

SURREY CHILDREN'S SERVICE CHILD SEXUAL EXPLOITATION (CSE) PROCEDURE

This procedure should be read in conjunction with:

- [Surrey Safeguarding Children Board \(SSCB\) procedures re. Child Sexual Exploitation](#)
- [Child sexual exploitation: definition and guide for practitioners – Department for Education – Feb 2017](#)
- Supplementary Guidance to Working Together to Safeguard Children from Sexual Exploitation, DCSF 2009
- Child Sexual Exploitation National Action Plan and Step-by-Step Guide for Practitioners, Department of Education 2013

1. INTRODUCTION

Children involved in any form of sexual exploitation should be treated as the victims of abuse and their needs carefully assessed; the aim should be to protect them from further harm and they should not be treated as criminals. It is likely that these children may present with challenging or 'difficult' behaviour, eg. involvement in crime or anti-social behaviour, absconding behaviour and substance misuse; however it is important to look beyond this behaviour in order to support them and protect them from harm. The primary law enforcement response should be direct at perpetrators who groom children for sexual exploitation.

2. DEFINITION

The sexual exploitation of children is a form of sexual abuse.

Surrey Safeguarding Children Board and its partners have adopted the following definition of CSE published by the Department for Education in April 2017:

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.

3. VICTIMS OF CHILD SEXUAL EXPLOITATION

Any child is potentially at risk from sexual exploitation. However, there is evidence of some higher risk groups:

- Those with a history of going missing
- Those living in residential care or foster carer
- Unaccompanied asylum seeking children

- Those disengaged from education
- History of drug or alcohol abuse
- Those involved in gangs

4. PERPETRATORS OF CHILD SEXUAL EXPLOITATION

The most common occurrences of child sexual exploitation involve men sexually abusing children, but both men and women have been known to sexually exploit young men and young women. Evidence also suggests that children are often abused by boyfriends or people with whom they feel they have a relationship. However, children may also be sexually exploited by organised groups of people, and may in turn introduce their own friends to their abusers.

Perpetrators may use sophisticated and drawn-out tactics to groom children/young people, offering flattery, access to drugs and alcohol, a 'grown-up' lifestyle and access to criminal activities.

5. REFERRAL – See flow chart in Appendix 1

When any information is shared with the Children's Service, either as a new referral or in respect of a child with an allocated social worker, consideration should be given as to whether the information indicates the child is at risk of CSE. If there is reason to believe that a child may be at risk of child sexual exploitation, a course of action will need to be agreed within 24 hours taking account of the urgency of the situation and the need to react quickly if necessary to protect the child.

If the risk to the child is thought to be immediate and urgent and there is clear evidence of an offence, an immediate referral should be made to the Police.

6. ASSESSMENT

The MASH or allocated social worker will obtain as much information as possible about the child from the referrer and any professionals already involved with the child. The risk of CSE may not be immediately apparent, but a range of factors which indicate CSE risks may be. See [Appendix 2](#) as a guide.

Assessing workers should complete the [CSE Risk Assessment tool](#). This tool should be updated as and when new information comes to light, and at a minimum of 3 monthly.

Specific action during the assessment of a child who has been sexually exploited should include obtaining relevant information from professionals in contact with the child and those who have expertise in working with children and young people involved in sexual exploitation.

The completed CSE Risk Assessment form will be forwarded to the weekly CSE Risk Management Meetings (RMMs) who will confirm risk ratings and develop a multi-agency CSE Safety Plan.

CSE Risk Management Meetings

Multi-agency CSE Risk Management Meetings (RMMs) take place weekly in each of the Children's Social Care areas. Jointly chaired by Children's Services and Family Services, the RMMs provide a multi-agency forum with responsibility for assessing and reducing the risk of CSE for children assessed as at risk of/experiencing CSE. These meetings will

also include representatives from Surrey Police, Education and Health and any other agencies appropriate to the children being discussed.

Each week, the RMM will new referrals with a view to agreeing a risk rating and a CSE Safety Plan for children assessed as medium or high risk. Children discussed at the RMM and given a risk rating will be added to the Children's Service CSE List which is updated and circulated weekly.

The RMM will allocate a lead agency with responsibilities for the implementation of an agreed CSE Safety Plan. The RMM will review and assess the effectiveness of each CSE Safety Plan and adapt interventions in accordance with changing risk/circumstances.

See detailed [CSE Risk Management Meeting procedures](#)

The weekly Risk Management Meeting will convene a strategy discussion if at any stage:

- There is reasonable evidence that the child is suffering or likely to suffer [Significant Harm](#); or
- The child is in [Police Protection](#) (under Section 46, Children Act 1989); or
- The child is subject to an [Emergency Protection Order](#).

For children already open to Children's Services of Family Services, the CSE Safety Plan should complement a child's existing plans and will be developed with and overseen by the child's lead professional.

The chosen interventions should reflect the assessed risk factors and also reflect the child's communication requirements and developmental needs. At all times, this will involve considering the role of a child's parents/carers as well as wider professional network to build resilience and to keep a child safe.

Children assessed as low risk by the RMM will be held at an Early Help level by Surrey Family Services, unless they already have a social worker in Children's or Family Services due to being CiN, CP, LAC.

Actions agreed as part of a child's agreed Safety Plan should be proportionate to the level of assessed risk, and focus on enhancing protective factors to support a child's resilience.

Feedback from the child and their parents/carers should be ascertained to help develop effective interventions and support.

Once a child's risk of CSE has been addressed and the child is not longer felt to be at risk, the weekly RMMs will consider ending the CSE Safety Plan and removing the child from the CSE List. The reasons for closing the Safety Plan, as well as areas of good practice will be recorded. If there are any ongoing support requirements, the RMM will refer to the appropriate agency.

RMMs can close cases when a child turns 18 only if an ongoing support package has been agreed with appropriate services.

7. STRATEGY DISCUSSION

Once a child has been referred to the MASH, all the information will be reviewed and consideration given to whether a Strategy Discussion is required. If the child has an allocated social worker, they will be asked to convene the Strategy Discussion. If the child does not have an allocated social worker, the MASH will ask the Assessment & Intervention

Service to convene the Strategy discussion which should include all agencies with information about the child and family. (See below)

The Strategy Discussion should decide whether the criteria for initiating Section 47 Enquiries are met and, if necessary, plan the enquiry. This discussion should involve all including Police, Education, Health and Surrey Family Services (SFS) colleagues. At this time, a CSE Risk Assessment tool should be updated. In cases of CSE, this should be a face to face meeting unless exceptional circumstances mean a telephone discussion is sufficient. The manager making such a decision should clearly record the reason why a meeting is not necessary.

The Strategy Discussion should take place as quickly as possible but must be within 3 working days of the referral being made.

If the child is willing to make a complaint the police will ensure that a statement and/or video interview is undertaken as a priority. This should be done quickly to try and secure the child's evidence whilst it is fresh in their minds and before the abusers have the opportunity to pressurise the child further.

If the child is not willing to make a complaint the police should still speak to the child to gather any information the child is willing or able to give. The wishes and feelings of the child should be obtained, however, professionals who are assessing the views of the child should be aware that perpetrators may have groomed the child and conditioned their response. There may also be a strong relationship between the child and the perpetrator which the child is reluctant to break.

It is also likely that the child is in denial or unaware of the level or risk that they are at. They may wish to protect the perpetrator and/or maybe reluctant to give up a potentially abusive lifestyle if they do not feel that they are at risk.

Where appropriate the child should have a medical examination. This should have two key priorities - to ensure that the child is safe and well, is screened for any sexually transmitted infection or any injuries and receives treatment as necessary and to secure any forensic evidence. This may be done prior to the strategy discussion.

It is important that all professionals should be alert to the opportunity to retrieve mobile phones or potential forensic evidence e.g. clothing, underwear etc. Police advice should be sought as to the appropriate items and means of retrieval. The police will also advise and lead in regard to photographic evidence, should this be relevant.

The strategy discussion will be convened and chaired by the Children's Services Team manager and should:

- Ensure all information is shared from all agencies in contact with the child and family;
- Share any intelligence about named or suspected perpetrators (unless the police determine this is not appropriate);
- Assess the information available and determine whether there are gaps which need to be filled;
- Determine whether the thresholds for S47 enquiries have been reached and if so plan the enquiry;
- Determine whether plans are needed to immediately safeguard the child and if so agree those plans;

- Determine whether there is sufficient information for the police to take action to disrupt perpetrators and, if so, plan that action, including the issuing of Child Abduction Warning Notices (CAWN);
- Determine what support is needed for the child and family and plan that support;
- Determine any other action required;
- Determine whether further meetings/discussions are needed and the timescale for that to happen.

The outcome of the strategy meeting must be clear actions, expected outcomes, timescales and clarity about which person/agency is responsible for what. This must be clearly recorded and circulated promptly after the meeting.

NB: A Section 47 Enquiry must be undertaken if at any stage:

- There is reasonable evidence that the child is suffering, or is likely to suffer, Significant Harm(including through child sexual exploitation); or
- The child is in Police Protection; or
- The child is the subject of an Emergency Protection Order.

If it is decided not to undertake S47 Enquiries, a Child and Family Assessment should be completed.

Consideration should be given to contacting neighbouring and other Local Authority areas where children have alleged to have been sexually exploited or where abusers and coercers live.

Where a decision to prosecute has been taken, the priority must be to investigate and prosecute those who abuse, coerce or groom children into sexual exploitation.

If more than one perpetrator/child are causing concern, consideration should be given to holding a Complex Strategy meeting – [see procedure](#).

The Quality Assurance Officer (in the Safeguarding Unit) should be notified of the child's name for inclusion on the CSE list.

8. REFERRALS REGARDING A LOOKED AFTER CHILD

When a new Contact/information is received regarding a looked after child, the allocated social worker must inform their team manager and the child's IRO. A strategy meeting should be considered and in addition the following factors should be considered:

- risks to any other children in the placement;
- whether the child should remain in their present placement;
- the feasibility of controlling the child's movements, and the likely effects of doing so; and
- Contact with other local authorities, depending on the location of the placement.

The strategy meeting should also consider the appropriateness and method of informing the child's parents. If the child is accommodated, parent(s) must be informed and told what action is being taken. When a child is subject to a care order, generally parents should be informed unless there are clear reasons for not doing so. Any decision otherwise should be recorded on the child's file giving reasons for the decision.

A balance has to be found between the need for actions to address risk factors and the need not to unduly increase the likelihood of the child running away in response to the action being taken, and possibly placing themselves at even greater risk. Any consideration of restriction of liberty or confiscation of property needs to be agreed by the Team Manager.

The child should also be referred to the Risk Management Meeting and a safety plan will be drawn up in conjunction with the child's carers and the Police and will be part of the child's overall care plan.

9. IMMEDIATE PROTECTION

Where immediate action to safeguard a child is required, it may involve removing the child from the home of a person who is exploiting them to a safe place. However, those working with children in these circumstances must never underestimate the power of perpetrators to find where the child is.

Such children will need placements with carers who have experience of building trusting relationships and skills at containing children.

A decision to place a child in secure accommodation should only be considered in extreme circumstances, when they are at grave risk of Significant Harm. In cases where the child is under the age of 13, the approval of the Secretary of State (see Department for Education) must be sought.

10. ON-GOING MULTI-AGENCY MEETINGS

All professionals involved in an individual child who is suspected to be at risk of CSE should continually gather, record and share information. Parents and carers should also be encouraged and supported to share information, help identify perpetrators and support the child. Effective identification and recording of information and intelligence in relation to individual cases is crucial to the successful disruption and prosecution of perpetrators. This can be in the form of a CIN meeting, Core Group, or Professional meeting.

11. INTERVENTION AND SUPPORT

Agencies should recognise that there may be a strong relationship between the child and the coercer/abuser and it may be difficult for the child to break this relationship.

A strategy should therefore be developed, with the child and family wherever possible, to address the child's needs and help him or her to move on from the exploitative situation. It could include specialist therapeutic support, mentoring to assist a return to education or employment, outreach work, help to secure appropriate health services, and assistance to develop a positive network of friends and relatives. Agencies should be aware of the support that the Young Witness Project can offer if a child is giving evidence in Court.

The particular circumstances of the child should be taken into account in developing the multi-agency response and the plan for services should be tailored to meet their specific needs. It is important that an individual plan is developed to address the child's needs and help them move on from an exploitative situation. This could include:

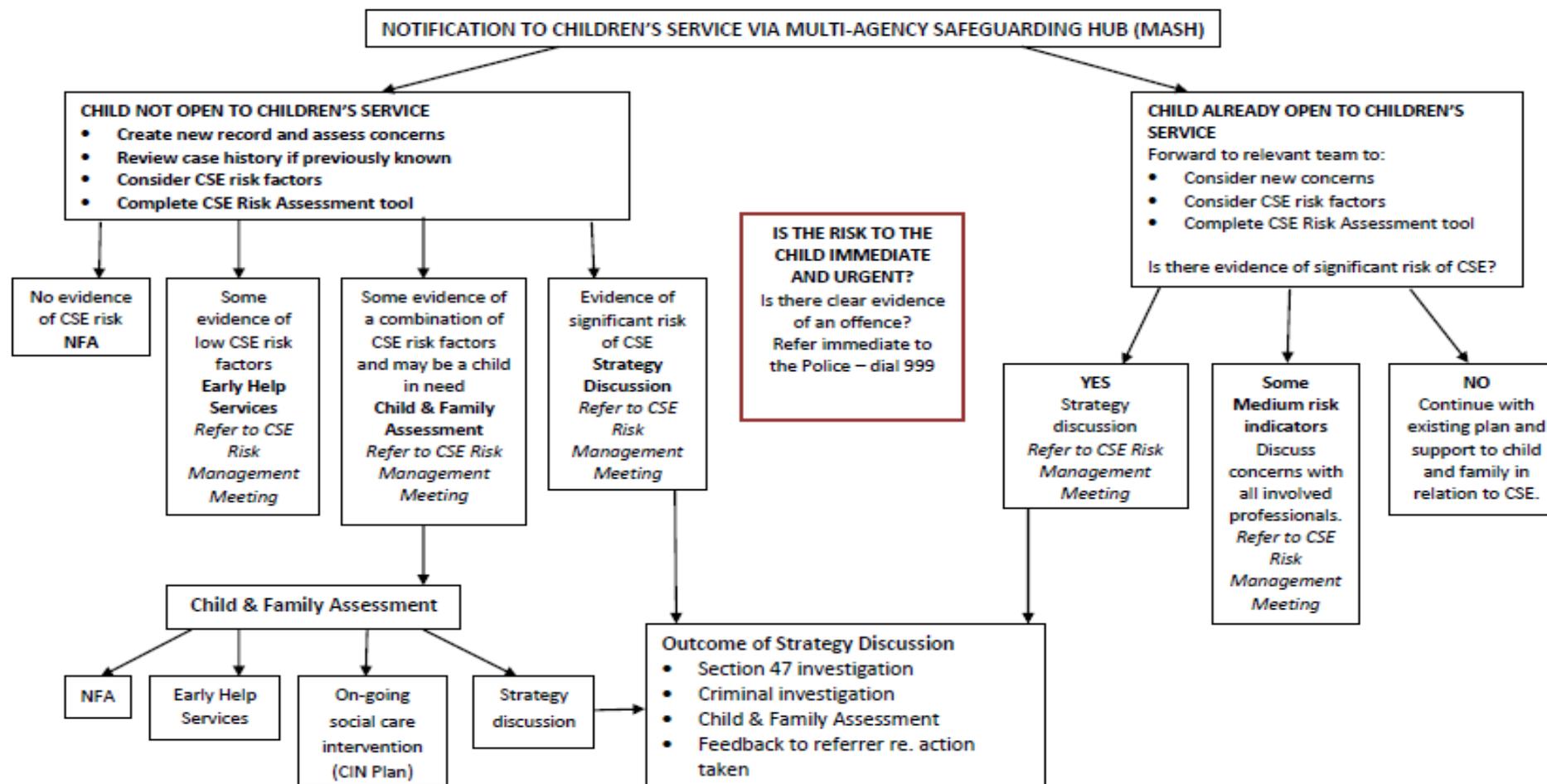
- specialist therapeutic support from Surrey Family Services;
- CAMHS;
- Surrey WISE Project which supports children (aged 13 or under) who are at risk of CSE; or
- Surrey Sliding Doors project which is a group work programme for girls who have been exposed to CSE.

Parents should be engaged in this process unless they are implicated in the sexual exploitation.

12. SURREY CSE LIST

The Surrey Children's Service CSE list is a list of children who are at risk of CSE in Surrey. The list is updated weekly and social workers should ensure that details of any child that they consider to be at risk of CSE are passed on to the Quality Assurance Officer for inclusion on the list.

APPENDIX 1 – FLOW CHART FOR ACTIONS FOLLOWING NOTIFICATION OF CSE



APPENDIX 2

RISK ASSESSMENT FRAMEWORK FOR CHILDREN CONSIDERED TO BE AT RISK OF CHILD SEXUAL EXPLOITATION (CSE)

LOW RISK INDICATORS									
Education	Running away/going missing	Sexualised risk taking	Rewards	Contact with abuse adults and/or risky environments	Coercion/control	Sexual health	Substance use	Emotional health	E-safety
Non- school attendance /truanting	Regularly coming home late or going missing	Overtly sexualised dress, sexualised risk taking (including internet use) Meeting adults through the internet	Unaccounted for monies and/or goods	Associated with unknown adults Associating with sexually exploited young people	Reduced contact with family/ friends	Sexually transmitted infections (STIs)	Experimenting with drugs and alcohol	Poor self image, eating disorders, self harming	Secretive about mobile phone/more than one mobile phone Making/ receiving explicit videos/ sexting Late night excessive phone/ internet activity

MEDIUM RISK INDICATORS

Education	Running away/going missing	Sexualised risk taking	Rewards	Contact with abuse adults and/or risky environments	Coercion/control	Sexual health	Substance use	Emotional health	E-safety
Exclusion/suspension from school, unexplained absences or lack of engagement in school/college/training/work	Staying out late/overnight with no reasonable explanation Breakdown of residential placements due to behaviour	Getting into cars with unknown adults Associating with known CSE adults Clipping (offering to have sex for money or other payment and then running before sex takes place) Having a much older boyfriend/girlfriend	Receiving rewards of money or goods for recruiting peers into CSE Unaccounted for money or goods including mobile phones drugs and alcohol	Reports of being involved in CSE through being seen in hotspots Having access to premises not known to parent/carer Gang member or association	Limited contact with family/friends Disclosure of physical sexual assault and then refusing to make or withdrawing an allegation	Multiple sexually transmitted infections (STIs)	Regular use of substances/concerns for drug/alcohol dependency	Self harming Expressions of despair	Internet grooming

HIGH RISK INDICATORS

Education	Running away/going missing	Sexualised risk taking	Rewards	Contact with abuse adults and/or risky environments	Coercion/control	Sexual health	Substance use	Emotional health	E-safety
<p>Non-school attender/ Excluded</p> <p>Regular breakdown of school placements due to behavioural problems</p>	<p>Persistently running away/ Going missing from placement</p> <p>Pattern of street homelessness and staying with an adult believed to be sexually exploiting them</p> <p>Being moved around for sexual activity</p> <p>Living independently and failing to respond to attempts by worker to keep in touch</p>	<p>Child under 13 engaging in sexual activity</p> <p>Child under 16 meeting different adults and engaging in sexual activity</p>	<p>Receiving rewards of money or goods for recruiting peers into CSE</p>	<p>Being taken to clubs and hotels by adults to engage in sexual activity</p> <p>Removed from known 'red-light' district by professionals due to suspected CSE</p>	<p>Disclosure of physical sexual assault and then refusing to make or withdrawing an allegation</p> <p>Abduction or forced Imprisonment</p> <p>Physical abuse by controlling adult</p> <p>Physical injury without plausible explanation</p> <p>Being bought/ sold/trafficked</p>	<p>Multiple miscarriages and/or terminations</p>	<p>Indicators of CSE in conjunction with chronic alcohol and drug use (eg. crack/heroin)</p>	<p>Indicators of CSE alongside serious self-harming</p>	

APPENDIX 3
Link to [CSE Risk Assessment tool](#)