

	Action/Date
Title/Status-	Operating Protocol
New document or revised	New
Date approved SMT	30/11/2016 originally approved and signed off by CSE chief executive group (LLR) (multi agency) This is now replaced with Vulnerability chief executive group Feb 2019. This document will be reviewed by 01/08/2019
Responsible Head of Service	Head of Fieldwork on behalf of Leicestershire CC Head of Service for Fieldwork Rutland Head of Service for Leicester City
Date review	01/08/2019
Date SMT approved.	

Multi-Agency CSE Team (MACSE)

Operating Protocol

Contents

Introduction..... 3

Definition of Child Sexual Exploitation 4

Local Response..... 4

The Multi-agency CSE (MACSE) team – establishing a united response 5

Local Authority (LA) Children’s Services Remit within the Team: 8

Leicestershire constabulary remit within the team 8

The Specialist Nurses – Advanced Nurse CSE, Nurse Specialist CSE remit and role..... 8

MACSE team Model 10

Referral pathway and advice to referrers 11

Actions post referral 14

Specialist CSE Assessment 15

LA Children’s Services Case Responsibility 16

Management of Referrals 16

Missing, Sexual Exploitation and Trafficking meeting (MSET) 17

CSE Planning..... 18

CSE Strategy Meeting (see LSCB procedures) 18

Child Protection Conference..... 20

LAC Care Planning 20

Child in Need Planning..... 20

Police Investigation 21

CSE Intervention Pathway Model 21

Appendix

1	CSE Intervention Pathway Model
2i – 2ii	Leicestershire and Rutland; process maps
3i - 3iii	Leicester City; process maps
4	CSE Assessment (CSE1)
5	CSE Assessment (CSE2)
6	Multi-Agency CSE, Trafficking and Missing Meeting (MSET)
7	Information Sharing Tool
8	Glossary
9	Structure Chart

Introduction

Child sexual exploitation (CSE) has been identified as taking place in both rural and urban areas throughout the UK. It is often hidden and under reported. It affects boys and young men, as well as girls and young women. It can have a serious long-term impact on every aspect of a child's life, health and education. It damages the lives of their families and can lead to family break ups. Sexual exploitation of children is completely unacceptable.

Children who are being sexually exploited are the victims of sexual abuse and should be safeguarded from further harm. Sexually exploited children should not be regarded as criminals and the primary law enforcement focus should be aimed at the perpetrators of such crimes.

The abuse takes a number of forms and crosses boundaries of culture, disability, social class, and gender and other diverse issues. This means it is often under reported and misunderstood.

Whilst it is not fully known how prevalent it is, CSE has become increasingly recognizable as professionals gain more understanding of grooming and other methods of CSE and begun to take proactive and coordinated approaches to deal with it.

[Back to Contents](#)

Definition of Child Sexual Exploitation

The nationally agreed definition of CSE adopted by the Leicester, Leicestershire and Rutland Local Safeguarding Children Boards (LSCBs) is:

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

[Back to Contents](#)

Local Response

The Leicester LSCB and Leicestershire and Rutland LSCB has overall responsibility for ensuring there is a co-ordinated, multi-agency response to the issues of CSE, trafficking and missing children in Leicester, Leicestershire and Rutland.

Tackling CSE is a local strategic priority. A priority has been to develop a joined up multi-agency strategic and operational approach.

Building on the strengths of existing local arrangements a specialist multi-agency CSE team is been established and is responsible for coordinating the operational response to CSE, trafficking and missing. This will build on the team already in place, which includes the police, Leicestershire children's services and health colleagues. Leicester City children's social care will be co-located in December 2016.

The development of the team is based on a number of other successful models operating across the country. These include the Sunrise Team in Rochdale, Kingfisher Team in Oxfordshire, Engage in Blackburn, and Phoenix Protect Team a joint Manchester and Salford initiative.

It is envisioned that the local operational approach will be based on the application of a hub and spokes model. This approach aims to ensure that whilst the multi-agency CSE team will have overall responsibility for coordinating the response to CSE, tackling CSE will remain everyone's business. To achieve this aim knowledge will be embedded in all agencies with mechanisms to support an effective two way process for the sharing of concerns, information and intelligence about CSE between the specialist team (Hub) and professionals, partner agencies and members of the public (Spokes).

The multi-agency CSE team's tactical approach is closely aligned to the objectives of the local strategy underpinned by the following strategic priorities:

- PREVENTION (reduce the numbers of children at risk)
- PROTECTION (reduce the risk of harm to children)
- PURSUE (disrupt and bring offenders to justice)
- PROVISION (provide effective services for support and recovery)
- PARTNERSHIP (build public confidence).

[Back to Contents](#)

The Multi-agency CSE (MACSE) team – establishing a united response

In its present configuration the team comprises of: (see appendix 9)

- Police and local authority managers
- Police officers - CSE Investigation Team
- CSE Analyst

- Local authority children’s services workers:
 - Leicestershire
 - Rutland
 - Leicester (*n.b Leicester city are co-located at the present time*)
- LLR CSE Coordinator
- Specialist CSE Nurses – an Advanced Nurse CSE and Nurse Specialist CSE
- Psychologist
- Parenting Support Coordinator
- Outreach workers

Key Principles Underpinning the MACSE team Response

1. CSE includes sexual, physical and emotional abuse, as well as, in some cases, neglect.
2. Children do not make informed choices to enter or remain in sexually exploitative relationships, but do so from coercion, enticement, manipulation or desperation.
3. Children under 13 cannot consent to sexual activity; sexual activity with children under the age of 13 is statutory rape.
4. The primary concern in relation to children at risk of CSE or who are being sexually exploited is to safeguard and promote the health and welfare of the child
5. Child should be at the centre of the work, their voice will contribute to ongoing service delivery
6. Parents/carers play the most important role in safeguarding. While professionals will need to assess the situation and how best to safeguard, it is only in the most exceptional cases that there be compulsory intervention in family life. Parent/carer participation is necessary to ensure they contribute to the overall development of the service.
7. Sexually exploited children should be treated as victims of abuse, not as offenders.
8. 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.
9. The primary law enforcement effort must be made against the groomers and perpetrators of CSE.
10. Regard for factors such as age, disability, race, ethnicity or cultural backgrounds of both victims and perpetrators will be taken into account.
11. CSE risks need to be considered for all children who go missing, and the reasons for this needs to be understood.

MACSE Hub Remit

The purpose of the team is to **identify and take action** to safeguard and protect children at risk of or who are being sexually exploited (online or in the real world), trafficked or have gone missing or run away.

The team will provide a victim centred approach combining criminal investigation, safeguarding and educational programmes.

The team will:

- Form a centre of excellence, knowledge, expertise and skill that will coordinate the first response to concerns about CSE, trafficking and missing and issues of complex abuse.
- Coordinate and provide targeted early intervention and prevention activity in relation to CSE and missing children
- Provide bespoke support (according to need) to children, families and other professionals to reduce the risk to children through prevention including awareness raising and disruption activity.
- Provide expertise, advice, guidance, and information where there are concerns about CSE, trafficking or missing, which can be accessed by all agencies.
- Be proactive in identifying and tackling through criminal prosecutions cases of CSE and trafficking.
- Understand the prevalence of CSE, missing and trafficked children in the area and ensure that concerns and risks are appropriately raised and responded to.
- Identify children who are at risk of, or who are being, sexually exploited.
- Provide assertive outreach to support appropriate health assessment and referral to health services.
- Assist to increase the awareness, knowledge and responsibilities in relation to CSE across the health economy and develop local health expertise in relation to CSE in Leicester Leicestershire and Rutland.
- Take assertive action to safeguard and promote the health and welfare of all children at risk of or who are being sexually exploited.
- Ensure an appropriate exit strategy and referral to appropriate services at the end of interventions.
- Gather evidence to pursue perpetrators and achieve prosecutions.
- Support children and their families through the judicial process.
- Ensure the strands of investigations in relation to safeguarding, police, legal, health, administration, media and political issues are all effectively managed and coordinated.

The MACSE team will not:

- Oversee cases outside the definition of CSE as described in the LSCB practice guidance. This includes cases of familial sexual abuse or non-recent abuse.

- Provide an IRO service and/or chair LAC (looked after children) reviews or child protection conferences.

[Back to Contents](#)

Local Authority (LA) Children's Services Remit within the Team:

- Provide consultation through case discussions, attending strategy meetings, care planning meetings, professionals meetings and child protection conferences
- Provide oversight, scrutiny and challenge in relation to cases where CSE, trafficking or missing is a factor
- Undertake specialist CSE assessments
- Lead on the development of risk management plans in relation to CSE, trafficked and missing children, monitoring those cases where CSE, missing and trafficking is suspected.
- Work directly with children and families where there are concerns about CSE
- Co-work with allocated early help/social workers or other professionals identified as the most appropriate worker to support the young person and/or the family
- Provide advice and support to parents
- Provide packages of specialist early intervention and prevention
- Convene and chair strategy discussions on new cases and multi-agency CSE planning meetings.
- Support children and families through related court processes

[Back to Contents](#)

Leicestershire constabulary remit within the team

- Investigate all CSE1 offences (Police risk assessment to ensure all high risk/harm/threat offences are investigated by Detectives within the CSE Team)
- Identify and proactively investigate CSE offenders and locations where CSE is taking place using all police tactics available to prevent and disrupt offences.
- Work in partnership with a primary focus to safeguard children and where possible prosecute offenders for CSE offences.
 - Support missing from home investigations conducted by Patrol and Resolution Police Officers which relate to CSE, taking every opportunity to safeguard victims, obtain evidence of offences and arrest and prosecute offenders

[Back to Contents](#)

The Specialist Nurses – Advanced Nurse CSE, Nurse Specialist CSE remit and role

- Work within the MACSE team with police and social care colleagues providing an expert health resource. Take referrals in the MACSE team via LA children's services or the police.
- The Specialist CSE Nurses would serve all children and young people within LLR at risk of/being sexually exploited.
- To provide a point of contact for expert advice, training and support to a range of health staff and health providers working to support children and young people at risk of/being sexually exploited.
- Will work with the Designated Nurse for Looked after Children to develop the CSE health operational model and review the health pilot throughout its duration.
- Support children and young people at risk of/being sexually exploited holding a specific identified caseload.
- Link closely with Child and Adolescent Mental Health Services (CAMHS) and Sexual Health Services to ensure joined up working with children and young people at risk of/being sexually exploited.
- Develop and maintain close working relationships and provide an interface with key health providers; General Practitioners (GP), Genitourinary Medicine, Sexual Health Services, Out of Hours Services (Emergency Departments, Urgent Care Centres, Walk in Centres), Acute Services. To raise awareness of their role in identifying and supporting children and young people at risk of/being sexually exploited and promote relevant clinical pathways.
- Ensure the children's workforce has a greater understanding of the risk factors for children and young people at risk of CSE through targeted training.
- Ensure health services are fully engaged with the local strategy around the 5 domains – Prevention, Protection, Pursue, Provision and Partnership.
- Work in partnership with LA children's services, Legal Team, police, acute trusts, education, early intervention services and the voluntary or third sector to promote the protection, health and well-being of children and young people, with particular regard to CSE.
- Establish a flagging system for all children and young people at risk/being sexually exploited across all health systems in order to highlight their vulnerability and to ensure their specific health needs are met.
- Build and maintain constructive working relationships with partners within the LSCB partnership, voluntary and third sector providers and therapeutic service providers.
- Collect and manage data related to the CSE key performance indicators.
- Gather health intelligence on individual cases to contribute to multi agency strategy discussions.
- Identify and map any patterns or trends across the health partnerships which could support partner agencies in the police and social care to develop greater local CSE knowledge. Work with children and young people either directly or indirectly at the beginning of their health journey to ensure safe working practices and to work at the pace of the young person.

- Provide or support a specialist health assessment of children and young people at risk of/being sexually exploited and ensure timely referral to appropriate health services/public health for example CAMHS, sexual health services, substance misuse services, school nursing, specialist domestic abuse services and midwifery.
- The Specialist CSE Nurse can undertake complex and detailed assessment of health information related to children and young people at risk of/being sexually exploited and judge what confidential information can be legally shared with the MACSE team in order to best safeguard the particular children and young people.
- Ensure accurate documentation of all aspects of the health journey of children and young people giving clear descriptions of why decisions were made and actions taken to provide safe evidenced based practice. Ensure the child or young person is flagged across health systems as a CSE risk.
- During information gathering, strategy meetings and direct casework ensure the monitoring and tracking of risks and issues and seek proactive resolution and escalation processes.
- Support and ensure timely access by health staff to the LSCB interagency procedures and escalate cases where the needs of a child or young person are not being met as per procedures.
- Provide coordination of and participate in relevant meetings, reporting attendance and providing information and support where requested. This includes attendance and contributing at interagency strategy meetings where required.
- Offer direct or indirect advice and support to parents and carers of children and young people at risk of/being sexually exploited.
- Ensure the voice to the child or young person and their parents/carers influence the development of clinical practice in CSE, the design of services and future CSE strategy.
- Where the child or young person is a LAC the practitioner will work with the Looked After Children's Team – Designated Nurse for LAC and the Specialist LAC Nurses to ensure the health needs are being met.
- Once the child or young person has been successfully negotiated into appropriate health services that meet their individual needs the CSE Nurse Specialist will close the case, cases that get referred can be reopened as necessary.
- In addition the CSE Nurse Specialists will provide quarterly reports, annual report and audit activity to monitor the outcomes of the service and report via the Designated Nurse for Safeguarding Adults and Children to the SPDF CSE Project Board and CCGs Boards.

[Back to Contents](#)

MACSE team Model

The CSE Intervention Pathway Model is shown in Appendix 1 and the flowchart for referrals into LA Children's Services in Appendix 2 (**Leicestershire and Rutland**) and 3 (**Leicester city**)

The CSE Assessment process will identify vulnerability and risk of CSE. The team will work with all children assessed as Medium or High Risk of CSE using this process (Appendix 4). The team will provide intervention packages where agreed with children At Risk of CSE.

Where a case is allocated to an early help or social work team, in all cases the MACSE team local authority (LA) worker will be allocated as the co-worker. Overall case responsibility will remain with the operational team.

Following a CSE Strategy Meeting, some children/YP will be subject to a CSE Plan that explains in detail the role and remit of all MACSE team workers involved in the plan and all other partner agencies. MACSE team involvement with a child will be co-ordinated by the MACSE

The MACSE worker on completion of a CSE Assessment, and in consultation with the allocated caseworker, will devise a bespoke package of support for the child which will be regularly reviewed at CSE Strategy Meetings and in line with other standard reviewing processes.

[Back to Contents](#)

Referral pathway and advice to referrers

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

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://www.lcitylscb.org/information-for-practitioners/safeguarding-topics/child-sexual-exploitation/>

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.
- Re/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 the referral/ to the MACSE team/ contact the MACSE team (**See appendix 2 and 3**) 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

First Response/DAS 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/DAS 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/DAS manager and relevant LA 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/DAS;
- 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/DAS 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 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/DAS 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 (**alongside a SW from SAT/CIN/LAC undertaking the Single assessment in Leicester city**) (see CSE Assessment below) 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/DAS 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 in appendix 2 and 3.
- 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

[Back to Contents](#)

Actions post referral

Immediate Protection

It may become apparent that immediate action needs to be taken to safeguard a child's welfare. Such a decision should normally be preceded by a strategy discussion led by children's social care and involving the police and other involved agencies. It may involve keeping the child in a safe place, or removing them to a place of safety. This may involve the use of police protection (Children Act 1989 Section 46). The situation will then be assessed by children's social care and a decision will be made about appropriate accommodation.

Specialist CSE Assessment

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 LA manager on the same or next day.
- The MACSE team LA 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 LA worker will be allocated as an additional case worker to undertake a specialist CSE Assessment using the CSE Assessment form (Appendix 4).
- All CSE Assessments must only be undertaken by the MACSE team; a MACSE team LA 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.

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-people> should be completed and sent to the CSE Team.
- The allocated worker should also notify the MACSE team cfs.cse.team@leics.gov.uk Leicestershire & Rutland cse-team@leicester.gov.uk & Leicester City of any known or emerging concerns.

MACSE team LA worker:

- The MACSE team LA worker 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 LA worker 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 LA worker 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/DAS receives a referral on an unallocated case and this is the agreed course of action by the First Response/DAS manager and MACSE team LA 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 LA managers will chair all CSE Strategy Meetings and meetings held under Complex (Organised and Multiple) Abuse procedures. http://llrscb.proceduresonline.com/chapters/p_comp_abuse.html

[Back to Contents](#)

Management of Referrals

All new CSE referrals and children reported missing will be reviewed on a daily basis 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 on a daily basis 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.

[Back to Contents](#)

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 – Appendix 6):

- 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.

[Back to Contents](#)

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.

[Back to Contents](#)

CSE Strategy Meeting (see LSCB procedures)

http://llrscb.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 conclusion 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 LA 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 in order 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 LA 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 2015 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 -LA 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 (see appendix 5a)
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/s in the CSE Hub are able to 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. They are able to access specialist advice and training from the CSE Nurse/s.

Health Boards, Health Trusts, Clinical Commissioning Group and health providers should identify a lead officer for CSE.

[Back to Contents](#)

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 LA 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 LA 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.

[Back to Content](#)

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 LA 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 LA worker will need to seek authorisation from the MACSE team LA manager and IRO. The team will then hold an exit planning meeting.

[Back to Contents](#)

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 LA 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 2015 and the Framework for the Assessment of Children in Need and their Families. (for cases open to Leicester city council refer work will be undertaken in line with the CIN policy and procedures

[Back to Contents](#)

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.

[Back to Contents](#)

CSE Intervention Pathway Model

The CSE Intervention Pathway Model shown in Appendix 1 is based on the Leicester, Leicestershire and Rutland Threshold of Need model.

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 also 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.

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.

CSE Intelligence Gathering

Collation of concerns, information, intelligence from all partner agencies, the profiling of CSE activity, and informing the development of action plans and services are key activities for the MACSE team. This includes:

- Utilising information in relation to the level and nature of CSE within gangs and groups
- Developing closer working relationships with the support workers of adult sex workers to look at the correlation of CSE and young people moving into prostitution.
- Utilising information provided by LSCB CSE, Trafficking and Missing Subgroup members and the wider partnership in relation to young people vulnerable to CSE.
- Development of a multi-agency intelligence data collection plan.
- Identification and sharing of local factors.

It is important that relevant concerns, information and intelligence are passed on. This can be done using the LLR CSE Information Sharing Tool.

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

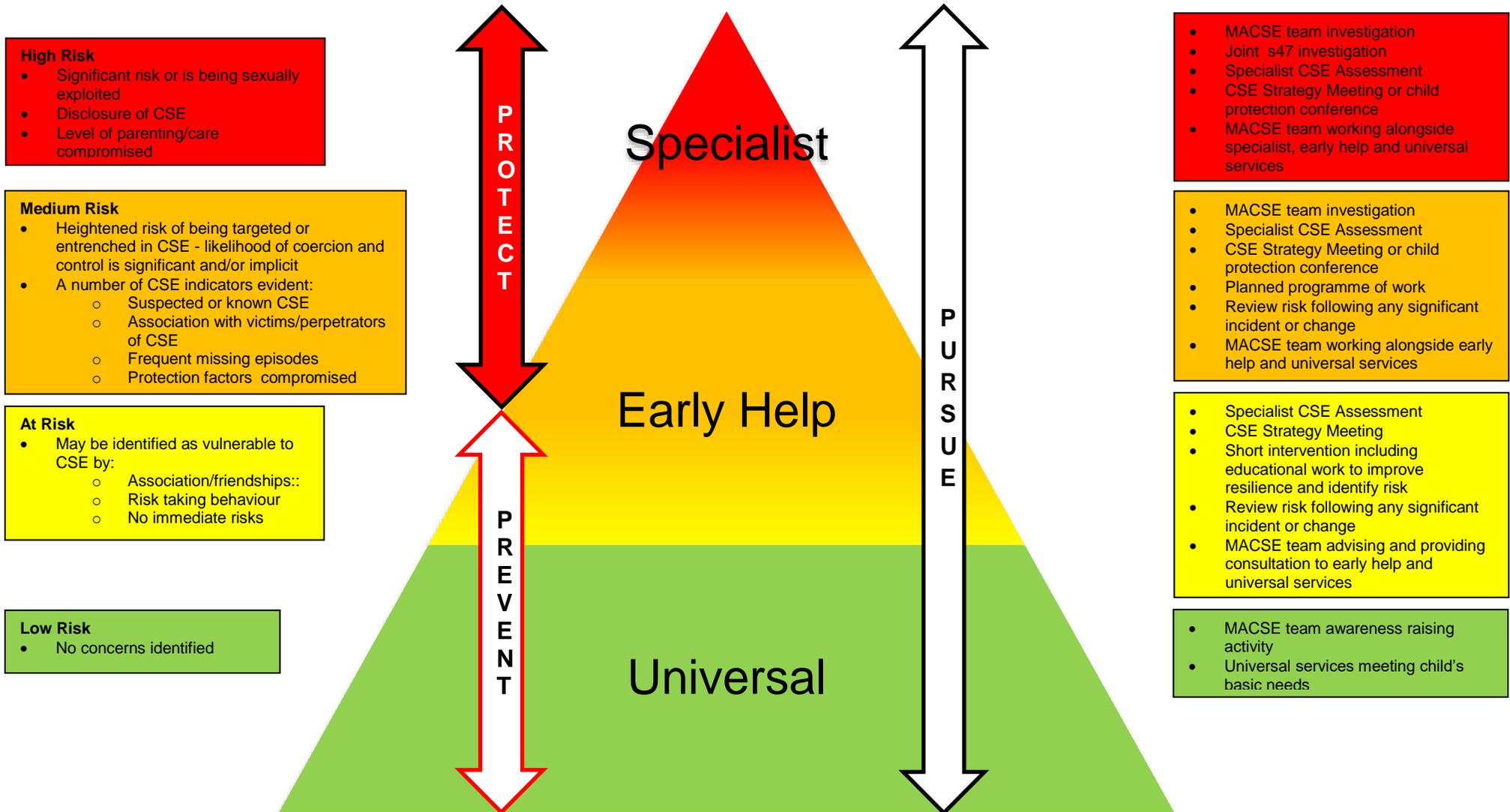
Special measures are available for any witness under 17, and can be requested for a vulnerable or intimidated witness of any age. The MACSE team will apply to the court for special measures by providing appropriate supporting evidence in all CSE cases to enable:

- 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.

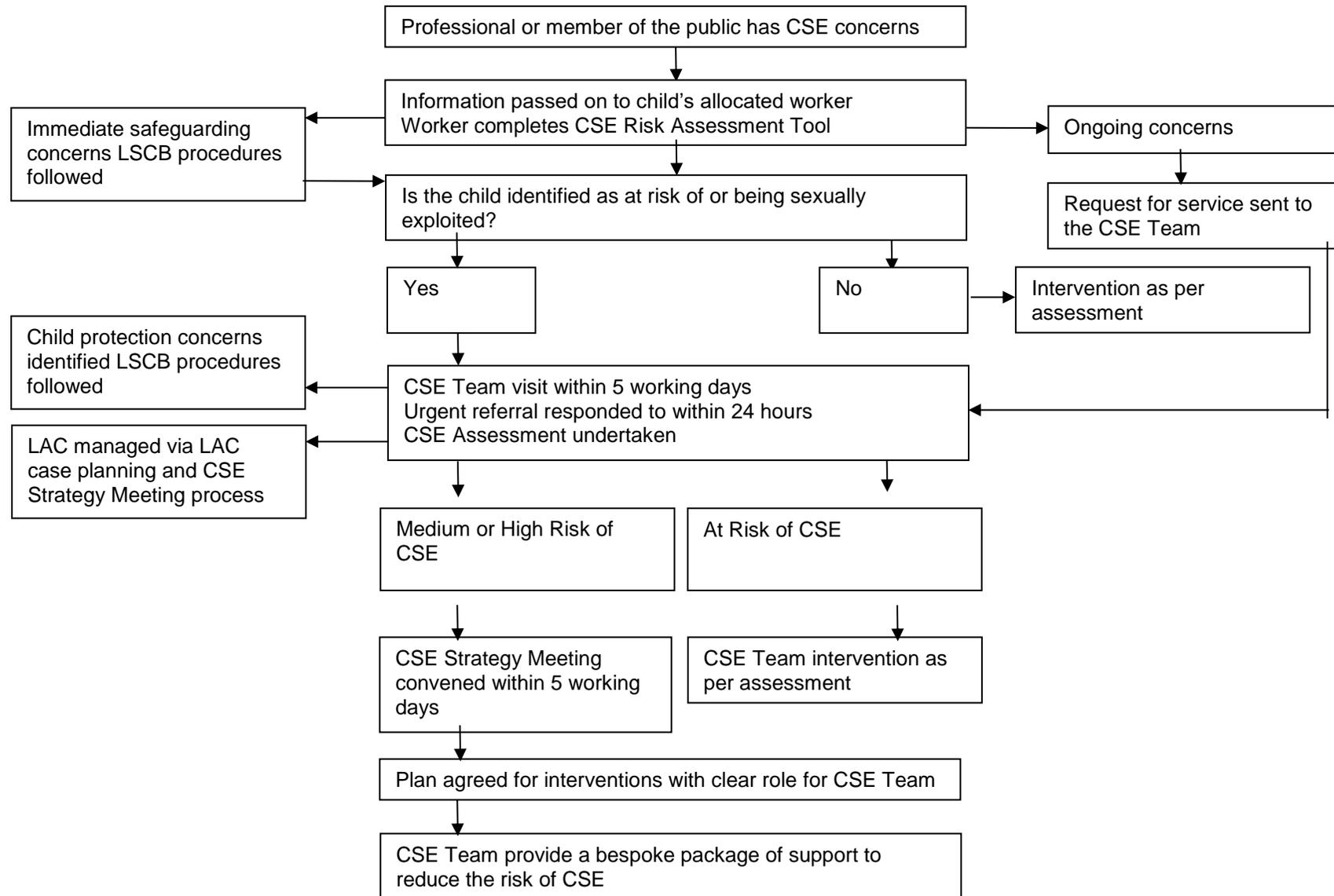
A key role for the In Team during a prosecution process will be to ensure the information sharing with CPS.

[Back to Contents](#)

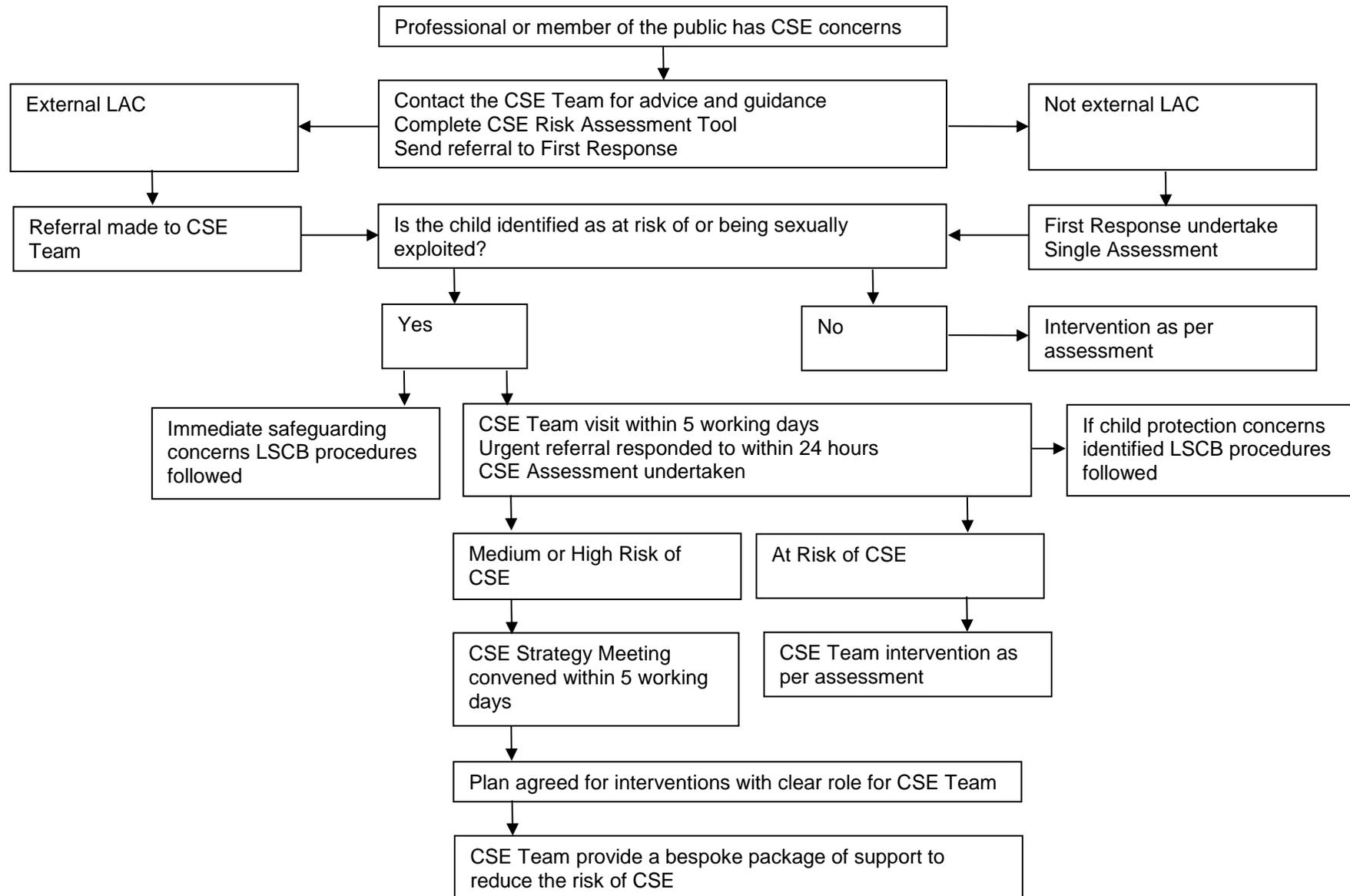
Appendix 1: CSE Intervention Pathway Model



Appendix 2i: Leicestershire and Rutland process map: Referrals on cases open to LA Children's Services



Appendix 2ii: Leicestershire and Rutland: Referrals on cases not open to LA Children's Services



Appendix 3i Leicester City Process Map: Referral Open to LA

Referrer has concerns about child/Young person. Contact is made with the allocated worker

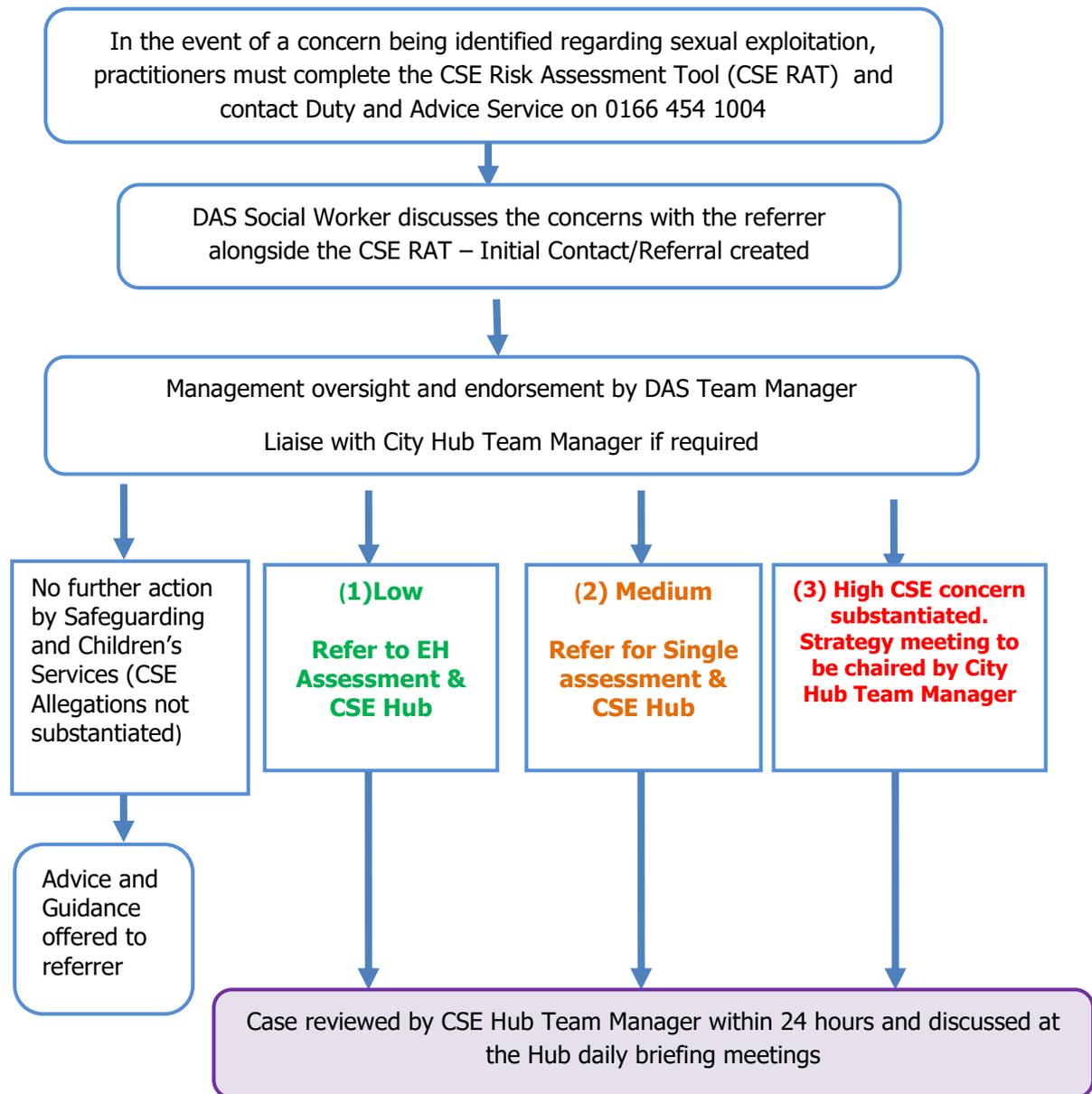


Where a concern is identified regarding sexual exploitation, the CIN/LA practitioner with the support of their manager must complete a CSE RAT. Refer to CSE Team



Case reviewed by CSE Hub Team Manager within 24 hours and discussed at the Hub daily briefing meetings

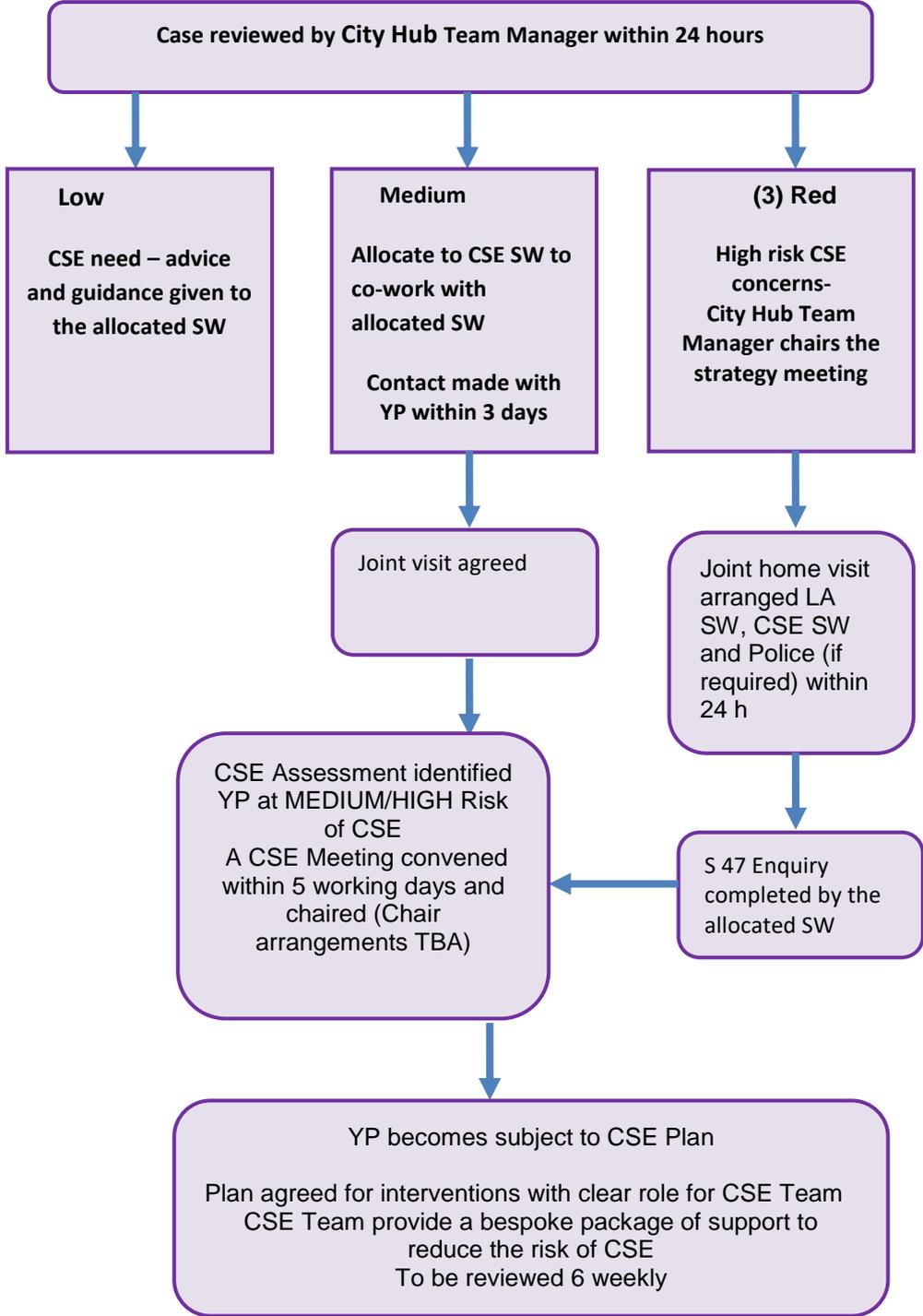
Appendix 3ii Leicester City Process Map: Referral Not Open to LA



At any time, you can contact Leicester City Duty and Advice Service (DAS) for guidance and assistance and for reporting any CSE concerns you may have in relation to a child or young person. The Duty and Advice Service provides front door advice and services at the point of initial contact and referral and out of hours services to children and families within the Leicester City.

All initial contacts are received and processed by qualified Social Workers; trained and experienced to discuss with other professionals/ members of the public concerns that they may have about children and to identify the best way to meet their needs. If you are concerned that a young person may be at risk of CSE, the Duty social worker will discuss the risk assessment with you and is likely to go through this on the phone in detail. Once you have contacted the Duty and Advice Service, any referral must be followed up in writing (LSCB referral form) as per our current procedures. Any risk assessment undertaken can be attached.

Appendix 3iii Leicester City Process Map: Within the Hub



Appendix 4 Risk Assessment (CSE1)

Child's Details			
Child's Name:		Address:	
Alternative Names:			
Parents/Carers details:		School/College:	
Date of Birth:			
Children's Services database no:		NHS no:	
Gender:		Sexuality:	
Ethnicity:		Language:	
Religion:		Disability:	
Local Authority:		Legal Status:	
Other Relevant Information e.g. details of other agency involvement			

Referrer's Details			
Name:		Agency:	
Contact number/email:		Date of Risk Assessment:	

Vulnerability Factors	Indicate as appropriate
History of child protection involvement - neglect, physical or emotional abuse	
History of sexual abuse	
Family history of domestic abuse and/or substance misuse and/or mental health difficulties	
Breakdown of family relationships	
Lack of positive relationships with a protective nurturing adult	
Isolated from peers/family/social networks	
Unsuitable or inappropriate accommodation/sofa surfing	
History of local authority care	
Goes missing from home or care	

Vulnerability Factors	Indicate as appropriate	
Excluded from mainstream education		
Social or learning difficulties		
Low self-esteem/self-harm/eating disorders/emotional health issues		
Bereavement or loss		
History of being bullied or being a bully		
Drug and alcohol misuse		
Migrant/refugee/unaccompanied asylum seeker		
Involvement in criminal activities		
Gang association or risk of gang involvement		

At Risk Indicators	Indicate as appropriate	
	Current	Historic
Those living in placements where they may be exposed to CSE		
Reduced contact with family and friends and other support networks		
School absences/exclusion or not engaged in school/college/training/work		
Going missing for periods of time or regularly returning home late		
Unaccounted for monies or goods		
Involvement in exploitative situations or association with risky adults		
Increased/unusual/unsafe/unrestricted use of the internet/mobile technology		
Evidence of risky and/or inappropriate sexual behaviour		
Inconsistent use of contraception therefore at risk of STIs		
Regular and/or concerning access of sexual health services		
Evidence of drug/alcohol/substance use		
Presentation at A&E due to drug/alcohol/substance use		
Self-harming/challenging behaviour/suicide attempts/eating disorders		
Change in behaviour/presentation/demeanour		
Changes in appearance		
Getting involved in petty crime such as shoplifting or stealing		
Frequenting areas known for sex work		
Having unexplained contact with hotels/taxis/fast food outlets		

Medium Risk Indicators	Indicate as appropriate	
	Current	Historic
Seen entering or leaving vehicles driven by unknown adults		
Whereabouts unclear/unknown whether day or night		
Groomed or abused via internet or mobile technology		
Physical injuries without plausible explanation then refusing to make or the withdrawal of a complaint		
Older 'boyfriend/girlfriend'/controlling adult		
Displaying inappropriate sexualised behaviours		
Peers involved in CSE/risky and or anti-social behaviours		

Medium Risk Indicators	Indicate as appropriate	
	Current	Historic
Living independently and failing to keep in touch with workers		
Being accompanied to appointments by an unknown person that causes concern		
Non school attendance or excluded due to behaviour		
Staying out overnight with no explanation		
Breakdown of living arrangements or placement due to behaviour		
Unaccounted for money or goods including mobile phones, drugs and alcohol		
Multiple STI's/pregnancies/terminations		
Self-harming that requires medical treatment/suicidal thoughts		
Problematic substance misuse		
Repeat offending		
Gang member or association		
Aggressive behaviour towards others		

High Risk Indicators	Indicate as appropriate	
	Current	Historic
Street homelessness/exchanging sexual activity for accommodation		
Child u16 meeting different adults and participating or selling sexual activity		
Removed from known risky locations due to suspected CSE		
Being taken to clubs and hotels by adults and engaging in sexual activity		
Disclosure of serious sexual assault and then withdrawal of statement		
Abduction and forced imprisonment		
Being moved around for sexual activity		
Disappearing from the 'system' with no contact or support		
Being bought/sold/trafficked		
Multiple pregnancies, miscarriages or terminations		
Indicators of CSE in conjunction with chronic alcohol and drug use		
Indicators of CSE alongside serious self-harming		
Receiving money or goods for recruiting peers into CSE		
Association with gang members that suggests CSE is a possibility		
Adults loitering outside the child's usual place of residence or school/college		
Facilitating others into CSE		

Appendix 5: CSE Assessment (CSE2)

Professional Assessment

Please provide any information that you feel is relevant e.g. association with other children where there is a concern in relation to CSE, or a relationship of concern (male or female) and previous concerns etc. A 'child' is any person under the age of 18, male and female, older children can be equally as vulnerable.

What do you think is working well?

What are you worried about?

Professional judgment

Please use your professional judgement to reflect upon the indicators you have ticked above and consider the health, welfare and safety of the child in question.

What do you think needs to happen next?

Please send completed Risk Assessment Tool with a Referral to the children's social care duty team

Intervention Pathway

The framework below includes the three categories of risk and is intended to inform appropriate responses in relation to children's safeguarding needs. The presence of one High Risk indicator will necessitate immediate action as described in the High Risk section.

	Description	Associated Actions
	<p>At Risk</p> <ul style="list-style-type: none"> • A child who may be identified as vulnerable but who is not currently known to be groomed for sexual exploitation • A child who by association/friendships could be vulnerable to CSE 	<ul style="list-style-type: none"> • Educate the child to make decisions that will help keep them safe and reduce their vulnerability to CSE • Contact the children's social care duty team for recording of initial concerns and consultation. Contact the early help team • Work with the whole family to raise awareness of the indicators of CSE and develop strategies to prevent exposure to a situation in which they may be exposed to CSE (4 sessions of tackling risky behaviour) • Keep a record of any incidents or indicators of CSE. Monitor any significant changes in vulnerability that may result in increased risk of CSE. Consider consultation/referral to other agencies for support • Make contact with the Multi-agency CSE team should the risks increase
	<p>Medium Risk</p> <ul style="list-style-type: none"> • A child who may be at heightened risk of being groomed for sexual exploitation • A child with a number of risk indicators evident; e.g. episodes of unexplained missing, exclusion from education, lack of protective networks, evidence of time spent with risky adults 	<ul style="list-style-type: none"> • Multi-agency CSE team to complete a CSE Assessment Form CSE 2 and discuss the need for targeted services • If children's services are not completing an assessment, then a partner agency needs to be identified to develop a safety plan with the child and parents/carers around CSE and risky behaviour • If the Medium Risk is of a higher need then a CSE worker to complete a planned programme of work to raise awareness of CSE and to provide tools for children to self-protect if required • Initial strategy discussion will be held as part of the weekly Multi-agency CSE team operational meeting. This forum is to collate all partnership intelligence, initiate CSE referrals and overall to devise an initial plan of action to reduce risk. • The police to report on all missing episodes and any ongoing enquiries. Return interview home visit to be undertaken to develop or update a safety plan with the child and their parents/carers • A multi-agency CSE Strategy Meeting may be convened to develop a coordinated multi agency safeguarding plan. • Disruption tactics to be considered; police information and multi-agency evidence and intelligence to be amalgamated. Consideration via criminal and civil proceedings to disrupt perpetrators • Review risk following significant incident or significant change in circumstances or, via the CSE Strategy Meeting
	<p>High Risk</p> <ul style="list-style-type: none"> • A child who is at significant risk or is 	<ul style="list-style-type: none"> • Multi-agency CSE team to establish risk by completing a CSE Assessment Form CSE 2. This will inform the multi-agency plan of action • Joint S47 strategy discussion and assessment may be considered, if

	Description	Associated Actions
	<p>already being sexually exploited. This is likely to be habitual, often self-denied. Coercion and control is implicit in the relationship with perpetrators</p> <ul style="list-style-type: none"> • A child with multiple risk indicators present, e.g. periods of going missing, disengagement from services, and socially isolated. Older boyfriend/controlling adult. Intelligence around regularly entering unknown vehicles and in receipt of unexplained money/gifts 	<p>triggered by a significant incident of harm; or a number of complicated risk factors are evident</p> <ul style="list-style-type: none"> • Convene a multi-agency CSE Strategy Meeting, to formulate the development of a multi-agency safeguarding plan • Evidence of risk reduction to individuals or targeted groups of children will be monitored as part of the multi-agency CSE Strategy Meeting, quality assurance and tracking processes • Joint investigation completed by the Multi-agency CSE team • Use key disruption tactics: gather intelligence to inform evidence; also consider anti-social behaviour and drugs related offending. The use of police information sharing forms, abduction orders, harbouring notices • Consideration for health, police, children's services to create risk alerts. Consider cross border risk assessment in partnership with other local/national authorities • Consultation with UKHTC/UKBA if deemed appropriate • Consideration for completion of referral to National Referral Mechanism if trafficking suspected

CSE Risk Assessment Tool (CSE 1)

The CSE Risk Assessment Tool 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 analysing the risks to that child and identifying perpetrators and to assist the gathering of information to the prevalence of CSE across the LLR.

Where a professional has concerns about a child the possibility that the child is being groomed for or is subject to CSE completing the CSE Risk Assessment Tool should always be a consideration.

Exercising professional judgment is key when completing the tool. The classification of indicators as High Risk, Medium Risk or At Risk is an arbitrary process. Professionals need to use their judgement as factors such as the child's age, any additional vulnerabilities, their history etc. may mean that what for another child it would be a lower level for that child is a higher level. For the purposes of the tool historic or non-recent

The CSE Risk Assessment Tool will help indicate when intervention, support and action are required for a child at any given time. The assessment should be made on the basis of known risk indicators or immediate vulnerability factors, as well as recognition of a history of disadvantage or background vulnerability factors.

The CSE Risk Assessment Tool can be used to enable all professionals to be aware of the types of indicators of harm likely to be present when a child is being or is likely to be sexually exploited. Identifying the presence of these risk factors can help professionals decide what level and types of interventions may be appropriate.

The tool can be used in supervision, in discussions with parents and carers, with other professionals and with the child.

The needs of children who are being or are likely to be sexually exploited will change over time. Service responses need to be flexible to respond to these changes. Early intervention is essential to prevent escalation of harm. While most interventions with those children who are identified as At Risk of CSE will be preventative work in schools, through youth services and children's service providers, emergency crisis intervention might be required.

Interventions with children who have been identified as Medium or High Risk of CSE should be coordinated by the lead professional. Assertive and therapeutic engagement is likely to be required when a child has been identified as being at Medium or High Risk.

Where CSE is suspected the worker should discuss their concerns with their manager and should also inform their agencies CSE Champion who will be monitoring the bigger picture for any emerging patterns. The Multi-agency CSE team where applicable will also be able to provide advice.

Once completed, if it confirms concerns the professional MUST make a referral to children's social care (using the standard referral form) and should include a copy of the completed tool. Children's social care will take responsibility for recording the referral and where they confirm the concerns relate to CSE where applicable the children's social care will forward the referral to the Multi-agency CSE Team or equivalent who will lead on a more in depth risk assessment using the CSE Risk Assessment Form (CSE 2).

Guidance

Professional Assessment Section

The Vulnerability Factors and Risk Indicator section should help inform your professional judgment of what the plan for the child should be.

What do you think is working well?

Include protective factors:

- People, situations and actions that contribute to the wellbeing of the child and to plans about how they could be made safe
- Actions already being taken to make sure the child is safe

What are you worried about?

Include risk factors, whether they are suffering or likely to suffer significant harm.

- Harm – actual hurt, injury or abuse (likely) caused by adults in the past or present
- Risk taking behaviour by the child

Professional Judgment

This should include the inter-relationship between the various Vulnerability Factors and Risk Indicators identified. You should use evidence for your findings and explain how your judgment has been reached.

What do you think needs to happen next?

This is the initial plan and should include what outcomes you are hoping are achieved and by when.

Section 1: Child and Family Details

Child's Details			
Child's Name:		Address:	
Alternative Names:			
Parents/Carers details:		School/College:	
Date of Birth:			
Children's Services database no:		NHS no:	
Gender:		Sexuality:	
Ethnicity:		Language:	
Religion:		Disability:	
Local Authority:		Legal Status:	
Other Relevant Information e.g. details of other agency involvement			

Section 2: Referral and Assessment Dates

Referrer's Details			
Name:		Agency:	
Contact number/email:		Date of Risk Assessment Tool:	
Initial source of concern:			

CSE Officer's Details			
Name:		Assessment start date:	

CSE Team Manager's Details			
Name:		Assessment completion date:	

Outcome of Assessment: (manager's decision and comments)

--	--	--	--

Section 3: Assessment on Risk Indicators

CSE Risk Indicators: Children are groomed and exploited in different ways. It may be difficult for parents, carers and practitioners to differentiate between ordinary teenage behaviour and the risk of or involvement in sexual exploitation, but below are some signs that may signify if the child is at risk of or who is being sexually exploited

Within Family/Home/Relationships	CSE Officer Assessment
Change in behaviour - being more secretive/withdrawn/isolated from peers or not mixing with usual friends	
Increasingly disruptive, hostile or physically aggressive at home or school including use of sexualised language and behaviour	
Associating/relationship with significantly older men or women who encourage emotional dependence, loyalty and isolation from safe relationships (record details of adults i.e. occupation/description/position of trust/children of their own)	
Physical or emotional abuse by a boyfriend/girlfriend or controlling adult including use of manipulation, violence and or threats	
Associating with other sexually exploited children	
Multiple callers including unknown adults/older young people (record description/names etc.)	
Sexually transmitted infections (STI's) and or repeat tests	
Street homelessness/sofa surfing	

Behaviour and Experiences	CSE Officer Assessment
Concealed/concerning use of the internet including webcam, online gaming (via Xbox, PlayStation), chat rooms etc.	
Exclusion from school or unexplained absences from, or not engaged in school/college/training/work	
Failing to respond to attempts to keep in touch by workers/carer or recent disengagement	

Sexualised risk taking including on internet or mobile phone, such as sexting (sending explicit messages or photos to adults or peers)	
Young gay/bi-sexual/transgender exploring sexuality in unsupported way	
Increasing use of drugs or alcohol or misuse of drugs or alcohol	
Fear of victimisation from other gangs due to gang affiliation or rivalry	
Constrained by rules of a gang	
Regularly coming home late or going missing from home, care or education for any period of time (whether reported or not)	
Returning home after long intervals appearing well cared for or returning home and going straight to get showered and changed	
Reports of being taken to hotels, nightclubs, takeaways or out of areas by unknown adults	

Health and Mental Health	CSE Officer Assessment
Change in physical appearance (new clothes, more/less make- up, weight gain/loss)	
Increased health/sexual health related problems	
Marks or scars or physical injuries on the body or face which they try to conceal	
Expression of despair including depression, mental ill health, self-harm, suicidal thoughts/attempts, overdose, eating disorder	
Repeat or unplanned pregnancy or pregnancies including ending in termination/miscarriage(s)	
Branding of gang logos	
Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sights	

Involvement in criminal offending activity i.e. ASB anti-social behaviour, criminal damage, theft	
---	--

Appearance and Possessions	CSE Officer Assessment
Unexplained amounts of money, multiple mobile phones and or sim cards, credit, expensive clothing, jewellery or other items/gifts	
Overt sexualised dress	
Multiple callers or more texts/pings than usual	
Possession of hotel keys/cards or keys to unknown premises	

Additional Risk Indicators	CSE Officer Assessment
Entering/leaving vehicles/cars with unknown adults	
Child meeting different adults and or 'selling' sexual activity	
Frequenting areas known for on/off street sex work	
Receiving rewards of money or goods for introducing peers to CSE adults	
Disclosure of sexual/physical assault followed by withdrawal of allegation	
Knowledge of towns or cities they have no previous connection with	
Being taken to clubs or hotels and engaging in sexual activity	
Abduction or false imprisonment	
Associating with taxi firms or takeaway owners (night time economy)	
Seen in CSE hotspots (accommodation, cars, brothels/massage parlours)	

Section 4: Action and Other Relevant Details

Action already taken or to be taken (with timescale)	Done (date)/To be done (timescales) and any appropriate details
Referral to Children's Social Care	
Discussion with Police regarding investigation	
Request CSE Strategy Meeting/CIN/CP Conference	
Contact/referral to specialist service	
Any other actions, treatment or monitoring arrangements	
National Referral Mechanism (NRM)	
Details of known suspects	
Risk present to others i.e. other child/vulnerable adult	
Immediate risk factors	

Section 5: CSE Officer Assessment

What is working well?

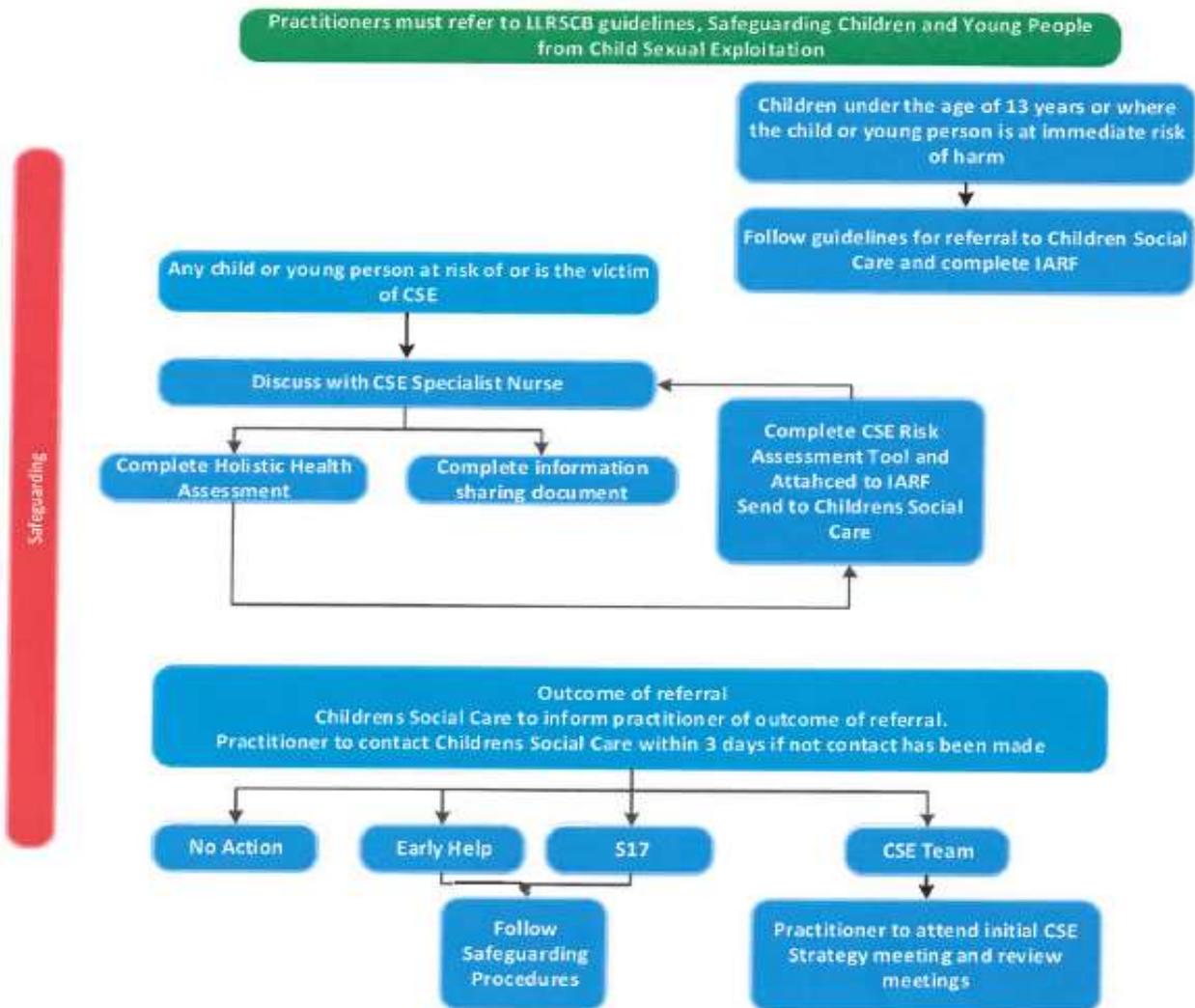
What are we worried about?

Analysis and professional judgement

What needs to happen?

Appendix 5a: Leicestershire Partnership Child Exploitation Referral Pathway

Families, Young People and Children's Services Child Sexual Exploitation Referral Pathway



Children and young people may have an allocated social worker and a CSE officer, if there are safeguarding concerns in addition to CSE; in these cases the social worker has case responsibility, if no social services involvement the CSE officer has case responsibility.

Instructions:
The circular boxes will make reference to guidance documents. on the Bookmarks tab to the left of the screen and scroll through the list to locate these. Click on the document you need to open it. To move back to the pathway itself, click on the first item in the list 'Pathway'

Appendix 6: Multi-Agency CSE, Trafficking and Missing Meeting (MSET)

Terms of Reference

Governance

The MACSE team Service Manager and Detective Inspector is responsible for overseeing and running the Multi-Agency CSE, Trafficking and Missing Meeting (MSET).

Aims and Objectives

The MSET partnership will:

- Take support, guidance and direction from the MACSE team Service Manager and Detective Inspector
- Make regular reports available to the LLR CSE Coordinator and CSE, Missing and Trafficked Operations Group of the outcomes of its interventions and exceptions to effective inter-agency working
- Track cases and maintain accurate records
- Share information to inform their own organisations of the risk of harm to identified children
- In cases of concern and where sufficient information is known about the perpetrator, will check with other organisations to establish what is known about that perpetrator and their associates and share relevant information
- Taking note of each agencies field of expertise, will make recommendations to relevant organisations on action to be taken to disrupt and prevent the activities of perpetrators
- Engage with organisations involved with children to raise awareness of information pertinent to those at risk
- Raise awareness of the impact of sexual exploitation on the welfare of children
- Identify, apply and disseminate good practice and promote consistent implementation

Review and Monitoring

The LLR CSE Coordinator will formally review the aims and objectives of the MSET every 12 months.

Frequency

The MSET meeting will be held once a month.

Purpose

A MSET meeting gives an opportunity for the identified CSE and missing leads for each agency to come together and;

- Review progress of cases and ensure action is being taken by whichever agency is involved in individual cases
- Identify any trends or problem locations and ensure they are dealt with
- Look at cross border issues and ensure there is a co-ordinated approach within the LLR
- Identify specific children who through their behaviour, missing episodes and/or personal circumstances are at risk of CSE by other persons or groups such as gangs or serious organised crime groups
- Ensure that individual agencies act in accordance with agreed action plans to keep children safe and review arrangements as appropriate
- Maintain an action log for all cases considered by the meeting
- Ensure multi-agency intelligence and information about suspected perpetrators of CSE is effectively shared, reviewed and actioned to support coordinated joint activity to prevent abuse occurring

Appendix 6: Multi-Agency CSE, Trafficking and Missing Meeting (MSET)

- Ensure equal importance is paid to prevention; victim safety planning and disruption techniques. The term disruption encompasses prosecution, warnings, civil law and licensing practice and use of adult criminal justice agencies

The MSET meeting draws on the findings of SCRs in relation to high profile CSE cases. In some cases these indicated little or no awareness of the issues or problems by the lead agencies and a lack of multi-agency working on an individual and strategic level.

The key purpose of the MSET meeting is to have a detailed overview of the profile of CSE in a local authority/locality. A locality problem profile should be commissioned once there is sufficient information available. The MSET meeting should then use the profile to enable local diversionary measures to be focused in the right areas and tasking opportunities for disruption. These profiles should also identify any CSE that relate to specific communities.

Should a local authority identify high risk cases involving multiple victims/perpetrators the MSET group must refer to the complex and organised abuse LSCB procedures to identify how the case should be managed.

Process

Once an action plan has been agreed in relation to a child and the initial stages implemented then a joint decision can be made around the level of risk and the risk level to be assigned to that child. At Risk of CSE would be assigned yellow, Medium Risk amber and High Risk red. A group decision will be made as to whether the case can be deferred for two to three meetings to allow for a period of assessment if this hasn't already started. This will also allow the group to track the progress of that child and evaluate the effectiveness of the victim safety plan and the disruption tactics on the outcomes for that child. Partner agencies can request that the child be discussed and can review the risk level at the subsequent meetings. There will be built in flexibility where a risk level can be changed outside of the meeting, but has to be ratified at the next available meeting by the chair.

If the risk of the child is downgraded to at risk or no identified risk, then the group may discharge the child, this does not prevent any child again being re-opened due to new concerns. This procedure will result in a final product for each child, this will consist of an 'Action Plan' which will contain an opening risk assessment, information, action plan and updates and a closing risk assessment.

Details of all children discussed at the MSET will remain on the main list as a red, amber or yellow risk, unless they are discharged. This list will be available to all partners at every meeting.

Membership

Named SPOCs from each agency are expected to attend these meetings.

Mandatory Membership for the MSET meetings should include:

- Service Manager MACSE team
- Detective Inspector CSE team
- LLR CSE Coordinator
- CSE Analyst
- Police - MACSE team leads
- Local Authority - MACSE team leads
- Health – MACSE team leads
- Children Services CSE and Missing Children leads

Appendix 6: Multi-Agency CSE, Trafficking and Missing Meeting (MSET)

- Education CSE leads
- YOS CSE leads

Recommended membership should also include:

- Any other agency, including voluntary, who are involved in working with children who are known victims, or may be at risk from CSE

Agenda

A typical agenda for a MSET meeting will include

- New Cases - summary of information, agencies involved, proposed or identified case management.
- Review Cases - progress of case and any issues in relation to this i.e. agencies not participating in case management. Strategic issues in relation to resources etc.
- Cross Border Issues - identification of trends issues, review of contact/joined up working with neighbouring local authorities.
- Trends/Problem locations - issues identified from problem profile, progress against issues identified. Identification of other agencies/departments that may need to be involved.

Confidentiality

It is recognised that the confidentiality of the child is a prime consideration of the meeting and every effort will be made to maintain this, attendees at the meeting will be expected to agree a confidentiality statement prior to the meeting commencing.

Reporting Arrangements

The MSET will report bi-monthly to the Subgroup who on at least a quarterly basis will report to the respective LSCB. The business of the MSET including issues, decisions, actions, responsible individuals and timeframes for communication will be accurately recorded in minutes.

Agendas and supporting documentation for both meetings will be sent out approximately 5 week in advance of the meeting and the minutes will be circulated approximately 5 days following the meeting.

Quoracy

No business will be transacted at a meeting unless at least four partner organisations are represented, two of which must be Police and LA Children's Services.

Roles and Responsibilities

The Chairs role in each meeting will be to ensure that:

- All members are offered equity with regard to opportunities to contribute to the meeting
- The function of the meeting is maintained and it is conducted within the agreed timescale
- The efficient administration of the meeting is maintained.
- The information shared is accurately recorded and disseminated through the meeting
- The maintenance of effective communications between the Subgroup and the MSET.
- If the Chair is unable to attend, a Vice Chair will be nominated to chair the meeting.

Member's roles will be to ensure that:

Appendix 6: Multi-Agency CSE, Trafficking and Missing Meeting (MSET)

- They attend meetings regularly or send a deputy from their own area of expertise
- Contribute to the information sharing which enables the meetings to fulfil their purpose.
- Implement appropriate levels of disclosure of information shared at the meetings to enable further integrated working with other frontline partners
- Represent and act as a communication link with their agency

Appendix 7 Information Sharing Tool

Share what you know with the Multi-agency CSE Team

All professionals in Leicester, Leicestershire and Rutland have a duty to protect children from sexual abuse and exploitation.

It is important that any non-urgent information you think is important and could be relevant to the Leicester, Leicestershire and Rutland Multi-agency CSE Team is passed on in order to help build intelligence. This could include:

- Vehicle details including registration numbers, make, model and colour
- Details or descriptions of suspected perpetrators – names, phone numbers, addresses
- Details of unusual or regular callers to a children's home
- To make it simpler and easier for you to pass on information directly to the Multi-agency CSE Team, Leicestershire Police has created a new information sharing form.

The form can be accessed online and the details you provide will be sent directly to the relevant team <https://leics.police.uk/contact/community-partnership-information>

You can also make an anonymous report through Crimestoppers from this page too.

The information sharing tool can also be accessed through the LSCB websites.

This process should not be used to report concerns about a specific child. The process to report concerns that a child may be at risk of harm and/or immediate danger can be found on the LSCB's website: <http://www.lcitylscb.org/what-to-do-if-you-are-concerned-about-a-child/>

Appendix 8: Glossary

Police

DI – Detective Inspector – Manages the police team of Detectives. The DI has overall responsibility for the investigation of CSE by the police CSE Team. The DI manages the Detective Sergeant.

DS – Detective Sergeant – Manages the day to day investigation of CSE offences. Is the line manager of the Detective Constables. Is responsible for the investigation plan and reviews of investigations.

DC – Detective Constable – Police Officer who investigate CSE offences and other offences as necessary to safeguard victims of CSE and reports to the Detective Sergeant.

PIO – Police Investigating Officer – Police Staff member who investigate CSE offences and other offences as necessary to safeguard victims of CSE and reports to the Detective Sergeant.

DMI – Digital Media Investigator – Police Officer or Police Staff member who specialise in evidence recovery from digital devices (mobile phones, computers, tablets etc.) and social media.

Analyst – Police Staff member who analyses all information (Police and Partners) to assist with the investigation of CSE and the safeguarding of victims and prevention of CSE.

Mosovo (team) – Management of Sexual and Violent Offenders (team) – Police Officer who is specially trained to in the statutory management sexual and violent offenders.

FIB – Force Intelligence Bureau – Department within Leicestershire Police which collates, grades and disseminates police intelligence.

Police CSE1 – CSE1 investigations are those where the victim is at high risk of harm and/or where complex and complicated investigations are required

Social Care

SM – Service Manager. Manages the Service as a whole. The SM for the MACSE hub will manage the day to day operations inside the hub and will be responsible for directly managing some roles within the hub, some of whom will have clinical supervision provided by other suitably qualified personnel.

TM – Team Manager. (Leicestershire and Leicester city) Manages the team. The Team manager will be responsible for managing a multi-disciplinary team and is required to undertake a number of statutory duties together.

TL – Team Leader. (Leicestershire) Leads on Missing from home procedures and has supervisory responsibility for CSE Officers and chairs CSE strategy meetings.

SP – Senior Practitioner. (Leicestershire) Has case responsibility for complex cases. Leads on the implementation of training.

SW - Social Worker. (Leicester City) Will be responsible for undertaking CSE assessments and general duties under the direction of the TM. The SW will be responsible for the engagement with the young people and the families, undertake direct, targeted work to raise the YP's awareness and insight into the risks posed by CSE and minimise the risks of further harm. The CSE SW is responsible to record all the relevant activities within the LL CSE workspace. The CSE SW will work alongside the allocated SW responsible for the Local Authority's statutory intervention. They will work as part of the team as a whole

CSE officer – Child Sexual Exploitation Officer. (Leicestershire) comprises of both qualified and unqualified staff from social care and early help backgrounds – CSE Officers have similar responsibilities to the Social Worker above.

FSW – Family support worker. (Leicester City) The FSW will undertake assessments and general duties under the direction of the TM. They will bring an expertise of Early Help services.

EWO – Education Welfare officer. (Leicester City) The EWO will undertake general duties under the direction of the TM and will provide an expertise in education welfare and to those young people missing from education.

YOS adv – Youth Offending Service – advocate. (Leicester City) Will undertake general duties under the direction of the Team Manager, and will provide an expertise in matters relating to offending behaviour and restorative justice.

Outreach workers – Will work as directed by the line manager and as informed by relevant intelligence. They will work within the community directly with children and young people and have a strong interface with youth services.

Psychologist – will work under the day to day management of the SM, and receive clinical supervision outside of the hub. They will profile victims and offenders as required.

Parenting support co-ordinator – Will work under the SM and will ensure that bespoke parenting/carer support is provided to those affected by CSE. They will do this using existing forums.

Multi-Agency CSE team structure

