH team for consultation at any point
- ❖ When the Young Person is in Care the localities teams will manage the case, completing a CSE 2 Risk Assessment (M7). The CSE team Advanced Practitioner will discuss the direct work and support for the Young Person
- ❖ CSE team to complete CSE 2 Risk Assessment with the young person and a plan of work to be undertaken. This work will be

reviewed in 6 weeks, allocated to long-term work or signposted to partner agencies

- ❖ All case recordings will be on Carefirst 6
- ❖ Monthly there will be Multi-Agency CSE and Missing Forums in localities to discuss concerns, share information and plan for change. Residential CSE Champions will attend these forums when required identifying incident or cluster factors and raising concerns
- ❖ In addition there is a Devon Children's Residential Service CSE Referral Form. This will ensure that the correct and sufficient information has been highlighted and processed. This form can be shared with Care Manager, CSE team, Police and other Children's Residential Homes to ensure that information is shared. The form will be kept in Section 8 of the Devon Children's Residential Service File as well as the designated CSE file within each Home for reference. (See Appendix 15)

The REACH team are operational from 1st August and referral pathways and documentation is still in draft. This policy will be affected by changes.

Local Police Procedures, Support and Disruption of the Activities of Potential Perpetrators.

Information Sharing with the Police is paramount, all professionals can only work together to safeguard and promote the welfare of children and young people if they share relevant information. Effective information sharing underpins integrated working and is a vital element of both early intervention and safeguarding.

Perpetrators need to face a swift, robust and coordinated response which stops their abusive behaviour, limits their influence over victims and others, and has a determined focus on bringing them to justice.

All Residential staff follow the procedure for reporting a Young Person missing from care according to the *Guidance - Missing Devon Children* (Still in draft form). In addition, in order to safeguard young people in Devon Children's Residential Service, the Children's Homes develop a close working relationship with the Police.

Each Children's Home has an allocated PCSO who supports the Home and visits regularly. Such visits are necessary when the Law requires the Police to attend the Children's Home but the PCSO also becomes a 'familiar face' for young people and staff alike, for support. Furthermore, a Police Youth Intervention Officer is linked to each Children's Home in order to provide more detailed legal support and a direct link for anyone at the Home to the Police. Such a role has proved invaluable.

Devon Children's Residential Service has 2 designated forms that improve communication between our service and the Police.

- ❖ Shared Risk Assessment Profile - detailing Description, Photo, Known Associates, Antecedents to Care, Current Risks, Court Orders, YOT, Bail Conditions..... This form is sent to the Police as part of the Admissions procedure and is updated accordingly.
- ❖ Shared Communication Profile - detailing Intelligence, Suspicions and Known Convictions. This form requires both agency's agreement

and understanding, in order to ensure that such delicate information has been shared correctly and appropriately.

Devon Children's Residential Services works collaboratively with the local Police in providing intelligence to support Section 2 Abduction Orders against potential perpetrators. These Orders support the investigation and safeguarding of young people through the use of Child Abduction Warnings.

The Devon and Cornwall Police Guidance is aimed at tackling those incidences where young people under the age of 16 years (under 18 if in local authority care) place themselves at risk of significant harm due to their associations and the forming of inappropriate relationships. Sometimes this is with individuals who are much older than themselves. Part of their aim is to reduce repeat incidences of such children being missing from the care of those responsible for their welfare and to reduce risk that these children are being exposed to.

Legislative Basis

There is no statutory or legislative provision dealing specifically with the issue of Child Abduction Warning Notices. Breach of a notice is NOT a criminal offence. These notices are simply part of an administrative process. If issued properly, these notices can provide evidence to support the prosecution of other criminal offences and/or to support civil proceedings such as ASBO's, evictions or injunctions. The issuing of a notice does however also 'advise' the recipient that the police are keeping a watch of their activities, which could have a knock-on effect of reducing risk or harm to young people.

Child Abduction Notices are issued to suspects / associates who are believed to place the subject at risk of offences being committed against them, in particular, the following legislation:

- ❖ If child is under 16 years of age - **Sec 2 Child Abduction Act 1984**
- ❖ If child is under 18 years AND in local authority care under Section 30 Children Act 1989 - **Sec 49 Children Act 1989**

Types of Child Abduction Warning Notices

There are two types of Child Abduction Warning Notices - one for a child under 16, who is not in the care of the local authority and one for a child under 18, who is in the care of the local authority under Section 31 Children Act 1989.

- ❖ **Children under 16 who are not in local authority care -**
To issue a warning notice in these circumstances a complainant statement from one of the parents (whoever has full parental responsibility) is required.
- ❖ **Children under 18 who are in local authority care under sec 31 Children Act 1989 -** The local authority will have full parental responsibility for the child. The notice in this case will be valid until the child is 18yrs or leaves local authority care, whichever comes first.

A section 20 voluntary accommodation order is when a child concerned is in local authority care but the parents still have parental responsibility. This would come under Section 2 rather than a Section 49.

In cases of an interim care order parental responsibility can be shared. In such cases it must be verified where the majority of responsibility lies and a statement taken from the majority holder. If this is the local authority then the statement can be obtained from the subject's designated social worker.

Awareness and Preventative Education.

Children's Residential Services has the aim of reducing risk factors associated with CSE which every child or young person that is placed in our care. Children's Residential Services has the opportunity to deliver age-appropriate information to Children and Young People that will enable them to understand and manage risks and make informed positive choices, helping to prevent sexual exploitation taking place and instilling resilience.

It is important that all Young People develop the knowledge and skills they need to make safe and healthy choices about relationships and sexual health. The aim is that we would help them to avoid situations that put them at risk of Sexual Exploitation and to know who to turn to if they need advice or support. Residential workers need to fully understand the risk indicators of CSE, the needs and increased vulnerability of children and young people and be able to prevent them from becoming a victim of Sexual Exploitation.

Residential staff need to remember that it is never too late to support a child or young person who is being sexually exploited. When professionals are able to identify those at potential risk and those exposed to Sexual Exploitation, then strategies can be used to reduce and eliminate risks.

The Residential Children's Homes have practical, educative resources and activities for the young people to complete during their stay in order to prepare them for Independence. All young people have informative and practical pieces of work to keep, to use, return to in the future and residential staff ensure when the young person leaves the Children's Home that any useful information is taken with them, even if this is via a new carer, who will keep the information safe for the young person depending on their current needs. Independence consists of Health, Sexual Health, C Card Scheme, Life Skills, Education, Training, Employment, CSE, Being in Care etc.....

There are two specific educative resources that Devon Children's Residential Services uses, any work that a Residential worker completes will be complimented by another specialist provision via the CSE team for the young person.

- ❖ Research suggests that there are a number of risk indicators associated with the onset of sexual exploitation; going missing or running away is a primary risk indicator. As already mentioned the 'Running Away/Going Missing' leaflet is provided for all young people in the Welcome Pack for each Residential Children's Home. This leaflet asks why the young person is running away, what is happening in their life, describes the process of the police and return interviews, it offers help and support and where to find the help needed. (See Appendix 7)

- ❖ Bwise2 Sexual Exploitation is a preventative education programme that has been developed by Barnardo's and funded by London Councils. This resource is also used by the CSE team so all work completed by Residential staff will only be complemented by the specialist provision provided by the CSE team. All the material in the programme is based on real cases as professionals need to be able to address this subject with young people using realistic resources. The programme describes vulnerability, difficult journey of adolescence, abusive adults who groom using subtle techniques, in the hope that young people make judgements about what is inappropriate, to think ahead and be wise for themselves and others. The programme is suitable for specialist settings such as Children's Residential, as it was developed and piloted in this area. It is also effective across a wide range of settings and is directly relevant to the PSHE curriculum.

Many Professionals don't feel sufficiently informed to address this sensitive issue. This programme equips those who work with children and young people to handle the subject of sexual exploitation with confidence and honesty. The pack provides session plans and activities, but it also gives the background information that facilitators need to have a firm grasp of the issues and be fully prepared.

Staff Training.

It is the responsibility of Devon County Council to ensure that single agency and inter-agency training on safeguarding and promoting the welfare of children and young people is provided to meet Residential Childcare needs. Devon County Council will consider the priorities for training locally and in doing so need to be aware of the importance of CSE. Child Sexual Exploitation training needs to consider the needs of the individual providers within People's Services.

Acknowledgement needs to be given to Residential Childcare. As front-line workers we require a level of training that addresses all areas of Child Sexual Exploitation;

- ❖ Identification
- ❖ Risk Management
- ❖ Information Sharing
- ❖ Working alongside Victims
- ❖ Educating Victims
- ❖ Knowledge of Perpetrators
- ❖ Community Locations

Devon Children's Residential Service is further supported by Service Around the Child (SAC) with psychological support. This support has been developed as it was recognised by both SAC and Residential staff that the mental health needs of the young people in the Residential Service had increased in number and in severity of need.

- ❖ SAC provides the Homes with Solution-focussed sessions on a monthly basis which address behaviour management, risk management, and Clinical Supervision
- ❖ Guidance on the appropriateness of referrals, offering a triage process
- ❖ Immediacy of guidance in high risk situations/cases
- ❖ Mental Health worker attached to each Home

- ❖ SAC Psychiatrist to offer dedicated consultant input/opportunity across the Homes
- ❖ Training to be provided in specialist areas of Mental Health, Coping Strategies for Children In Care, CSE.....

Recovery from Child Sexual Exploitation.

Sexual Exploitation has a serious impact on the lives of children and young people. It can lead to difficulties in forming relationships with others, a lack of confidence/self-esteem and can affect their mental and physical health.

Feelings of worthlessness can be created and lead to self-harm, including cutting themselves, overdosing and eating disorders.

The children and young people can be at increased risk of STI's including HIV, unwanted pregnancy, abortion and long-term sexual and reproductive health.

Gaining the children and young people's trust and confidence is important if he/she is to be safeguarded from harm and enabled to escape CSE.

The process of engagement with sexually exploited children and young people can be lengthy and difficult. It takes time for Professionals to build trust and overcome the resistance exhibited by trying to support the exit and recovery from such an abusive situation. Multi-agency care planning is essential.

Victims of CSE will be especially vulnerable. We must recognise that many children and young people might not think that they want or need protection from sexual exploitation, and could be resistant to what they perceive as interference from authorities. Perpetrators will groom their victims so they are compliant to being sexually exploited and are frightened to report their abuse.

Successful recovery must address the needs of the individual child or young person and be developed alongside their families and/or carers. Contact with appropriate family and friends needs to be re-established and the young person needs to be re-integrated into age-appropriate activities and lifestyles.

Recovery from such abuse will require long-term, inter-agency work based on a multi-agency Care Plan. Care Managers, Police, Residential Services and CSE team need to work collaboratively in the long-term. Such long-term work must be effective and consistent or sign-posting to other agencies may be required.

Final note.....

This policy should not be read, shelved and forgotten.....

Extensive work is underway across Devon County Council and there is still more detailed work to come. The Government have been clear and determined in action against CSE and we, at Devon County Council, need to ensure that work is comprehensive; that good practice is widely shared; and the actions of the different partnerships are complimentary.

This policy will be effective in tackling CSE, only to the extent that the actions within it are fully implemented. The policy details the actions required such as identification; solution-focussed problem solving; effective multi-agency procedures; information sharing; timely and effective interactions in order to safeguard; comprehensive risk assessments, on-going review of risks and interventions; preventative and awareness education; appropriate training and psychological support from CAMHS/SAC.

The different elements of this policy need to make a difference. The aim is to help to prevent CSE occurring, but in cases this may not be possible. Effective multi-agency work must be able to disrupt the activities of offenders and help victims and their families, in order to break free from Child Sexual Exploitation and recover.

What is needed is our devoted attention not our divided attention.....

The best service is the service closest to the young person.....

Appendices

Appendix 1

INDEX

<p><u>Section 1 Policy Information</u></p> <p>1.Working with Children and Young People at risk of C.S.E Policy.</p> <p>2.South West Peninsula Child Sexual Exploitation Standard Operating Protocol</p>	<p><u>Section 5 information gathering</u></p> <p>(Section 5 will have information from current and previous Y.P's to enable staff to identify any links or networking)</p> <p>Section 2 abduction orders Known associates and people of interest</p>
<p><u>Section 2 Procedures</u> Step by Step Guide to preventing and recognising C.S.E</p> <p>1.Introduction 2. What is C.S.E 3.Early warning signs of C.S.E 4. What to do if you are concerned a child is vulnerable to sexual exploitation</p>	<p><u>Section 6 Prevention information</u></p> <p>Useful contacts Resources</p>
<p><u>Section 3 Missing/C.S.E referral pathways</u></p> <p>CSE single agency C.S.E/ missing referral pathway. Missing referral pathway</p>	<p><u>Section 7 previous Y.P's</u></p> <p>Individual sections for previous Y.P's C.S.E information.</p>
<p><u>Section 4 Current Y.P's vulnerable to C.S.E</u></p> <p>Referral forms Police communication form Known associates/people of interest C.S.E 2 risk assessments C.S.E/missing significant events Key information and email correspondence</p>	

Appendix 2

Child Sexual Exploitation

Referral forms

**Known associates/people of
concern**

Police Communication Profiles

Minutes from Missing/CSE Forum

Key information and emails

Appendix 3

Recognising and Responding to Child Sexual Exploitation

A Step by Step Guide for Devon Children's Residential Services

This step by step guide aims to give you guidance to procedures and information which will help you safeguard our young people from child sexual exploitation.

Sexual exploitation affects thousands of children and young people across the UK every year.

As support workers in a residential setting we are responsible for identifying and preventing child sexual exploitation and taking effective steps to prevent future abuse to the young people that we work with.

What is child sexual exploitation (C.S.E)?

Child sexual exploitation is a type of abuse. It involves children and young people being forced or manipulated into sexual activity in exchange for something, this could be:

- ❖ money
- ❖ gifts
- ❖ accommodation
- ❖ affection or status.
- ❖ exchanges of sex for attention

CSE can be perpetrated by one person or an organised ring of people.

The abuser is able to sexually exploit the child due to an imbalance of power.

Early Warning Signs of C.S.E

- ❖ Going missing or running away
- ❖ Experience of being "looked after"
- ❖ Poor school attendance
- ❖ Drug and alcohol misuse
- ❖ Disrupted and/or violent family background
- ❖ Poor or broken relationships with primary carers
- ❖ A history of abuse
- ❖ Associating with risky / abusive adults
- ❖ Lack of awareness of sexual exploitation risks
- ❖ Low self-worth, including self-harming behaviours
- ❖ Inappropriate sexualised behaviour
- ❖ Receiving unexplained gifts or new possessions
- ❖ Sexual health concerns
- ❖ Friendships / living with other young people that are victims of C.S.E
- ❖ Offending behaviour / criminality
- ❖ Being bullied or threatened
- ❖ Mental health issues
- ❖ History of previous abuse
- ❖ History of previous C.S.E
- ❖ Peer violence

What to do if you are concerned a child is vulnerable to sexual exploitation

- ❖ Inform the unit manager, social worker, police, E.D.T, staff on shift and any other appropriate people such as Y.O.T and CAMHS via email.
- ❖ Start a running significant events to monitor and record the young person's movements and relevant information such as associates or known abscond addresses. Add this information to the C.S.E folder.
- ❖ Record information on daily running sheet, take care to make full use of the Specific boxes such as -health and safety concerns, child protection concerns and action taken and changes to risk assessment.
- ❖ Record relevant information on the shift planner to be handed over to the next shift.
- ❖ Update SSc12 Risk Assessment, Joint Police Risk Assessment and Handling Strategy.
- ❖ Send a C.S.E referral form to relevant agencies, also place a copy in the C.S.E folder and individual Y.P folder in section 8.
- ❖ Discuss with your manager / shift leader whether a schedule 5 notification needs to be completed.
- ❖ Discuss with the team what educational work can be done with the young person to prevent future occurrences of C.S.E.

- ❖ If you are concerned that a young person is vulnerable to C.S.E the police must be informed.
- ❖ If there is an immediate risk to the young person staff should inform the police via a 999 emergency call and in some cases the 101 police non-emergency line.

An important part of preventing and minimising C.S.E is communicating with other agencies. At Birchen Lane we have links with Tiverton Police station, this enables us to give the police relevant information and receive important information which helps us to safeguard our young people.

Our key links at Tiverton police station are shown below.

A Joint Police Risk Assessment Profile is completed when a child is admitted and this is passed to the key links.

Key links at Tiverton police station:

- Hannah Cortese - Youth Interventions Officer
- Rob Moss - Police Community Support Officer

Rob Moss regularly visits Birchen Lane, he will spend 1-1 time with the young people when visiting and also speak to the staff about any safeguarding and welfare concerns.

Appendix 4

Referral Questions

1. Young Person's details and Care First Number.
2. Current risks the young person is presenting and the impact / risks the young person may present within Birchen Lane's group living environment.
3. Is the young person likely to be at risk of, or put current residents at risk of CSE (child sexual exploitation)?
4. Previous placements and brief chronology.
5. No young person to be admitted without a current SSC12 risk assessment, this applies to emergency and planned admissions.
IF EDT ARE REQUESTING ADMISSION ASK THEM TO WRITE A BRIEF RISK ASSESSMENT IN EMAIL FORM BEFORE ADMISSION. Staff to copy this into SSC12 at later date.
6. Consider current dynamics within the group of young people. How would this admission affect the group?
7. Do not feel pressured to accept every admission. If you feel you do not have enough information don't be afraid to say that you need to discuss this with your manager, and you will phone them back in 15 minutes, which will give you time to have a think and look on care first.
8. Ring manager with details if you feel this unsure or have concerns.
9. If a planned admission, arrange a date for a placement planning meeting before admission.
10. If it is an emergency admission arrange a planning meeting within 72 hours of a young person moving to Birchen Lane.
11. **NO YOUNG PEOPLE WITH A TAG OR CURFEW.**

Appendix 5

DEVON CHILDREN'S RESIDENTIAL SERVICES

Young person residing at:

YOUNG PERSON'S PLACEMENT PLAN (In House)

To be prepared in anticipation of L3 arriving from placement review

Name:

Date of Plan:

DOB:

Link worker:

Date of Admission

Projected date of move-on:

Assessed needs of the young person

1. Health needs and promotion.

1a. Day to day unit action

2. Care needs (includes safeguarding and promoting welfare)

2a. Day to day unit action

3. Child Sexual Exploitation

(Has the young person currently or historically been at risk of CSE? All known associates names to be listed)

3a. Day to day unit action

4. Physical and emotional needs.

4a. Day to day unit action

5. Education and work targets. (state education provision)

5a. Day to day unit action

6. Cultural, religious, language and racial requirements.

6a. Day to day unit action

7. Leisure needs.

7a. Day to day unit action

8. Contact arrangements(Family, friends & significant others)

8a. Day to day unit action

9. Risk assessment update

9a. Day to day unit action

FUTURE APPOINTMENTS/MEETINGS

SUMMARY

Young Person (print)	Sign	Date
Linkworker	Sign	Date
Manager	Sign	Date

Appendix 6

Devon Children's Residential Services.

Young person residing at Birchen Lane.

Shared Devon and Cornwall Police/Birchen Lane Risk Assessment Profile.

FULL NAME OF YOUNG PERSON	Date of Birth
CARE STATU	Date of Admission
HOME ADDRESS OF Y/P Birchen Lane Children's Home 2 Birchen Lane Tiverton EX16 5DL	NEXT OF KIN OR NEAREST RELATIVE AND ADDRESS
NAMES AND ADDRESSES OF KNOWN ASSOCIATES:	Y/P LIKELY TO HEAD FOR .

DESCRIPTION OF CLIENT



AGE/DOB:	HEIGHT:	WEIGHT:
COMPLEXION:	COLOUR OF EYES:	HAIR COLOUR/STYLE

GENERAL APPEARANCE, BUILD ETC. DISTINGUISHING FEATURE

PHYSICAL/EMOTIONAL CONDITION:

RISK OF ASSESSMENT OF CLIENT

Antecedents

Current Risks

Court Orders, YOT Involvement and Bail Conditions

OTHER INFORMATION/CONCERNS

OUTCOME OF POLICE FORMAT RISK
ASSESSMENT
(DELETE AS REQD)

LOW

MED

HIGH

Signed:.....(person completing form)

Name:.....

Date:.....

Time:.....

ADDITIONAL INFORMATION			
SPECIAL OR ADDITIONAL FACTORS:			
Low Risk	<i>There is no apparent threat of danger to the subject or the public.</i>		
Medium Risk	<i>The risk posed is likely to place the subject in danger and/or they are a threat to themselves or others.</i>		
High Risk	<i>Risk is immediate and there are substantial grounds for believing the subject is in danger through their own vulnerability or the risk posed is immediate and there are substantial grounds for believing the public is in danger.</i>		
What do you consider to be the risk level?	INITIAL ASSESSMENT	HIGH	MEDIUM
State the reason for your choice of risk level:			
Signed:	Name:	Rank:	No:
Supervisor:	Name:	Rank:	No:

Appendix 7

Appendix 8

Devon Children's Residential Services

Young person residing at: B/C B/L R/R

HEALTH SCREENING QUESTIONNAIRE

NAME..... DATE: LINK WORKER

Please discuss the following questions with the young person.

ALCOHOL USE	
Do you drink alcohol? *	
Do you drink alcohol on a regular basis?	
Why do you drink alcohol?	
How does drinking make you feel?	
Is there any support we can put in place to help you stop drinking?	

DRUG USE	
Do you use illegal substances?*	
Does the thought of not using drugs make you worried, angry or depressed?	
Do you think drugs are taking over your life?	
Would you be willing to work with us to help you stop using drugs?	

SMOKING	
Do you smoke cigarettes?*	
How many do you smoke a day/week?	
Do you understand the dangers involved with smoke related diseases?	
Why do you feel the need to smoke?	

DEPRESSION	
Do you dislike yourself or your life?	
Do you feel sad or miserable for no apparent reason?	
Do you feel tired and/or become emotional over trivial things?	

PUTTING YOURSELF AT RISK OF SEXUAL HARM	
Do you feel confident to say no to sex? *	
Have you ever felt pressured to watch pornography, perform sexual acts or have sex?	
Have you ever been offered items in exchange for sexual acts?	
Do you feel you are being used by others?	
Do you understand the dangers involved with sexually related	

diseases?	
Do you feel you need help to keep yourself safe from others and your own decision making?	
Do you need an appointment for contraception or sexual health tests?	

SELF HARM	
Do you harm yourself e.g. cut yourself or take overdoses?*	
Do you ever think about harming or killing yourself?*	
What makes you want to do this to yourself	

ANXIETY/ EXCESSIVE WORRIES/ STRESS	
Do you feel worried or scared for long periods of time?	
Do you have panic attacks i.e. overwhelming fear, heart pounding, fast breathing and stomach churning?	

Health questionnaire continued...

TRAUMATIC EXPERIENCES(PTSD) Serious incident, abuse, assault	
Do you have upsetting memories of past events?	
Do these make you feel angry, scared or make you feel unwell?	
Do you have flashbacks of your past that upset you?	

ADHD	
Do you have difficulties concentrating for periods of time?	
Do you always feel alert, on edge, restless?	
Do you find it difficult remembering recent simple things?	
Do you find it hard to sit still and play with objects (Pens, pencils, kick feet, bite nails etc)?	

* If answered yes a full discussion needs to be carried out and medical guidance implemented via young persons GP, health nurse, CAMHS or EDP.

An assessment on all other question needs to be carried out to establish the need for any health authority involvement.

Appendix 9

Devon Children's Residential Services

Ref No.

Young person residing at: B/C R/R B/L

INCIDENT / POSITIVE INTERVENTION REPORT

Section 1 ESSENTIAL INFORMATION

1a Nature of Incident

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Child/Child | <input type="checkbox"/> Child Sexual Exploitation |
| <input type="checkbox"/> Child/Staff | <input type="checkbox"/> Non-Accidental Injury |
| <input type="checkbox"/> Absconding | <input type="checkbox"/> Accidental Injury |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> property damage |

1b Details of the Incident

Resident's Name:	
Resident's Date of birth:	
Resident's Case No:	
Incident Date	
Incident Time	
Approximate duration of incident	
Incident Location	
Staff witness to Incident	
Resident's witness to incident	
Staff on Duty	
Name of Person Completing Report	

Section 2 DESCRIPTION OF EVENTS

2a what were the events leading up to the incident?

PRINT NAME: SIGN:

2b What Happened?

PRINT NAME:

SIGN:

Section 3 OUTCOMES FOR THE YOUNG PERSON

3a what was the young person's account of the incident?

3b if there were incidents of bullying what response was used to prevent any further occurrences of bullying.

3c.Has an action plan been set out in the box above to prevent the Y.P being targeted by bullying again?

YES

NO

3d Does the young person wish to make a complaint?

YES

NO

Has a contact card been made available?

YES

NO

3e.How was support offered to the young person following the incident?

3f

What further action was taken by the staff team?

3g What sanction or reward was set in place following the incident?

Was medical assistance required? YES NO

If yes please specify.

4b
Were the Police involved? YES

If yes Please enter Log Number and Date

5A -Was a Positive Intervention carried out? NO

If YES complete Positive Intervention form 5-B,C,D,E,F,G,H,I,J

If NO go to section 6 and complete form

NOTIFICATION OF POSITIVE INTERVENTION

(See guidance notes for completion of this form)

5B
Give methods used to avoid positive intervention

5C Reason for Positive Intervention:

5D Describe circumstances that led up to Positive Intervention – continue over page if necessary:

5E Name of staff carrying out Positive Intervention

Position staff took during Intervention?

Who else was present?

Duration of positive intervention

5F Describe briefly the technique/method used;

EG Was the technique effective?

YES

NO

If NO, please give reasons

5H Did the child suffer any injury as a result of applying Positive Intervention ?

YES

NO?

If YES, please give details

Did staff suffer injury as a result of the Positive Intervention? YES NO
 If YES, please give details

5 I - Was the child counselled after the incident? YES NO

Please record the child's views on the Positive Intervention

Young Persons Signature.....

5 J - Was the member of staff debriefed by a senior member of staff before going off duty? YES NO

Confirmation of Transfer and Storage of this report.

Contact	Name	Fax No. or Email	Date/Time
Care Manager			
Practice Manager			
Management			
PC Guy Cochran ?			
CSE team?			
Youth Intvtn Officer?			
YOT Worker			
CAMHS ?			
OFSTED (Sched. 5) ?			
Copy to incident File		YES <input type="checkbox"/>	
Accident Form		YES <input type="checkbox"/>	
Physical Intervention Notification		YES <input type="checkbox"/>	
Copy to Young Persons File		YES <input type="checkbox"/>	

PRINT NAME: Tina Thomas

SIGN:

 For Office Use Only:

Date R'cd: Record No: Checked: Entered

Comments:

Signed: Date:

Appendix 10

Appendix 11

Known Associates and People of Interest

Young person name..... Care first number.....

Name of associate..... Age /D.O.B.....

Also known as.....

Address.....

Brief description of why this person may be a risk to the Y.P

.....
.....
.....
.....

Police informed Y N

Details of police involvement i.e. abduction order / house visited by police etc.

.....
.....
.....

Name of associate..... Age /D.O.B.....

Also known as.....

Address.....

Brief description of why this person may be a risk to the Y.P

.....
.....
.....
.....

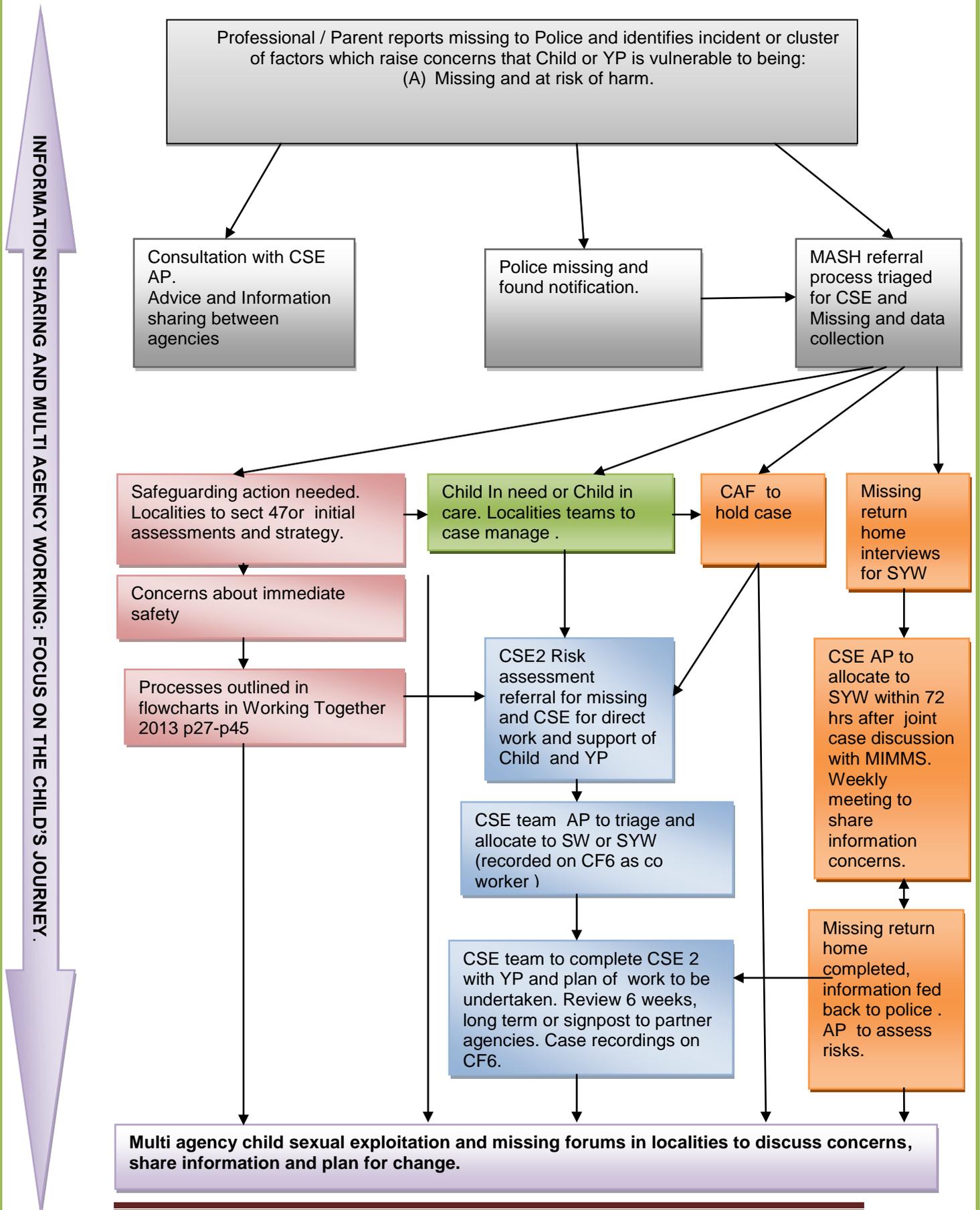
Police informed Y N

Details of police involvement i.e. abduction order / house visited by police etc.

.....
.....
.....

Appendix 12

MISSING REFERRAL PATHWAY.



INFORMATION SHARING AND MULTI AGENCY WORKING: FOCUS ON THE CHILD'S JOURNEY.

Appendix 13

Devon Children's Residential Services

Young person residing at B/C B/L R/R

REPORT ON MISSING YOUNG PERSON

FULL NAME OF YOUNG PERSON		DATE:
CARE STATUS		DATE/TIME MISSING:
TIME YOUNG PERSON LAST SEEN:		BY WHOM AND WHERE:
HOME ADDRESS OF Y/P		NEXT OF KIN OR NEAREST RELATIVE AND ADDRESS
NAMES AND ADDRESSES OF KNOWN ASSOCIATES:		Y/P LIKELY TO HEAD FOR
TIME OF UNIT SEARCH:	TIME OF GROUND OF LOCAL SEARCH:	

DESCRIPTION OF MISSING CLIENT

AGE/DOB:	HEIGHT:	WEIGHT:
COMPLEXION:	COLOUR OF EYES:	HAIR COLOUR/STYLE
GENERAL APPEARANCE, BUILD ETC. DISTINGUISHING FEATURES:		
DESCRIPTION OF CLOTHING, INCLUDE TYPE, COLOUR, ETC:		

RISK OF ASSESSMENT OF CLIENT

PHYSICAL/EMOTIONAL CONDITION:			
OTHER INFORMATION/CONCERNS			
POLICE RISK ASSESSMENT OF ABSENCE COMPLETED (PAGE 3):			
RISK OF CHILD SEXUAL EXPLOITATION:			
OUTCOME OF POLICE RISK ASSESSMENT (DELETE AS REQD)	LOW	MED	HIGH

COMPLETE THE FOLOWING SECTIONS AS NECESSARY

PERSONNEL INFORMED				
DESIGNATION	NAME	TEL NO	DATE/TIME	BY WHOM
PARENT/CARER				
PARENT/CARER				
POLICE (SHOULDER No)		101		
O.O.H		08456000388		
CHILD SEXUAL EXPLOITATION TEAM				
SOCIAL WORKER		E-mail		
STEVE OSBORNE (AFTER 8 HOURS)		07811 394155		

POLICE LOG NO:	ACCIDENT/INCIDENT FORM NO:
-----------------------	-----------------------------------

Signed:.....(person completing form) **Name:**.....

Date:..... **Time:**.....

CLIENT FOUND	SAFE	UNSAFE
TIME:	LOCATION:	
DATE:		
BY (NAME)		

PERSONNEL INFORMED				
DESIGNATION	NAME	TEL NO	DATE/TIME	BY WHOM
POLICE		101		
E.D.T		08456000388		
SOCIAL WORKER		E-mail		
CHILD SEXUAL EXPLOITATION TEAM				
STEVE OSBORNE AFTER 48 HOURS		07811 394155		
PARENT/CARER				
PARENT/CARER				

Ofsted (after 72hrs)	Notification form	
--------------------------------	-------------------	--

COMMENTS AND INFORMATION (INCL SIGHTINGS AND TELEPHONE CALLS)	PHOTO
	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> PHOTO </div>

--

Signed:.....(person completing form) **Name:**.....

Date:..... **Time:**.....

ADDITIONAL INFORMATION				
SPECIAL OR ADDITIONAL FACTORS:				
Low Risk	<i>There is no apparent threat of danger to the subject or the public.</i>			
Medium Risk	<i>The risk posed is likely to place the subject in danger and/or they are a threat to themselves or others.</i>			
High Risk	<i>Risk is immediate and there are substantial grounds for believing the subject is in danger through their own vulnerability or the risk posed is immediate and there are substantial grounds for believing the public is in danger.</i>			
What do you consider to be the risk level?	INITIAL ASSESSMENT	HIGH	MEDIUM	LOW
State the reason for your choice of risk level:				
Signed:	Name:	Rank:	No:	
Supervisor:	Name:	Rank:	No:	

Appendix 14

Appendix 15

Devon Children's Residential Services.
Young Person Residing at Birchen Lane.

Shared CSE Referral Form.

Referrer's Details :

Name of YP:	DOB:
Case No:	Care Status:
<u>Details of Incident</u>	
<u>Prevention of Future Occurences – Risk Assessment, 2:1, Strategy Meeting.....</u>	
<u>Details of Agencies involved</u>	
❖ ❖ ❖ ❖	
<u>Information forwarded to – CSE, Care Manager, Open Residential Homes.....</u>	
❖ ❖ ❖ ❖	
Signature:	Date:

