**What does good look like in relation to working with young people where there are concerns regarding CSE/exploitation?**

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**Find the suite of Multi Agency CSE Documents on the South Gloucestershire Safeguarding Children Board by clicking** [**here**](http://sites.southglos.gov.uk/safeguarding/children/i-am-a-professional/child-exploitation/)

**The following information suggests information that should be visible within a child’s case record relating to various aspects of childcare work.**

**Plans – Child Protection/Child In Need/Looked After Child**

**RiP Evidence Scope (2015):**

Each young person who is being sexually exploited has a comprehensive multiagency assessment of their needs completed, after which meetings are held to consider the needs of the CSE victim and their family and to devise a plan to meet those needs.

Support services are delivered to meet a young person’s needs on an individual basis, promote the development of an enduring, trusting relationship between young person and supporting professional, and are informed by the understanding that one size does not fit all.

Support is provided to parents and carers separately from that available to the young person. Appropriate information on sources of support – e.g. PACE ([Parents Against Child Sexual Exploitation](http://paceuk.info/)) – is made available to all parents.

Practitioners are encouraged to ‘think family’. While interventions should be young person focused, family support may also be required and should be provided through family support workers.

Disruption of CSE and investigation is integral to every young person’s CSE plan.

Safeguarding and disruption activity is not dependant on a direct disclosure from a young person.

Tackling sexual exploitation and coercion must address healthy sexual development, sexual consent, sexual bullying, and difference as well as on and off-line pornography.

Consider carefully the resources and ‘**strengths**’ available to young people to help them move away from high-risk situations before considering therapeutic or educational interventions.

Main areas that a plan should cover:

* Supporting child
* Protecting child
* Supporting parents
* Police investigation
* Disruption

**Include:**

* Details of work to be undertaken with parents, carers. PACE mentioned as minimum. Also the police leaflets for parents.
* Details of work to be undertaken with young person, who, what, where, when how?
* How any police investigation information will be shared and who and how and when SW will be updated
* How information will be shared in between meetings with the key agencies and parents/carers in between any meetings
* Evidence that SERAF is reviewed to consider risk reduction on a minimum 3 monthly basis in line with the CSE guidance.
* Missing Management or Trigger plans are in place for those that go missing regularly or are deemed high risk but have infrequent episodes – this should clearly include expectations on parents/carers and what steps should be taken by whom and when if the young person is not a regular school attender; there should be clarity about them being formally missing in the school day where needed. These need to be clearly recorded as Missing Management Plan/Trigger Plan within the child’s records and should be viewed as a live document, so their relevance should be reviewed after every episode. Details of **South Gloucestershire Safeguarding Children Board (**SGSCB) procedures can be found [here](http://sites.southglos.gov.uk/safeguarding/children/i-am-a-professional/missing-children/)

Where GPs are not actively involved, they need to be kept informed of plans and receive copies. Consider- do they have a role? If so what? Ensure there is evidence on the file that GPs are sent information.

Consideration as to whether information needs to be shared with other agencies, like [Brook Sexual Health Service](https://www.brook.org.uk/?gclid=CjwKCAiAnabTBRA6EiwAemvBd7mwe-KvOtEVUd1bpLXgtMLM6vyuGJW3jLnuX_4KJAaRWZly1BJ_3xoCleUQAvD_BwE) Do they have a role? If so what?

[**BASE**](http://www.barnardos.org.uk/basebristol.htm) – if the service is being used, we need to be clear at the planning stage the work they are doing and when an assessment document will be provided by them. Written information should be updated for the meetings that take place to review work; this is part of the agreement.

Evidence that there has been engagement, or attempted engagement, with the child/parents in devising the plan–this can be achieved through use of the Signs of safety (SOS) model with the family.

What is the disruption planning in place – what can and should be shared with the family in order to keep them safe – ensure that confidential elements are kept confidential but ensure all disruption is reviewed.

Is a CSE network meeting needed, review this as necessary during planning processes?

Signs of Safety - evidence of Safety Plan

**Strategy:**

CSE is a safeguarding issue – as such strategy discussions should be held in a timely way as with all other safeguarding issues.

A SERAF is completed to inform or sometimes following a strategy as part of s47/s17 assessment.– information about perpetrators and any details, cars etc., locations needs to be shared as this will aid planning/disruption

Consideration is given to inviting all relevant professionals, information needs to be gained from GPs as Community Paediatricians may not have information/consider Brook.

All children need to be considered

Where subjects are in Bristol ensure any information is gathered from TOPAZ if they are not in attendance

Consider whether a CSE network meeting is needed

Disruption plans with timescales to be clear in the strategy meeting and how ongoing information can and should be shared

Agreement to be clear with the police about what information from the police about plans can be shared at what point and how and when this will be reviewed as investigations cannot take precedence over the needs to safeguard the child.

Ensure any other children who may be mentioned in the strategy meeting are appropriately followed up and threshold applied within this.

Clear threshold decisions must be made and recorded if child is deemed to be suffering or at risk of suffering significant harm then s47 must be undertaken. Rationale to be clearly recorded.

Parents/carers knowledge re. Situation, CSE and ability to protect needs to be discussed and considered. Child’s voice and lived experience needs to be considered.   
  
Plan in strategy:

* + If s47 enquiries will this be joint or single agency?
  + Who will see child, sibling, parents and when?
  + Will there be a police investigation – how will it link to other investigations involving this child, who will lead the investigation, what steps will it involve?
  + ABE interview – who, when, where?
  + Information sharing – what information can be shared, when, by whom, is 3rd party disclosure needed – if so who will do this, when, how etc?
  + Consider who is best placed to support the child. Is a referral to BASE for direct work/ consultation needed?
  + Should the child be included on South Glos CSE list – if so, inform Emma Collings/ Helen Moore
  + If there are missing episodes is a [missing management meeting](http://sites.southglos.gov.uk/safeguarding/children/i-am-a-professional/missing-children/) needed to inform police trigger plan?
  + Who will provide support, advice, information on resources to parents and when?
  + Who will communicate any expectations with parents regarding gathering information, collating evidence?
  + Disruption plan (police actions for the police to consider) –CAWN, CSE warning letter, civil orders etc.
  + Consideration of referral to CSE network meeting re. the perpetrator (criteria for these meetings is contained within the CSE guidance)
  + Do TOPAZ have the information – who will ensure this is done?
  + Forensic medical to be offered for any sexual assault within forensic window
  + If forensic medical declined, alternative medical examinations for health and  
    welfare to be considered and promoted
  + Should Hep B vaccination be offered/ STI screening/ pregnancy test/ contraception advice? Who will do this and when?

**Please ensure Consultant Social Work team are invited/minutes sent.**

**S47 enquiry**

* Progress around any disruption
* Information around any ABE / medical
* Possible need or reference to updated SERAF
* Evidence of direct work with the child/parent around the concerns, information provided to parents around PACE evident
* Threshold decision is clear and further enhanced plans can be made as a result of enquiries undertaken.
* Any gaps information at the point of strategy have been progressed and reasons given if not.
* Health information, if not available before this point needs to be available now.

**Work with the child:**

**Some direct work tools to consider using in your work:**

**Videos they could share e.g.** [Kayleigh’s love story](https://leics.police.uk/categories/kayleighs-love-story-film)

**The grooming line**

**Work around Healthy relationships – what does this mean, how would they do this – FYPS have lots of resources in this area – ask them for it!**

**Internet safety work**

**Safety planning – what can the young person do to try to keep themselves safe, what do they need from whom in order to do this**

**Consent – what does this mean to them, do they understand it? ‘**[cup of tea](https://www.youtube.com/watch?v=fGoWLWS4-kU)**’ video clip**

**Law – e.g. re possession of and sharing of indecent images**

**SoS mapping with child and sharing danger statements, mapping with them**

**Missing management plan done in conjunction with them –at least shared with them and explained**

**Victim, not being blamed**

**Plan of work done in conjunction with the child**

**SW to be part of ABE interview**

**Importance of language used to describe the child/ situation – CSE champions have information about phrases found in work in South Glos/NWG alternative ideas around language.**

**Consideration of how they contact child and arrangements to see them –e.g. always at school, home, do they offer to take them out etc.**

**Be available, dependable – turn up when you say you will, be honest, take the time to explain what is happening and why etc. – remember the RIP event around** [That Difficult Age: Developing a more effective response to risks in adolescence](https://www.rip.org.uk/resources/publications/evidence-scopes/that-difficult-age-developing-a-more-effective-response-to-risks-in-adolescence-evidence-scope-2015)

**Identify all known risks**

* Who is the best person to work with the child and build a good relationship
* Individualised
* Understand person’s narrative of how they got there
* Child needs to understand why we are involved
* Need to know/explore child’s relationship/important people
* Get their support network on board
* Having a team – someone managing risk and someone having that good relationship
* Clear about confidentiality
* Good listening and believing ‘their’ reality
* Workers having good reflective supervision (prevent collusion)
* Ensuring all relevant information is available parties involved in the risk/safety plan and all working to this same plan (“trigger plan”) known friends/addresses etc.
* Scaling questions – where the child sees the risk and making goals and where they think their parents/workers see that risk
* Being open about risk statements with young person and family
* Review plans/risk statements regularly
* Multi agency meetings
* Ensuring all info/conversations on ICS
* Worker needing knowledge base of the work
* Mapping meeting for groups of yp

**Assessments:**

The following information is taken from NWG assessment tool:

* Assessments should be holistic in approach, examining risk and protective factors and addressing the child’s needs within their family/living environment, their peer group, their school and wider community
* Assessments should understand the unique needs of each individual child and avoid ‘one size fits all’ assumptions about different groups of children
* Assessment should adopt a broader perspective than cases of intra-familial child abuse and should not be limited to an assessment of parental capacity
* Assessments should recognise that grooming can cause a breakdown in the protective ability of parents/carers
* Assessments should be underpinned by professional curiosity and not simply rely on checklists, disclosures or what is or is not known. If something is not known, professionals should not assume that it may not be happening
* Assessments should provide an analysis of the information gathered, drawing on professional judgement
* Assessments should consider the impact of the issues identified in the assessment on the child and identify the support that is required to meet their needs
* Assessments should focus on outcomes, not process
* Assessments should avoid any suggestion of judgement or blame in respect of either the child or the parent/ carer
* Children/young people and their parents/carers should be actively engaged in the assessment process. Children who have been abused have already experienced a loss of control and the assessment process should be managed so that the child can meaningfully participate
* Children/young people and their parents/carers will require time to develop trust and relationships that underpin effective assessment; assessment should therefore be an ongoing process and young people
* Should feel like you have all the time they need
* Children/young people and their parents/carers should be afforded the opportunity to tell their story rather than respond to a series of questions
* i.e assessments should happen through conversation rather than as a response to a list of questions
* Children/young people should be told that you are worried about them and why; this will help the child to understand that you will take seriously any information that they do share
* Children/young people should be asked what is happening rather than told what you think is happening
* Children/young people should receive a comprehensive explanation as to what will happen with the information gathered.

**Assessment work includes SERAF and its regular review to help inform ongoing risk assessment/planning.**

**Additional ideas:**

* Being clear about what risks there are – evidence this and the vulnerabilities
* Mapping known offenders & social networks – being clear where the information is and how this relates to risk/concern
* Signs of Safety – doing the work with families
* Realistic safety – agreed with family plus what indicators are, will be looking for
* Clear chronology – historic worries to build picture of current risks
* What are strengths, what has worked in the past
* Where we need things to be heading – safety goals
* Evidence of speaking with professionals involved and wider family
* Disruption – how can we build safety
* Child’s voice- how do they perceive the worries for them? who do they identify as supportive
* Clear recommendations that are shared with everyone involved – be clear about what the outcomes need to be
* Simple language – spelling out concerns! The kind of language we use – how we say it!! Being clear about priority issues i.e. online
* Reference to child’s vulnerabilities rather than child’s risks when talking directly about the child
* Positive relationships/ factors that can be built on
* Identification of protective factors and how they can be developed
* Child’s views about their needs and risks they face
* Parent’s/carer’s views about the child’s needs and risks they face
* Clear analysis on the basis of info gathered which leads to a plan.
* Work around consent and where they are with this is clear

**SERAF**

* Is an assessment tool to support professional’s thinking and decision making relating to CSE.
* Will form part of the assessment of the child’s needs.
* Requires professional curiosity and professional judgement.
* Should only be completed when there are some concerns relating to CSE.
* Should be reviewed a minimum of every 3 months.

**A good SERAF -**

Explains why each indicator has been ticked.

Is completed with the young person/ parents / with other professionals where possible.

May highlight other vulnerabilities, risks that need addressing.

Notes whether it is vulnerabilities, moderate or significant factors that make up the score.

Every section of the form is completed.

A review SERAF makes reference to changes in score/ indicators/ risks.

Contains information regarding friends, associates, locations, possible perpetrators.

Contains a clear analysis of the information contained within the SERAF.

Contains professional judgement about the risks to the child – CSE and others.

Includes recommended actions.