

	Action/Date
Title/Status-	Procedure
New document or revised	Revision based on the Multi agency Operating Protocol.
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Responsible Head of Service	Head of Service Fieldwork (First Response)
Date review Due	July 2020

## Leicestershire

### Procedure

### Initial response to Children Young People at risk of Child Sexual Exploitation

#### Applies to-

#### All children

This procedure must be read and implemented in line with the Growing Quality Practice Standards May 2019

[https://www.proceduresonline.com/llr/childcare/leicestershire/user\\_controlled\\_lcms\\_a\\_rea/uploaded\\_files/66.%20Growing%20Quality%20in%20Social%20Care.pdf](https://www.proceduresonline.com/llr/childcare/leicestershire/user_controlled_lcms_a_rea/uploaded_files/66.%20Growing%20Quality%20in%20Social%20Care.pdf)

The following link will direct you to the LLR safeguarding Children Boards procedures regarding CSE, trafficking and missing

<http://rsb.org.uk/cse>

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## Referral pathway and advice to referrers

The CSE referral process has been developed to incorporate a risk assessment. This initial procedure helps professionals in all agencies assess whether the child for whom they have concerns is At Risk, Medium Risk or High Risk of harm through sexual exploitation.

***Where CSE is suspected the risk assessment tool (CSE1) should be completed and included with the referral to children's services. A link to the tool can be found below:***

<http://lrsb.org.uk/cse-risk-assessment-tool-and-ref>

Following LSCB procedures the CSE Risk Assessment Tool (CSE1) must be completed prior to a referral being made in relation to a concern about CSE.

This is to ensure a consistent approach is taken to recording, responding to referrals, analyzing the risks to that child, identifying perpetrators and to assist the gathering of information to the prevalence of CSE across Leicester, Leicestershire and Rutland. The risk assessment framework needs to be used flexibly to take account of each child's individuality, the uniqueness of their circumstances and the changes that may occur for them over time.

From the information given the MACSE team will then determine the Intervention Pathway based on if a child is:

- Green/Low risk – a child who may be identified as vulnerable but who is not currently known to be groomed for sexual exploitation.
- Amber/Medium Risk – a child who may be at heightened risk of being groomed for CSE.
- Red/High Risk – a child who may be at significant risk or is already being sexually exploited. This is likely to be habitual and self-denied. Coercion and control will be implicit in the relationship with perpetrators.

Where CSE is suspected the professional should discuss their concerns with their manager and should also inform their agencies designated CSE lead or CSE Champion who will be monitoring the bigger picture for any emerging patterns.

The presence of one High Risk indicator following completion of the tool (CSE1) will necessitate immediate action.

### Referrals on cases allocated to LA Children's Services

Where concerns about CSE are identified on a case allocated to children's services the allocated early help or social worker must complete the CSE Risk Assessment Tool (CSE1) and email to the MACSE team/ contact the MACSE team where it will be recorded. The CSE Risk Assessment Tool should be recorded on file.

A Benchmark Missing Risk Assessment form must also be completed and recorded on file where a child has gone missing more than once.

### Screening of Referrals (the CSE tool)

First Response will be responsible for screening of all new referrals where there is not already an allocated social worker, for signs of CSE using a checklist based on the CSE Risk Assessment Tool.

First Response will record all direct referrals about CSE and make enquiries to determine if the initial concerns are welfare based or primarily CSE.

If referred concerns are primarily CSE the case will be referred on to the MACSE team who will lead the strategy discussion and CSE Assessment process. All partner agencies have a responsibility to contribute to the risk assessment and any other assessment deemed necessary.

If there are other presenting issues requiring a safeguarding response the First Response manager and relevant MACSE team manager will liaise and depending on the complexity decide which team will take the leading role.

Following LSCB procedures **a strategy discussion must take the form of a meeting**, chaired by a manager from children's social care, if there is concern of trafficking and/or sexual exploitation. If it is a new referral the manager of the MACSE team will chair the meeting.

If the child is deemed to be **at risk of immediate significant harm** as per LSCB procedures a **Section 47 investigation should be initiated**, a joint visit with the police should be undertaken within 24 hours and strategy meeting held within 5 working days.

### If concerns are primarily welfare based:

- A Single Assessment will be undertaken by First Response
- If CSE concerns are identified during this assessment the social worker should contact the MACSE team for advice and guidance;
- Consultation between the First Response manager and MACSE team LA manager will be undertaken to determine if a child is at risk of CSE and the level of risk and
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- decision made about whether CSE procedures need to be initiated and a strategy discussion held.
- Following completion of a CSE Assessment a strategy discussion should take place where a child is assessed as being at risk of CSE or is being sexually exploited;

If concerns are primarily risk of CSE:

- First Response will contact the MACSE team for advice and guidance and ensure a CSE Risk Assessment Tool is completed by the referrer if this has not been done already;
- The MACSE team LA workers will then undertake a CSE Assessment and/or a joint visit with an MACSE team police officer dependant on level of risk identified in the referral;
- The MACSE team will lead in undertaking the strategy discussion on new cases. If the case is allocated it is the expectation that the allocated Team Manager will chair the meeting. As a minimum the police, children's social care and health should participate in the strategy discussion and should include any other agency that has information or involvement;
- If a Section 47 investigation is required, then a CSE Strategy Meeting will be convened within 5 working days.

Referrals to the MACSE team for children in care from out of authority

- For children who are placed in Leicester, Leicestershire and Rutland by another LA and where CSE has been raised as a concern, a referral will need to be made to the MACSE team via First Response and CSE Risk Assessment Tool (CSE1) completed only. The MACSE team LA worker will then complete a CSE Assessment (below) and share this with the responsible local authority.
- Any additional intervention identified following the CSE Assessment will need to be commissioned by the responsible LA for a specialist service to be provided by the MACSE team.
- In the event of an immediate safeguarding concern (CSE) for a child placed by another LA, the MACSE team will facilitate a CSE Strategy Meeting and attendance will be required by the placing authority social worker and team manager.

Referrals to the MACSE team for children in care placed out of authority

- Referrals will be made as outlined and as stipulated within the guidance.
- The MACSE team will be responsible for tracking relevant cases and ensuring a co-ordinated joined up approach. (often these children and young people move placements and a joined-up approach is therefore necessary).
- The MACSE team will be responsible for chairing strategy meetings if required
- The MACSE team will ensure attendance at any meetings held by the LA in which the child is placed.

## Direct Referrals to the Police

Police officers have been trained to identify CSE and report this through a vulnerable child referral. 10 risk factors/indicators are included on this referral to assist officers in identifying CSE. The child referral desk also reviews all referrals and reported crimes to ensure no signs of CSE are missed. Where CSE is identified the MACSE team is informed and if required a strategy discussion is held. Safeguarding Police Community Safety Officers (PCSOs) are also deployed to follow up information and intelligence relating to CSE.

Multi agency LLR partnership meetings are convened as a daily briefing and risk management triage meeting; weekly intelligence meetings and a monthly tactical tasking and coordination group meet

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## Actions post referral

### Immediate Protection

Where there is a risk to the life of a child or a likelihood of serious immediate harm Local Authority, Police or NSPCC should use their statutory Child protection powers to act immediately to secure the safety of the child. The LA should take legal advice in a timely way to ensure any appropriate legal application including EPO are considered.

If a child is found in the company of risky adult/s; or in a situation where there are immediate risks relating to the safety of the child, the police may invoke (Children Act 1989 Section 46) their powers to remove the child to a place of safety. LLR safeguarding procedures will apply to ensure the child is safeguarded from harm and appropriate planning pathways implemented in a timely way.

### LA Children's Services Component

The LA workers within the MACSE team will undertake a specialist CSE Assessment (CSE2) following acceptance of a referral:

- All referrals passed to the MACSE team will be reviewed by a MACSE team manager on the same or next day.
- The MACSE team manager will ensure that referrals accepted by the team are allocated for a CSE Assessment within 24 hours.

- Following the acceptance of a referral, a MACSE team worker will be allocated as an additional case worker to undertake a specialist CSE Assessment using the CSE Assessment form.
- All CSE Assessments must only be undertaken by the MACSE team; a MACSE team social worker overseen by a MACSE team manager.
- At the completion of the CSE Assessment, it is expected that a further plan for future intervention will be identified, or reasons why no further involvement is required will be identified and recorded.
- If a Section 47 has been initiated requiring an Initial CSE Strategy Meeting within 5 working days, it is expected that a brief CSE Assessment will be completed by the time of the meeting
- In all other cases a more detailed CSE Assessment will be completed within 15 working days by time of the Initial CSE Strategy Meeting.
- At the completion of the CSE Assessment if further involvement is identified the MACSE team LA worker will develop a bespoke package of specialist support that will form part of the CP/LAC /CIN plan for that child.
- The bespoke package of support could include direct work, outreach support, support for parents, drug and alcohol support, health screening, liaison with YOS, liaison with education providers, group work, awareness raising, victim support, preparation for trials, counselling.
- The MACSE team will also be responsible for sourcing and commissioning other agencies and services to offer ongoing intensive support and coping and recovery services.
- The MACSE team LA manager will ensure that all CSE Assessments are completed and on the children's service electronic recording system within 15 working days of the referral and reviewed at a minimum of every 3 months at CSE Strategy Meetings throughout the period of intervention and at the point of closure.

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## LA Children's Services Case Responsibility

### Allocated worker:

- Case responsibility for all cases allocated to early help or social work teams will remain with those teams.
- Allocated workers will be responsible for the completion of all CP/LAC/CIN processes including convening professional's meetings, undertaking Section 47 Investigations, CIN/CP/LAC reports for meetings and reviews.
- Where a child is in placement and risks in relation to CSE or missing are known or suspected the expectation is that a CSE Risk Assessment Tool (CSE1) <http://lrsb.org.uk/cse-risk-assessment-tool-and-ref> and Missing Risk Assessment Form <http://lrsb.org.uk/missing-children-and-young-peopl> should be completed and sent to the CSE Team.

- The allocated worker should also notify the MACSE team [cfs.cse.team@leics.gov.uk](mailto:cfs.cse.team@leics.gov.uk) Leicestershire & Rutland [cse-team@leicester.gov.uk](mailto:cse-team@leicester.gov.uk) & Leicester City of any known or emerging concerns.

#### MACSE team LA worker:

- The MACSE team will contribute to all these processes through co-working, attendance at meetings and written contributions to Child Protection Conferences and other planning meetings (e.g. CIN meetings/LAC Reviews/Signs of Safety meetings).
- The responsibility of the MACSE team will be to ensure that the bespoke package of support is delivered in accordance to assessed need to improve the outcomes for the child.
- The MACSE team will inform the IRO of any concerns identified where a child is in care and/or subject to a child protection plan.
- A case will be solely allocated to the MACSE team if:
  - First Response receives a referral on an unallocated case and this is the agreed course of action by the First Response manager and MACSE team manager.
  - In agreement with senior management – this should be recorded.
  - In relation to cases of children placed in the area by other local authorities where agreed with the placing local authority.
- MACSE team managers will chair all CSE Strategy Meetings and meetings held under Complex (Organised and Multiple) Abuse procedures. [https://lrs.cb.proceduresonline.com/p\\_org\\_complex\\_abuse.html?zoom\\_highlight=organised+complex](https://lrs.cb.proceduresonline.com/p_org_complex_abuse.html?zoom_highlight=organised+complex)

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## Management of Referrals

All new CSE referrals and children reported missing will be reviewed daily by the MACSE team and a decision made on whether a CSE Assessment is required. Referrals will be triaged within the team and further consultation may take place with the referrer where this is deemed necessary.

Missing from home reports will be reviewed daily from the night before and on a Monday following a weekend period. All incidents relating to children both missing and absent from care will be looked at. Children reported missing will be allocated an independent return interview (see return interview procedure).

A daily governance meeting will be held at 9am each morning attended by the MACSE team Detective Inspector or Detective Sergeant, MACSE team LA manager along with the duty MACSE team LA worker and duty police officer. In addition, the Specialist CSE Nurse and YOS will be in attendance.

Actions will be set, and case plans reviewed regularly. All agencies within the MACSE team are responsible for assisting with such plans and assuring relevant information/intelligence is recorded and shared between agencies. In cases that a decision is made for no further action the referrer will be given feedback.

Weekly meetings will be held to review progress in relation to referrals and children reported missing during that period, to share information and to discuss current and plan new investigations and operations.

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## Missing, Sexual Exploitation and Trafficking meeting (MSET)

A multi-agency Missing, Sexual Exploitation and Trafficking meeting (MSET) will be held monthly including wider partners (see MSET procedures):

- Information and intelligence will be collated and shared in relation to children at risk of CSE and/or frequently missing and in respect of adults who may pose a risk to children.
- Actions to safeguard children and pursue suspects will be routinely agreed, monitored and reviewed.
- Data and information about potential hotspots and evidence of organised or group exploitation will be analysed and mapped to enable the identification of appropriate targeted action.

Allocated early help and social workers will be asked to provide relevant information or intelligence to be shared with the group. Feedback from discussions at the group will be shared with the allocated worker to aid effective care planning and safeguarding.

It will also be expected that appropriate plans and support are in place to address any concerns.

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## CSE Planning

Where children are identified as being at risk of CSE a plan should be put in place that identifies how support will be offered to the child and their family/carers. All interventions are guided by the planning process. It is expected that the majority of children needing support will be supported under a Child in Need (CIN) plan and subject to the CSE Strategy Meeting process.

## CSE Strategy Meeting (see LSCB procedures)

[http://lrsrb.proceduresonline.com/chapters/p\\_strat\\_disc.html](http://lrsrb.proceduresonline.com/chapters/p_strat_disc.html)

The Initial CSE Strategy Meeting should take place within 15 working days of the strategy meeting or where more than one has taken place, of the strategy meeting at which the Section 47 Enquiry was initiated.

Review CSE Strategy Meetings should take place at no more than 3-month intervals. **(6 weekly CSE core group meetings will be held for those cases open to Leicester city council).**

At the CSE Strategy Meeting a decision will be made to determine if a child is deemed to be at risk of or having suffered significant harm.

At the end of the CSE Strategy Meeting one of the following decisions could be made:

1. The case does meet the MACSE team CSE criteria and will be allocated jointly to a MACSE team Detective and MACSE team social worker for joint investigation. An investigation plan will be completed, and actions clearly recorded. In addition, a health needs assessment will be completed by the Specialist CSE Nurse and considerations for referrals on to appropriate health/public health services will be made after discussion with MACSE team.
2. Where a decision has been made jointly with the police following a strategy meeting, that it is in the best interests of the child to carry out a full criminal investigation, the police will be responsible for the conduct of that investigation. The MACSE team has lead responsibility for the welfare of the child under the Children Act 1989. In such circumstances the Specialist CSE Nurse will liaise with the police before commencing any health activity to ensure the integrity of the evidence.
3. The decision to conduct a joint visit should be determined by what is in the best interests of the child and will take place to see the child and their carer to explain the process
4. If a video interview is required, this will be conducted by an MACSE team Police Officer with a relevant and suitably qualified MACSE team social worker. The interview will be completed as informed by the Achieving Best Evidence (ABE) guidelines.
5. The CSE Strategy Meeting must decide if child protection conference procedures should be initiated. If child protection conference processes are not initiated, then in accordance with Working Together 2018 and LSCB procedures the reasons should be formally recorded. In cases where the child is in care then the case will be referred to the LAC care planning process.
6. The case does not meet the threshold for an Interface investigation but due to the child's vulnerability to CSE, i.e. a child who is at risk of being targeted and groomed for sexual exploitation, a bespoke piece of short term intervention will be implemented by the MACSE team social worker and where appropriate Health

assessment will commence and consideration for referral on to health/public health services will be made..

7. The MACSE team criteria are not met, because CSE concerns are not substantiated. However, there may be cases where needs or concerns outside the CSE remit have been identified, for example those linked to education, health or accommodation. In this instance the allocated early help or social worker will be responsible for completing an assessment of the child's needs where appropriate in conjunction with the Specialist CSE Nurse.

### **Health**

As most health provision is provided universally, health professionals may often be the first to be aware that a child may be at risk or a victim of CSE. These children may be in contact with a range of services, including their General Practitioner (GP), Public health nurse/school nurse, sexual health services, child and adolescent mental health (CAMHS), substance misuse services, accident and emergency and out of hours services if they are children looked after by the local authority (LAC) their LAC nurse.

Health Professionals worried about a child at risk of CSE should:

1. Follow the Leicester Partnership Trust (LPT) CSE pathway
2. Any child under 13 or any child or young person at immediate risk of harm needs to be referred to the local social care duty team.
3. Health professionals are to contact the local social care duty team to discuss concerns about the child or young person they suspect is involved in CSE.
4. The CSE nurse in the CSE Hub can offer any health professional advice, guidance and support during the referral process
5. Health professionals are to access LSCB CSE training and education and should have the skills and competence to identify and act upon concerns that a child is a risk or a victim of CSE.

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## **Child Protection Conference**

If a child at risk of CSE is subject to a child protection conference process all child protection conferences will be attended by the MACSE social worker allocated to the case including the Initial Child Protection Conference (ICPC). MACSE Team Detectives will also attend where it is deemed appropriate or necessary for them to do so. The CSE Specialist Nurse will attend conference unless there is a member of either health or public health in attendance. This frontline worker however can request support from the CSE nurse wither in preparing the conference report or in preparation for the conference. The team will be represented at all Review Child Protection Conferences involving open cases to the MACSE Team. Where physical attendance is not possible a written report will be prepared and made available for the conference chair.

Following on from an ICPC regular core group meetings will be called by the allocated social worker and the MACSE Team social worker undertaking the direct intervention

will attend to update on the progress. Health representation will be from either the Specialist CSE nurse or a member of health/public health dependent on who is leading on any intervention work.

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## LAC Care Planning

Where it is identified that a child who is in care (LAC) is at risk of or has suffered significant harm due to CSE they will be made subject of LAC CSE Case Planning. The MACSE team social worker will be responsible for arranging six weekly CSE Case Planning Meetings and invite relevant agencies. If it is assessed that a child is no longer at risk of CSE and the case should be closed to the MACSE team before the next LAC review, then the MACSE social worker will need to seek authorisation from the MACSE team manager and IRO. The team will then hold an exit planning meeting.

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## Child in Need Planning

The purpose of Child in Need planning is to bring together the child, carer (and extended family and friends where appropriate) with a team of professionals and the allocated MACSE social worker to support and be part of the multi-agency team that agree on a workable support plan within the prevention, protection, pursue and exit strategy framework. In order to ensure the needs of the child at risk of CSE or is being sexually exploited are assessed and that multi-agency engagement and appropriate interventions are undertaken in line with Working Together 2018 and the Framework for the Assessment of Children in Need and their Families.

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## Police Investigation

MACSE team police officers will investigate all CSE1 investigations. CSE1 investigations are those where the victim is at high risk of harm and/or where complex and complicated investigations are required. The Police Child Referral Desk will make this assessment. A referral will be made from the Police Child Referral Desk and the crime report reviewed by the CSE Detective Sergeant who will set and add an investigation plan. All police investigations into high risk and/or complex and/or organised CSE will be conducted by the MACSE team police officers. Other CSE offences will be investigated by police officers in Force Investigation Units.

The safeguarding of the victim and future victims is paramount whilst an offence is investigated, and a criminal justice outcome sought. The police team will be proactive and deploy a variety of tactics with partners to obtain evidence to safeguard children

and prosecute offenders. Proactive investigations led by intelligence should be conducted.

The police team will support missing from home investigations conducted by patrol and resolution officers which relate to a CSE victim. Every opportunity to obtain evidence of offences and arrest and prosecute offenders will be taken.

Police actions and decisions will be cognisant of the safety and care plan of partners within the MACSE team.

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## CSE Intervention Awareness/Intervention and Support– Based on assessment

### Awareness Raising

All children are potentially at risk of CSE and therefore need to develop the knowledge and skills to make safe and healthy choices about relationships and sexual health and who to contact for advice and support:

- MACSE team LA workers will offer a one to one educational programme of work that is delivered to those children who have been identified as being at risk.
- MACSE team LA workers will also deliver one to one interventions following assessment.
- The level of need will determine the number of sessions delivered.
- The MACSE team will work closely with education providers to deliver awareness raising programmes to children. These programmes will also roll out to LAC in children's homes in Leicestershire.
- The MACSE team will also deliver bespoke training packages to ensure that professionals that come into contact with children are able to identify signs and be alert to CSE and are then equipped to know what action to take in line with local procedures.
- The MACSE team will design and deliver awareness raising events targeted at identified groups of children and adults.
- The MACSE team will be responsible for establishing and maintaining working relationships with stakeholder groups throughout Leicestershire to promote and disseminate good practice in relation to CSE.

### Intervention Pathway

The relevant intervention pathways summarised in the CSE Risk Assessment Tool guidance are based on the identified level of risk.

The framework is intended to inform appropriate responses in relation to children's safeguarding needs. It is intended as a guide to assist professionals in determining risk to CSE, exploring working relationships with the MACSE team either at the initial screening stage or following an assessment, as to whether a child has additional needs and at what level or by what agency those needs could best be met.

### Supporting Victims through Court Processes

The MACSE Team will devise a victim care strategy for victims of CSE where a prosecution is being pursued and they are a witness. This will include:

- Victim Impact Statements
- Victims Support
- Witness Support

Special measures are available for any witness under 17 and can be requested for a vulnerable or intimidated witness of any age. The MACSE team will apply to the court for special measures by providing appropriate supporting evidence in all CSE cases to enable:

- Using a video of their evidence to give their account of what happened.
- Answering questions from the defence using the live link from another room.
- Giving evidence in private by clearing the court of people who do not need to be there.
- Advocates and judges in the Crown Court removing their wigs and gowns.
- Aids, such as sign and symbol boards, for children who have difficulty speaking.
- Screens to prevent a witness who is in court from having to see the defendant.
- An intermediary to help explain the questions or answers if necessary.

These indicators of need and levels of risk are not prescriptive and are designed to assist professionals in using their judgement to gauge what level of intervention will be most appropriate.

### **Universal (Low Risk)**

If a child's needs are being met, this would indicate that the child is making good enough progress across all areas of their development and that parents are making the right choices and effort to mitigate all 'underlying risk factors' to help support the child's welfare and outcomes. Therefore, the child is not at risk of CSE or is exiting the service.

### **Early Help**

**(At Risk)**

If some of a child's needs are being met but there are additional needs identified, this would indicate that they are At Risk of CSE and intervention is required to avoid the impairment of a child's health and wellbeing. If ignored, these issues could develop and lead to adverse outcomes where risks increase over time leading to statutory intervention. These children will require a co-ordinated multi-agency response. Consideration should be given to a referral to the MACSE team, to possibly run alongside existing early help services.

**(Medium Risk)**

If a child's needs are presenting at this level of need (or as At Risk of CSE but there are some additional concerns identified) this would indicate that they may be at serious risk of CSE and suffering significant harm. These are some of the most vulnerable children and need a multi-agency response and require clarification of the role of statutory social work services working alongside the MACSE team.

**Specialist (High Risk)**

If a child's needs are presenting at this level, (or at Medium Risk of CSE but there are some additional concerns identified) this would indicate that the child is at serious risk of CSE and is suffering significant harm. This group are clearly the most vulnerable children and require a multi-agency response involving the MACSE team and statutory children's social care services.

**Case Closure**

The decision and reasons for ending MACSE team involvement should be clearly recorded on the child's case file and noted elsewhere on relevant recording systems.

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