



Kent and Medway

Safeguarding Children Abused through Sexual Exploitation

Procedures

These procedures should be read in conjunction with Kent and Medway's
Procedures for Safeguarding **Sexually Active Children**

**Version 2
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Summary of Purpose	This Guidance is a means of supporting the professionals in all the agencies and the community in Kent and Medway, to identify and respond appropriately to safeguard children who are or are at risk of Sexual Exploitation	
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Equalities Impact Assessment	During the preparation of this policy and when considering the roles & responsibilities of all agencies, organisations and staff involved, care has been taken to promote fairness, equality and diversity in the services delivered regardless of disability, ethnic origin, race, gender, age, religious belief or sexual orientation. These issues have been addressed in the policy by the application of an impact assessment checklist.	
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1. Introduction

1.1 Definition

1.1.1 The sexual exploitation of children is child sexual abuse. The sexual exploitation of children defines a broader context of abuse than formal 'prostitution'; the full spectrum of sexually exploitative situations includes children and young people exchanging sex for accommodation, food, gifts, drugs and/or safety. KSCB and MSCB adopts the definition agreed by the National Working Group in 2012:

*'The 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, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation 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.'*¹

1.2 Summary profile

1.2.1 Sexually exploited children are rarely visible on the streets, and it is therefore difficult to gather meaningful data. Moreover, street based sexual exploitation of children is only a small part of the bigger picture of sexual exploitation of children by adults and other children and young people.

1.2.2 A growing number of the young people are being sexually exploited by adults and other young people they meet via the Internet. This is referred to as 'online or non-contact abuse', and the access it affords to groom children for abuse has contributed to the invisibility of the sexual exploitation of children.

1.2.3 The age range of children who are victimised through sexual exploitation has lowered in recent years from the 16 - 18 age group, to children under 16 years of age. The evidence suggests that children across all cultures, and including a significant proportion of children in the care of local authorities, can be at risk of sexual exploitation. Vulnerability and low self-esteem are the most common factors amongst children who are at risk of being sexually exploited.

1.2.4 In some cases, children may be drawn into sexual exploitation by peers who are already involved. Girls in particular are frequently coerced into sexual exploitation by an older young person or man who poses as, and who they view as, their boyfriend. The girl becomes physically and emotionally dependent upon the 'boyfriend', and this may be reinforced by the use of alcohol and drugs. Over time, the girl's access to her friends and family becomes curtailed and she becomes alienated from agencies which may be able to identify and interrupt the abuse.

¹ The National Working Group for Sexually Exploited Children and Young People 2012. This definition of child sexual exploitation is now used by government and other organisation.

1.3 These Procedures

- 1.3.1 These procedures should be read in conjunction with Kent and Medway Safeguarding Children Procedures and particular note should be taken to guidance about assessing whether a relationship presents a risk of harm to a child.
- 1.3.2 The Kent and Medway procedure for Safeguarding trafficked and exploited children provides guidance on identifying concerns that a child may have been or is currently being trafficked and exploited.
- 1.3.3 Professionals should consult the Kent and Medway Safeguarding Children Procedures for concerns, decisions and actions related to, but not covered, in this document.

2. Underpinning Principles for Multi Agency Responses

- 2.1. The principles underpinning multi-agency response to the sexual exploitation of children include that:
 - Sexual exploitation incorporates sexual, physical and emotional abuse, as well as, in some cases, neglect;
 - Children do not make informed choices to enter or remain in sexual exploitation. Rather, they do so from coercion, enticement, manipulation or desperation;
 - The Sexual Offences Act 2003 creates a number of offences to protect children under 18 and acknowledges the vulnerability of younger children by removing their ability to consent when under 16, there are further measures to protect children under 13.
 - Sexually exploited children should be treated as victims of abuse, not as offenders. Children under 16 will always be dealt with as actual or potential victims.
 - With increasing use of online media and technology (such as mobile phones, games consoles, social networking sites, instant messaging and webcams) children and adults need to be aware that it is a crime to take, make, permit to take, distribute, show, possess, possess with intent to distribute, or to advertise indecent photographs or pseudo-photographs of any person below the age of 18 as per section 1 of the Protection of Children Act 1978, as amended by section 45 of the Sexual Offences Act 2003 to extend the definition of children from under 16s to under 18s.
 - For young people from 16 to 18 years old, consideration may be given, **in very limited circumstances** and where all other options have failed, to the use of criminal justice action;
 - Many sexually exploited children have difficulty distinguishing between their own choices around sex and sexuality and the sexual activities they are coerced into. This potential confusion needs to be handled with care and sensitivity.
 - The primary law enforcement effort must be against the coercers and sex abusers who may be adult, but could also be the child's peers or young people who are older than the child. Careful consideration needs to be given to criminalising offending behaviour by children who are also victims.
- 2.2. Children and young people who are sexually exploited are children in need of services under the Children Act 1989. They are also children in need of protection. A multi-agency network or planning meeting / discussion should take place for all children considered at risk of sexual exploitation. The younger the child, the more likely it is that the child protection procedures set out in Kent and Medway Safeguarding Children Procedures should be followed. Child protection procedures must always be followed where:

- The child is at immediate risk of significant harm and has other additional vulnerabilities;
- There is concern that the sexual exploitation is being facilitated by the child's parent / carer;
- There is concern that the sexual exploitation is facilitated by the child's parent failing to protect; or
- There is concern that a related or unrelated adult in a position of trust or responsibility to the child is organising or encouraging the sexual exploitation.

3. Risk-vulnerability factors, categories, indicators and responses

3.1 Vulnerability factors to sexual exploitation

3.1.1 Children are more vulnerable to abuse through sexual exploitation if they have experience of one or more of the following:

- Child sexual abuse;
- Domestic abuse within the family;
- Family breakdown;
- Physical abuse and emotional deprivation;
- Bullying in or out of school;
- Family involvement in sexual exploitation;
- Parents with a high level of vulnerabilities (drug / alcohol, mental health etc.)
- Drug / alcohol, mental health or other difficulties themselves;
- Being looked after in residential care; and
- Going missing frequently.

3.2 Risk assessment framework

3.2.1 The attached framework has been developed to help professionals in all agencies assess whether a child for whom they have a concern is at risk, at medium risk or high risk of harm through sexual exploitation. Indicators of risk of harm are grouped in the categories:

- Category 1 (Low Risk): a vulnerable child who is at risk of being targeted and groomed for sexual exploitation;
- Category 2 (Medium Risk): a child who is targeted for opportunistic abuse through the exchange of sex for drugs, accommodation (over night stays) and goods, etc. The likelihood of coercion and control is significant; and
- Category 3 (High Risk): a child whose sexual exploitation is habitual, often self defined and where coercion / control is implicit.

3.2.2 The framework needs to be used flexibly to take account of each child's individuality, the uniqueness of his / her circumstances and the changes that may occur for him / her over time.

3.2.3 The risk assessment framework is set out in appendices 1 and 2.

3.3 Initial professional response

3.3.1 Professionals in all agencies should be alert to the possibility that a child with whom they are in contact may be being sexually exploited. The professional may already have

concerns about the child e.g. that s/he is missing school, frequently missing from home, misusing substances, is depressed or self-harming etc.

- 3.3.2 The professional should discuss their concerns with their agency's nominated child protection advisor and, together with the nominated adviser; they should use the risk assessment framework to make an assessment of risk of harm to the child.
- 3.3.3 In cases where a child is considered to be at low risk of harm (category 1), a plan for focused early intervention and diversion should be made to safeguard the child. Agencies should consider, in discussion with Specialist Children's Services Central Duty Team the extent to which the agency is able to meet the child's needs themselves as a single agency, and how to proceed if not (see sections 4.1 and 4.2 below).
- 3.3.4 In cases where the risk is considered to be medium or high (categories 2 and 3), the professional and/or their nominated adviser should make a referral to Kent Specialist Children's Services Central Duty Team / Customer First team in Medway in accordance with section 6 below and using the appropriate Referral form.

4. Intervention

4.1 Early multi-agency intervention

- 4.1.1 Interventions to interrupt abuse through sexual exploitation and support children to recover a healthy lifestyle are more likely to be successful if a child who is at risk can be identified and information about concerns shared within a multi-agency support network as early as possible.
- 4.1.2 Professionals are often in a position of having to develop the child's trust, or having established this are concerned about breaking that trust through the sharing of confidential information with other agencies. These issues should be discussed with the agency's nominated safeguarding children adviser, and efforts made to share information as soon as possible. See KSCB & MSCB Information Sharing Agreement, 2011.
- 4.1.3 A professional or agency view that a child is at low risk of harm (category 1) may be inaccurate. Sharing information about the child with other agencies may reveal the child to be at medium or high risk – and in need of immediate protection. The process for gathering information from the Police is in line with current safeguarding procedures and information sharing agreements.
- 4.1.4 All professionals should maintain clear records of contact with the child, their concerns, all information shared and discussed and with whom, and decisions made and actions taken.

4.2 Low Risk: Multi-agency network meeting/discussion and diversion plans

- 4.2.1 In cases where there are indications that a child is at risk of being groomed for abuse through sexual exploitation, professionals in **any agency** may, after consultation with their agency's nominated safeguarding children adviser, call a meeting or discussion of the network of agencies currently in contact with the child.

- 4.2.2 Network meetings / discussions should be attended by/involve agencies currently providing services for the child - e.g. the child's school and/or Education Welfare Officer, health services as appropriate (school nurse, sexual health professional, GP), LA children's social care lead professional (if involved) or equivalent; and any other agency which is in a position to contribute significantly to the development of a diversion plan for the child.
- 4.2.3 Where appropriate, the child and their family should be made aware of the concerns engaged in developing the diversion plan and involved in all subsequent network meetings to review the plan. However, engaging the child and family and alerting them to the risks should be approached with a high level of sensitivity to avoid compounding risks or furthering alienation. There are circumstances where a child and/or their parent/carer may not be invited to attend a network meeting - these are set out in paragraph 4.2.6 below.
- 4.2.4 The meeting / discussion should be minuted and the diversion plan should be shared with relevant professionals in the child's professional network.
- 4.2.5 Agencies which have access to a family group conference service may wish to consider a conference as a way to formulate a diversion plan in partnership with the child and their family.
- 4.2.6 Criteria for deciding whether or not to invite the child and their family includes:
- The child's age and level of maturity, taking into account learning difficulties;
 - The child's perception and interpretation of their involvement;
 - Patterns and frequency of any behaviour causing concern;
 - Identity and role of adults involved;
 - Age and maturity of other participants;
 - Nature of sexual activity, who is controlling the sexual activity, where it is taking place;
 - The actual and potential physical and emotional effects;
 - Existence of substance misuse and their significance for the child's behaviour;
 - Likely reaction of parents/carers;
 - Likely reaction of peers;
 - Likely reaction of other agencies
 - Any objections to the child / family's attendance raised by other agencies need to be considered carefully.
- 4.2.7 The purpose of the meeting is to:
- Share and clarify information;
 - Establish exact nature of concerns;
 - Agree on action and make recommendations to address the concern;
 - Develop a diversion and support plan for the child and parent/carer;
 - Work towards a recovery strategy; and
 - Identify the factors to be taken into account (these will include the indicators in the Risk Assessment Framework).
 - Agree what information should be recorded and stored in relating to gathering data and intelligence for possible evidential purposes.

4.3 Medium and High Risk: Multi-Agency Planning

- 4.3.1 In cases where a child is considered to be at high or medium risk of sexual exploitation, this assessment should be reached by the professional in consultation with their agency's nominated safeguarding children adviser. The professional and/or the nominated adviser should make a referral to the Kent Central Duty Team / Medway Customer First Team, in line with Kent and Medway's referral procedures.
- 4.3.2 As in all cases of suspected abuse and neglect, Children's Social Services will respond in one of three ways and will advise the referrer which plan is in place:
- An assessment will be undertaken to identify the child's level of risk and need for service provision;
 - The assessment may identify the child to be at risk of significant harm and in need of protection. This will necessitate a child protection enquiry and a core assessment of need under section 47 of the *Children Act 1989*; or
 - Where no concerns are identified, there will be no further action. In these cases, LA children's social care will advise the referrer verbally and in writing as to why the agency is to take this position.
- 4.3.3 In cases where a Social Services assessment confirms that a child is at risk of significant harm, they will convene a Strategy Discussion, in order to determine whether child protection enquiries should be made in line KSCB/MSCB Child Protection Procedures.
- 4.3.4 As with all child sexual abuse, child sexual exploitation involves varying degrees of coercion, reward, secrecy and fear, which means that interventions to support and rehabilitate children may need to be long-term, and safeguarding and support plans should be progressed at the child's pace.

5. Role of Children's Social Services

5.1 All children

- 5.1.1 Children's Social Services hold the lead responsibility for responding to children abused through or at risk of sexual exploitation.
- 5.1.2 On receipt of a referral, Children's Social Services must consider whether the child is at immediate risk of significant harm, and if so, child protection procedures apply.
- 5.1.3 If child protection procedures are not considered appropriate, the social worker, in discussion with their team manager and/or the lead professional / child protection manager, will identify and assess the level and category of risk of harm to the child.
- 5.1.4 Children's Social Services are encouraged to collect information to monitor prevalence, activity patterns and effectiveness of interventions for children who are sexually abused, including sexually exploited, in their area.
- 5.1.7 When a case is already allocated, concerns may be presented by another professional or by the child's social worker. The risk of harm to the child needs to be re-assessed in accordance with their responsibilities under the Children Act 1989 in the light of the new information, a discussion held with the relevant team or service manager and lead

professional / child protection manager, and the case progressed as in paragraphs 5.1.2 and 5.1.3 above.

- 5.1.8 The outcome of the assessment should be discussed within an Outcome Strategy Discussion, and an appropriate safeguarding and support plan put in place.
- 5.1.9 Implementing an effective safeguarding and support plan for a child may require professionals to be extremely persistent in continuing to offer support and services. It may be that a non-LA children's social care professional may best be able to provide a direct service. Nevertheless, in medium and high risk cases the case should remain allocated to a social worker as a child in need whilst a safeguarding and support plan is in place, in order to act as a point of contact for the child, family and professionals and to co-ordinate the plans.
- 5.1.10 Resources which may be appropriate as part of the safeguarding and support plan include:
- Use of accommodation;
 - Application to court for a care or supervision order;
 - Provision of counselling and health services;
 - Provision of advice, support and mentoring;
 - Opportunity to access leisure, education, employment and housing;
 - Direct provision of family support service; and/or
 - In extreme circumstances, application for a secure order (S35 Children's Act 1989).

5.2 Children in the care of local authorities

- 5.2.1 When a referral is received regarding a child in care, the allocated social worker must inform their team manager and Independent Reviewing Officer.
- 5.2.2 A Strategy Discussion should be considered, in accordance with the procedures in section 5.1 above. In addition, the following factors should be taken into account:
- The risks to other children in the placement;
 - Whether the child should remain in their present placement; and
 - Whether effective safeguarding measures can be put in place to reduce the risks sufficiently in the current placement
- 5.2.3 As in paragraphs 5.1.8 and 5.1.9 above, a safeguarding and support plan should be drawn up, which will form part of the overall care plan for the child. The social worker must alert the service / district manager for a child who is care of the local authority and where there are concerns for sexual exploitation.
- 5.2.4 The Strategy Discussion should consider the appropriateness and method of informing the child's parents. If children are accommodated, parent/s must be informed of all significant matters. When a child is subject to a Care Order, generally their parent/s should be informed of such a significant matter. A decision not to inform the parent/s should be authorised by the team / service manager and recorded on file.

- 5.2.5 The child's social worker and the carer/s should put in place a written risk management plan which balances the need for assertive action and the need to not unduly increase the likelihood of the child running away in response to the action being taken, and possibly placing themselves at even greater risk. Any consideration of restriction of liberty or confiscation of property needs to be agreed by the team or service manager responsible for the child's case.
- 5.2.6 Active work should be undertaken with the child to address issues of their self-esteem, relationships, sexuality, sexual relationships and health.
- 5.2.7 Whether or not the child is moved from their placement, the other children in the placement should be monitored to identify whether they are also at risk of harm from, or are in some way supporting, the sexual exploitation.
- 5.2.8 If the child is in a residential unit, the staff should be asked to take positive action to clarify and record suspicions and minimise the child's involvement in sexual exploitation. If suspicions are confirmed, the following steps should be taken:
- Treating the child as a victim of exploitation, not a criminal;
 - Ensuring that all relevant information is recorded in the child's care plan and file concerning adults and identifying information (e.g. appearance, cars etc., telephone activity, the child's patterns of going missing etc) – together with decisions and clear directions for action, including timescales.
 - Making every effort to dissuade the child from leaving to engage in sexual exploitation by talking to them, involving them in alternative activities, and ensuring they have the resources to attend, including escorting where necessary;
 - Offering advice about appropriate clothing;
 - Ensuring that the child is aware of the legal issues involved, including advice that staff cannot safeguard money which is reasonably suspected to have been gained through sexual exploitation. When staff do acquire such money, they must retain it and seek legal advice;
 - Monitoring telephone calls, letters and all forms of electronic communication, e.g. social networks, email, instant messenger, by preventing the child from receiving some incoming calls, being present when phone calls are made, confiscating a mobile phone which is being used inappropriately, monitoring electronic communication, opening some letters in the presence of the child and withholding letters if necessary; reasons for intercepting letters and calls should be included in the care plan;
 - Monitoring callers to the home, or adults collecting children by car. This may involve turning visitors away, or passing information direct to the police,
 - Monitoring any suspicious activity in the vicinity of the home and informing the police;
 - Using physical control where appropriate, in accordance with agreed policy procedures and practice guidance, to prevent the child leaving home to engage in sexual exploitation;
 - Where these efforts fail, and the child leaves, staff need to decide whether to follow them and continue to encourage them to return;
 - If they will not return, staff should inform the local police and pass on relevant information;
 - Liaising with outreach agencies, so they can look out for a child who has gone missing;
 - Offering sensitive and welcoming responses to children returning home.

- 5.2.9 If the child is in foster care, the social worker and fostering link worker should meet with the foster carer to decide which of the above steps could reasonably be taken by the foster carer. This needs to take place in consultation with the fostering team manager.
- 5.2.10 The child's behaviour and attitude may be extremely challenging, and carers and staff will require ongoing support, advice and training in knowing how to respond. These needs must be considered and resources identified, either by the manager of the residential unit or the fostering link worker.
- 5.2.11 Professionals and carers should be aware of their own position in relation to the child, e.g. male carers or staff may be viewed with suspicion or contempt.

5.3 Involvement of groups of children in care

- 5.3.1 Where there is knowledge or strong suspicion that children are involved in sexual exploitation together, or are being controlled by the same person, particularly when that person is a child, there will need to be additional planning, including consideration of the use of child protection and/or organised abuse procedures.
- 5.3.2 The Strategy Discussion will need to ensure that there are no inconsistencies between individual children's care plans. Where the placement is in another authority, or children from other authorities are involved, that authority's child protection manager (or equivalent) must be contacted, to discuss which authority is to take overall responsibility for convening the meeting and co-ordinating the response.

5.4 Leaving care / aftercare

- 5.4.1 The same procedures as above should be followed in cases where young people in the leaving care service are considered to be at medium or high risk of abuse through sexual exploitation.
- 5.4.2 The Pathway Plan for any young person where there are concerns about sexual exploitation should specifically identify their vulnerability to sexual exploitation, and address the factors known to impede successful recovery from sexual exploitation (e.g. homelessness, poverty, lack of educational and employment opportunities and lack of supportive social contacts). The social worker must alert the service / district manager for a child who is a Relevant child and where there are concerns for sexual exploitation

6. Role of the Police

- 6.1 Sections 47 to 51 of the *Sexual Offences Act 2003* deal with the exploitation of children, whether through prostitution or pornography. The Act creates a number of offences that apply to both types of exploitation, see [Sexual Offences Act 2003](#).
- 6.2 The priority for the police is the investigation and prosecution of offenders who have been involved in abusing the child through sexual exploitation. This role should be undertaken in accordance with the principle of multi-agency co-operation to safeguard children.

- 6.2 Police may become aware of children at risk of sexual exploitation through normal police work on the streets, in the course of other criminal investigations and by intelligence gathering. Where appropriate, and in consultation with partner agencies Police will employ disruption tactics to prevent opportunities for perpetrators to operate and premises to be used for such purposes.
- 6.3 The initial police response to the discovery of a child who is being, or is at immediate risk of being, abused through sexual exploitation, must be to remove them from the source of harm using Police Protection powers if necessary and ensure that evidence is secured. This action must be followed by referral to LA children's social care. Following this, a Strategy Discussion will be convened. If there are suspicions that a child is a victim of sexual exploitation, but there is no immediate or direct evidence, the police officer noting the concern should consult with the combined safeguarding team that have responsibility for the locality or the Central Referral Unit, and if deemed appropriate refer to Kent Specialist Children's Services/Medway Customer First via the CRU. If a crime has been committed, the matter will be allocated to an appropriately trained officer to investigate.
- 6.5 Criminal action in respect of the child in sexually exploitative circumstances will be carefully considered with partners. Such action should not be instigated until the matter has been discussed within a Strategy meeting, when it is established that all attempts at diversion have failed. Particular attention should be paid to the following:
- The age and vulnerability of the child ;
 - The protection of other children;
 - Any intent to return to sexual exploitation must be considered genuinely voluntary, with no evidence of physical, mental or emotional coercion;
 - The child has been told, and understands, that criminal proceedings may take place, and the implications of this for them now and in the future. If the matter reaches the point of referral to the Youth Offending Team, this provides a further opportunity for positive intervention.
- 6.6 All interviews with the child as an actual or potential victim should be conducted, as far as possible, in accordance with the best evidence interview (ABE). However, flexibility needs to be applied, as it may take a number of interviews before the child is able to make, or complete a statement.
- 6.7 If the child has made a statement and/or is a potential witness, witness protection and witness support should be considered as early as possible.

7. Role of leisure and community services

- 7.1 The role of leisure and community services staff in relation to children abused through sexual exploitation is in the prevention, recognition and referral stages.
- 7.2 Where staff, such as play workers, leisure centre workers or librarians, have immediate concerns (medium or high risk, categories 2 and 3 using the Risk Assessment Framework; section 3 above) they should, together with their agency's nominated safeguarding children adviser, make a referral to LA children social care. Where the concerns are not immediate or are unclear, staff should discuss the case with their nominated adviser.
- 7.3 In the case of street activity being noted, including within parks, staff should contact the local police.

8. Role of Education Services

8.1 Prevention

- 8.1.1 Staff in schools, further education colleges and other education establishments are uniquely placed to recognise and refer children who are abused through sexual exploitation. They are also in a position to help children to avoid being sexually exploited and to support abused children to recover.
- 8.1.2 Personal, Social and Health Education (PSHE) programmes can help children make informed and healthy choices about issues such as sexual activity, grooming techniques, online safety, drug use and keeping themselves safe.

8.2 Recognition and referral

- 8.2.1 School staff should be alert and competent to identify and act upon concerns that a child is at risk of or experiencing abuse through sexual exploitation.
- 8.2.2 The nominated teacher for safeguarding children, Designated Child Protection Co-ordinator (DCPC), in each school should monitor information to identify when any child in the school or community may be being targeted for sexual exploitation.
- 8.2.3 Because of the probability of attendance issues with sexually exploited children, a referral to the Kent Education Welfare Service / Medway AASSA team (Advice, Attendance and Support to Schools and Academies), is likely to have been made or considered. In Kent, Education Welfare Officers (EWO's) should be alerted to the possibility of sexual exploitation if concern exists when referrals are made to the service. In Medway, these are known as attendance advisory practitioners. In their general assessment and ongoing work with young people and their families and liaison with school staff, EWO's can identify children who are being or are at risk of being abused through sexual exploitation. Where the child is known to an EWO, s/he would also be expected to attend the network meetings or Strategy meetings and contribute to developing the child's safeguarding and support plan.
- 8.2.4 Where school staff have immediate concerns that a child is at risk of sexual exploitation, (medium or high risk, categories 2 and 3 using the Risk Assessment Framework; section 3 above) they should, together with their DCPC, make a referral to LA children's social care. Where the concerns are not immediate or are unclear, the DCPC should discuss the case with their named education safeguarding lead (Area Children's Officer) from the Children's Safeguards Team, or, the Education Safeguarding Coordinator, if in Medway.
- 8.2.5. The DCPC should consult Kent / Medway children's social care and/or the LA education safeguarding children lead (Children's Safeguards Team) when a referral is being considered.

8.3 Personal Advisers/Mentors

- 8.3.1 As with teachers, personal advisers/mentors are in a good position to identify children who are being, or are at risk of being abused through sexual exploitation. Personal Advisers should be alert and competent to identify and act upon concerns that a child is at risk of or experiencing abuse through sexual exploitation; and should consult their nominated safeguarding children adviser and inform LA children's social care.

9. Role of health services

- 9.1 Government guidance on children involved in sexual exploitation notes: *‘Because of the universal nature of most health provision, health professionals may often be the first to be aware that a child may be involved, or be at risk of becoming involved, in sexual exploitation. Children involved in sexual exploitation are likely to need a range of services, including advice and counselling for harm minimisation, health promotion, advice on sexually transmitted diseases and HIV’.*
- 9.2 Health professionals should be alert and competent to identify and act upon concerns that a child is at risk of or experiencing abuse through sexual exploitation. They have a crucial role in providing support for the physical and mental health of these children.
- 9.3 The named or designated professional for safeguarding children in each health service trust should monitor information to identify when any child in the community may be being targeted for sexual exploitation.
- 9.4 Where health professionals have immediate concerns (medium or high risk, categories 2 and 3 using the Risk Assessment Framework; section 3 above) they should, following discussions with their named professional, make a referral to LA children’s social care. Where the concerns are not immediate or are unclear, staff should discuss the case with their named or designated professional.
- 9.5 Health staff should offer and/or continue to provide health education, counselling, sexual health and medical intervention to the child as an appropriate part of early intervention. The Kent and Medway procedure for Safeguarding sexually active children provides specific guidance in relation to sharing information about children for whom a professional has concerns.
- 9.6 Health professionals who may be invited to attend network or strategy meetings include:
- All current health professionals involved with the child, including school nurses, nurses working with children in care, GP’s, practice nurses, health workers involved with outreach clinics, sexual health and family planning resources;
 - Any previously involved health professionals (recent past) who would have a useful contribution to make to the meeting (i.e. most recent health reports and knowledge of child while at school);
 - Health professionals involved in any screening or medicals involving the child who is the subject of the meeting (e.g. Clinical Medical Officer, GP); or
 - When no other health person is involved, current or past, the trust’s designated or named professional should attend in an advisory capacity.

10. Role of voluntary and community groups / agencies

10.1 Support services

- 10.1.1 Government guidelines on young people involved in sexual exploitation emphasise the importance of a multi-agency approach, which includes voluntary and community groups / agencies:
‘The child may seek to avoid statutory services. They are more likely to respond to informal contact, for example, with health outreach workers, or local non-statutory

agencies. The primary concern of all those involved must be the welfare of the child, and decisions on the sharing of concerns about a child's safety must form part of local protocols between police, LA children's social care, health and education authorities and non-statutory agencies'

- 10.1.2 There is a wide range of specialist (drug misuse, HIV prevention, homelessness, counselling and advice) and other voluntary and community agencies / groups (youth clubs, sport/drama groups, faith groups and churches etc.) who may be well placed to identify children who are at risk of or are experiencing abuse through sexual exploitation; because:
- Voluntary and community sector agencies often have a close relationship with their local communities;
 - Voluntary and community sector agencies can develop relationships of trust with the children and maintain a link to the child if they become 'lost' to statutory services;
 - Outreach agencies are often the first point of contact for children in risk situations;
 - Specialist voluntary agencies often have the opportunity to provide vital health / harm minimisation / risk reduction support;
- 10.1.3 It is essential that voluntary and community groups / agencies operate as multi-agency network partners in order to provide children with access to the widest possible range of intervention and support services.

10.2 Recognition and referral

- 10.2.1 Professionals and volunteers in voluntary and community groups / agencies should be alert and competent to identify and act upon concerns that a child is at risk of or experiencing abuse through sexual exploitation. They are well placed to receive and verify information about sexual abuse and exploitation of children in the local community.
- 10.2.2 Each voluntary and community group or agency should have a nominated safeguarding children adviser (referred to as the nominated adviser in this procedure).
- 10.2.3 Where a professional or volunteer in a voluntary or community group / agency has immediate concerns (medium or high risk, categories 2 and 3 using the Risk Assessment Framework; section 3 above) they should, together with their nominated adviser, make a referral to LA children social care. Where the concerns are not immediate or are unclear, staff should discuss the case with their agency's nominated safeguarding children adviser.