**Child Sexual Exploitation:  
West Sussex Multi Agency Procedures and Guidance for Professionals working with children**

1. **Purpose**

1.1 These procedures and guidance complement and should be read in conjunction with the Pan Sussex Child Protection and Safeguarding Procedures: Chapter 8.33 Child Sexual Exploitation.

<https://sussexchildprotection.procedures.org.uk/tkyyh/children-in-specific-circumstances/sexual-exploitation>

Additional information is added within this document to inform professionals of the agreed procedures that have been developed to recognise, support and reduce the risk of those children considered to be at risk of child sexual exploitation within West Sussex.

* 1. A high level flowchart to outline these procedures is attached at Appendix A for additional guidance and is available on the WSSCB website;.

<http://www.westsussexscb.org.uk/professionals/helping-you-work/child-sexual-exploitation/>

1. **Definition**

**The government issued a definition of child sexual exploitation in 2017 to be used for the purposes of the statutory Working Together guidance. Link;**

[**https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/591903/CSE\_Guidance\_Core\_Document\_13.02.2017.pdf**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf)

2.1. "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.

Like all forms of child sexual abuse, child sexual exploitation:

* + can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex;
  + can still be abuse even if the sexual activity appears consensual;
  + can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity;
  + can take place in person or via technology, or a combination of both;
  + can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
  + may occur without the child or young person’s immediate knowledge (through others copying videos or images they have created and posting on social media, for example);
  + can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
  + is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

1. **Legal framework;**
   1. Under Section 17 of the Children Act 1989 young people under the age of 18 are deemed to be children and would be considered Children in Need if being sexually exploited.
   2. Section 47 of the Children Act 1989 requires that if a local authority has 'reasonable cause to suspect that a child who lives or is found in their area is suffering or is likely to suffer Significant Harm,  the authority shall make, or cause to be made, such enquiries as they consider necessary…'
   3. Children under the age of 16 cannot lawfully consent to sexual activity.  Anyone engaging in sexual activity with a child under 16 is committing a criminal offence.  Specific serious offences, including rape, apply to anyone engaging in sexual activity with a child under the age of 13 as the child is presumed incapable of consent.
   4. Where sexual activity with a 16 or 17 year old does not result in criminal charges being brought it may still result in harm or the likelihood of harm being suffered;
   5. Non consensual sex is rape whatever the age of the child. Where consent is purported to be obtained, but the child was incapacitated through drink or drugs or, the child or their family have been subjected to violence or the threat of it; the child cannot be considered to have given true consent and therefore offences may have been committed.
2. **Principles**
   1. Our approach and response to child sexual exploitation is multi-agency working in partnership with others. Governed by the West Sussex Safeguarding Children Board, we aim to ensure the most effective interventions to achieve positive outcomes for children.
   2. Sexually exploited children should be treated as victims of abuse, not as offenders. Sexual exploitation includes sexual, physical and emotional abuse and in some cases, neglect.
   3. Children cannot make informed choices to enter into or remain in sexually exploitative situations, and only do so through coercion, enticement, manipulation or desperation.
   4. A common feature of child sexual exploitation is that the child does not recognise the coercive nature of the relationship and therefore does not see themselves as a victim of sexual exploitation. Therefore the importance of professional curiosity, empathy and persistence are required when working with children who may be at risk or experiencing CSE.
   5. Children who are being sexually exploited or, who are at risk of being sexually exploited, will have varying levels of needs. They may have multiple vulnerabilities and therefore an appropriate multi- agency response and effective coordination is essential to ensure that the child is safe.
   6. Abuse does not occur because of a child’s vulnerability, it occurs because there is someone willing to take advantage of this vulnerability and because there are inadequate protective structures around the child and family to mediate against this.
   7. It is widely acknowledged that safety outcomes for children are improved when they are actively involved in their safety planning. Therefore sharing concerns and involving children and their families/carers in meetings is essential.
   8. A multi-agency network or planning meeting must take place for all children considered at risk of child sexual exploitation. Child protection procedures should always be followed as appropriate in relation to the risk assessment and investigations required.
   9. The Multi Agency Plans will consider all options to improve the safety of children and this will include prevention, disruption and protective strategies against potential perpetrators as well as to support the victims to reduce the risk of further abuse.

**5 Identifying concerns about child sexual exploitation (CSE)**

5.1 Identifying the early warning signs associated with CSE is vital to safeguarding and protecting the welfare of children. A child who has other vulnerabilities can be at greater risk of being sexually exploited. Indicators can be found in Appendix B, and indicative behaviours can be found in Appendix C. The behaviour chart attached to the Screening Tool and Risk assessment should also be used to support analysis of the behaviours being evidenced, but in all cases professional judgement is essential to identifying risk.

1. **CSE Screening Tool and Risk Assessment**
   1. Part A: the CSE Screening Tool is available at; <http://www.westsussexscb.org.uk/wp-content/uploads/LSCB-CSE-Risk-assesment-Document-and-Behaviour-Chart-version-2.1-Feb17.docx>

This is an aid to help recognise the indicators of CSE. It is a simple set of questions to aid thinking and to help guide decisions about the level of risk to the child. All professionals should be aware that assessments need to be continual and that they should continually remain vigilant to risk increasing or decreasing.

* 1. Children may not disclose all of the behaviours they are experiencing and evidence may build over time as the relationships with professionals develop and intelligence is shared.
  2. When CSE, or the risk of it, is suspected, all practitioners should discuss the case with a manager or the designated member of staff for child protection, or if uncertain contact the MASH for further advice.
  3. Part B should be completed if any of the significant risk indicators are noted, or there are no significant risk indicators identified, but additional risks indicate there is a risk of CSE.
  4. If there are no concerns identified there are no further actions re CSE for the practitioner, however should the practitioner be concerned about the child’s safety a referral via the MASH using the usual request for support form should be completed.

<http://www.westsussexscb.org.uk/wp-content/uploads/Request-for-Support-form.doc>

* 1. Indicators of risk of harm for CSE are described in these categories:

High Risk: Screening and risk assessment indicates evidence that the child is actively being sexually abused. Should be level 4 on continuum of need and will require a Children’s Social care intervention.

Medium Risk: Screening and risk assessment indicates evidence that the child maybe being sexually abused or at significant risk of exploitation. Level 3 or 4 on the continuum of need requiring a Social worker or named lead professional.

Low risk: Screening and risk assessment indicates evidence that the child may be vulnerable to exploitation and sexual abuse. Level 3 or 2 on the continuum of need and will need a named lead professional.

Fu

C

Further advice on the continuum of need can be found at;

<http://www.westsussexscb.org.uk/professionals/helping-you-work/>

http://www.westsussexscb.org.uk/professionals/helping-you-work/

<http://www.westsussexscb.org.uk/professionals/helping-you-work/>

<http://www.westsussexscb.org.uk/professionals/helping-you-work/>

* 1. When the CSE risk assessment has been completed practitioners should discuss the assessment with their manager or safeguarding lead for child protection. They should agree and record the level of risk in the appropriate case management system (e.g. fwi, holistix, or other).
  2. In all cases, other than for a child who is identified by Children’s Social Care and currently open to them, practitioners should send the CSE Screening and Risk Assessment along with their referral to West Sussex Multi Agency Safeguarding Hub (MASH) [MASH@westsussex.gcsx.gov.uk](mailto:MASH@westsussex.gcsx.gov.uk)
  3. If the child has an allocated social worker the Screening tool and risk assessment should be sent directly to them. Any uncertainty as to the allocated social worker or their contact details please send to MASH to ensure the information is shared and actions can be taken.
  4. In all cases a copy of the CSE Screening and Risk Assessment tool must also be sent to the CSE Hub ([CSEHUB@westsussex.gcsx.gov.uk](mailto:CSEHUB@westsussex.gcsx.gov.uk)) to enable mapping of vulnerable children and gathering of local and county intelligence. This is a contact email address and will allow for monitoring by the Multi agency missing and exploitation operational group, it will not respond to immediate safeguarding concerns.
  5. For children open to Children’s Social Care the CYP622 CSE Risk Assessment will be completed on the child’s file. If a child is at high or medium risk a warning note is also added to their record.
  6. All children under the age of 13 who are identified at high risk – i.e. they are actively being exploited should have a Strategy Discussion and consideration of a S47 investigation.
  7. For children that have an Early Help Plan the CSE assessment must be uploaded to case notes on Holistix and the CSE flag must be marked with the level of risk identified.
  8. Any practitioner, who has assessed the child to be at low risk of CSE or, identified additional needs, must initiate an Early Help Plan. Early intervention that addresses the vulnerability to CSE can be carried out by any professional who has a good relationship with the child. This will enable them to talk about and raise awareness of CSE. The aim will be to engage the child in thinking about healthy relationships and how to ensure their own personal safety. There are a range of additional services that can be accessed through Find It Out and advice can be sought through the local Integrated Prevention and Earliest Help Hub System Lead.
  9. The multi- agency missing and exploitation operational group will also consider referrals to those specialist services for CSE and will advise professionals accordingly, this will be done on receipt of the CSE screening and risk assessment tool.

**7. The Role of MASH**

7.1 The MASH provides a key role in collating information about those at risk of CSE by identifying the warning signs within the initial contact information and through the receipt of the CSE Screening Tool and Risk Assessment. The CSE box must always be ticked on the MASH Contact form.

7.2 When a CSE related police Single Combined Assessment of Risk Form (SCARF) or a CSE risk assessment is received in relation to a child who is not already open to Children’s Social Care and, where the assessment identifies a medium or high risk to the child, the MASH procedures will be followed and where appropriate a S.47 strategy meeting will be held.

7.3 If the contact is regarding a child who is already open to an allocated social worker the information and/or SCARF will be passed to both the social worker and their Practice Manager who will notify their Group Manager who will then lead and chair the Strategy Meeting.

7.4 On receipt of a new referral that does not identify CSE the MASH should be aware of any indicators or potential indicators of CSE in the information provided and, where necessary, complete a CYP621 CSE Screening Tool at contact stage and a CYP622 CSE Risk Assessment. This may indicate that a Strategy Meeting is required. Children who go missing are known to be at greater risk of CSE and therefore the screening tool should be completed and risk assessment if required.

**8 Strategy Meetings**

8.1 Strategy Meetings will operate in accordance with the Pan Sussex Children’s Safeguarding Procedures and will include the following:

8.2 The Strategy Meeting will include those professionals who are working with the child and, as a minimum, will be attended by representatives from Children’s Social Care, Police and Health. The CSE nurse should be invited when CSE has been indicated as a risk factor.

8.3 The Strategy Meeting will be underpinned by a Signs of Safety Danger Statement and Safety Goal created by the MASH.

8.4 The purpose of the Strategy Meeting is to agree a plan to reduce the risk and safeguard the child, to support the child and, to pursue any offenders. The plan must include timescales and the names of those who will take responsibility for each action. Professionals will share information; use the risk assessment to agree the level of risk and, coordinate a child in need or child protection investigation.

8.5 The CYP622 CSE risk assessment must be updated at the strategy meeting, clearly stating the current agreed level of risk, and the date. The form is available in the strategy discussion episode on frameworki (fwi). The CYP663 Multi-Agency Plan should also be completed if the meeting concludes that there is a risk of CSE.

8.6 An ‘At Risk of CSE’ warning note must be entered onto the child’s record on fwi.

8.7 A ‘locate trace marker’ must be entered onto Compact by Police for all children identified at risk of CSE and suspected perpetrators.

8.8 Disruption strategies should be considered by police including using Child Abduction Warning notices under Section 2 of the Child Abduction Act 1984 and Section 49 of the Children’s Act 1989.

8.9 The Strategy discussion may need to include a trigger plan, available in the CYP623 for where a child is going missing that should ensure carers, police and others are aware of their roles and responsibilities.

8.10 The Strategy discussion will consider risks to any other child by the alleged perpetrators.

8.11 When a child at risk of exploitation is looked after the Independent Reviewing Officer (IRO) must be invited to the strategy meeting.

8.12 Cross border strategy meetings must be held for all children who are placed in West Sussex by another local authority or those placed out of county by West Sussex

8.13 The outcome of the strategy meeting will be a decision to undertake a S47 investigation, or assess the child further as a child in need or to refer to Early Help.

**9 Support for the child and their family**

9.1 Identifying early warning signs that a child is vulnerable to sexual exploitation will enable more effective targeting of preventative interventions through Early Help. Encouraging children to talk about their feelings, consider their safety both in the community and online is essential. Considerable advice is available through internet resources at;

<http://www.nwgnetwork.org/>

<http://seenandheard.org.uk/>

9.2 Supporting the child and their family must be based on a multidisciplinary assessment of their circumstances and needs. Families, carers and friends of children experiencing CSE will often find this distressing and they can be referred to the following for support and advice;

Pace; Parents against Child Sexual Exploitation <http://paceuk.info/for-parents/support-for-parents/>

NWG; National Working Group for Sexually Exploited Children and Young People <http://www.nwgnetwork.org/for-parents/>

9.3 It is important that those working with the child remain calm, open and positive in their relationship with the child. Given the challenges to disclosure Particular attention should be given to assigning key professionals to work with the child to avoid numerous professional appointments and the child feeling overwhelmed. Working with those experiencing or at risk of CSE can be extremely challenging for professionals and supervision/support from line managers is essential. The multi- agency arrangements to monitor the children at risk are intended to also support professionals and oversee the progress of children but will not take responsibility for individual planning, this has to be undertaken by those lead professionals known to the child.

9.4 Barnardo’s have developed a model of practice called the 4 A’s for adults working with children to increase the likelihood of children disclosing any abuse or exploitation they are experiencing and subsequently the right support being given:

**Access:** Services for children should be provided in a safe, attractive environment; they should support children on their own terms and most of all build trust.

**Attention:** Give children time and positive attention, focusing on what matters to them. Often victims of CSE will have been drawn to their exploiter through a need for love and attention that they may not have been receiving elsewhere.

**Assertive Outreach:** Make consistent and persistent efforts to contact the child through a range of methods. Victims of CSE are often targeted because of their existing vulnerabilities, these children may be seen as hard to reach or ‘troubled’. In addition many victims will be reluctant to disclose or may not even realise they are a victim. It is therefore all the more important to persevere and not give up if the child is not receptive to help initially.

**Advocacy:** Support children to get the provision they need. It is incredibly important to advocate on behalf of the child and not stigmatise them for their involvement in sexual exploitation, Sign-posting children to the appropriate services will enable them to get the support they need; further stigmatisation or criminalisation may push them further into exploitation.

**10 Multi Agency Plan (MAP)**

10.1 Multi Agency Planning (MAP) meetings are held as part of the response to a child identified at risk of CSE and can be part of an Early Help Planning Meeting, a Children in Need Meeting, a Child Protection Core Group or, in the case of Children Looked After, as a separate meeting.

10.2 The initial MAP meeting must be chaired by the relevant Practice Manager or Lead Professional. Attendance at the meeting should include:

• The child and their family (unless attendance will compromise the child’s safety or the progress of an investigation).

• The Allocated social worker or lead professional.

• Identified police officer from the Confidential Intelligence Unit (CIU) or Safeguarding Investigations Unit (SIU) or CSE/Missing team.

• Representatives from education

• Representatives from health and/or sexual health services.

• Foster Carer or Key Worker of residential home.

• Any other relevant person (e.g. Independent Domestic Violence Advisor, Independent Sexual Violence Advisor, YOT worker, Substance Misuse worker, voluntary agency worker);

10.3 The Template Form CSE Multi Agency Planning Meeting Template (see Appendix E) must be completed for each MAP Meeting. The Template must be uploaded to the relevant case management system, e.g. Holistix. For children open to Children’s Social Care the MAP must be uploaded into the CSE episode.

10.4 The aim of each MAP meeting is to reduce the risk and safeguard the child; by sharing and clarifying information including intelligence concerning perpetrators and locations; and to agree the actions that all agencies, the young person and their families can take to improve safety and reduce the risk of further exploitation or sexual abuse. It is important to be realistic and SMART so that actions are clearly defined with owners and timescales. Given the nature of risks and likelihood of changes it is important to ensure that contingency plans are agreed in advance to manage any changes in situations and or risk. Where appropriate trigger plans should the child go missing also need to be included.

10.5 The MAP will use the Signs of Safety framework to identify worries and risks, safety factors and strengths so that clarity about what needs to happen is agreed. It will also be necessary to have an agreed danger statement and safety goal for the child. It is important to emphasise that Child sexual exploitation is never the victim’s fault, even if there is some form of exchange: all children and young people under the age of 18 have a right to be safe and should be protected from harm.

10.6 At each MAP meeting the Part B CSE Risk Assessment must be used to assess any changes to the risk status until the child is safe or the risk is removed. Any changes to risk should be recorded on a new risk assessment clearly stating the current agreed level of risk, the date and uploaded onto the CSE episode on the child’s file on fwi or other relevant case management system e.g. Holistix. A copy of the reviewed Part B risk assessment tool should also be sent to the [CSEHUB@westsussex.gcsx.gov.uk](mailto:CSEHUB@westsussex.gcsx.gov.uk) so that the central CSE list can be maintained.

10.7 A copy of the completed MAP Meeting template must be uploaded onto the CSE episode on fwi or on any other relevant case management system, e.g. Holistix, and a copy should be sent to the family and all professionals in attendance.

10.8 If the child’s parent/carer has not been present the MAP meeting must consider what information should be shared with the parent/carer, how this should happen and who should do this. Parents/carers should usually be notified of concerns regarding their children, and what action is being considered to address these.

10.9 As far as possible children should be involved in the safety plan as their engagement will influence the success of the plans. We know that children sometimes do not recognise the risks they are placing themselves in and may have been groomed to believe they are choosing to engage in exploitation. It is essential therefore that we work closely with children to ensure we understand their perspective, involve them in decision making and work meaningfully to manage the risk.

10.10 The frequency of MAP meetings is dependent on the level of risk and may be required to respond to specific events. As a minimum a Multi agency planning meeting should take place every 4 weeks for those assessed as a high risk, every 8 weeks for those a medium risk and every 12 weeks for those regarded as low risk. These can be part of other statutory meetings as long as the MAP is completed/updated.

10.12 If at a MAP meeting the level of concern about the child is reduced and there are no other outstanding needs that require multi agency involvement then the case should be closed or stepped down as appropriate. The last risk assessment should be completed to confirm ‘no risk’ currently identified and sent to the [CSEHUB@westsussex.gscx.gov.uk](mailto:CSEHUB@westsussex.gscx.gov.uk)

**11. Children Looked After and Care Leavers**

11.1 Where there concerns about sexual exploitation of a Child who is Looked After (CLA) the Care and Pathway plan must specifically identify the child’s increased vulnerability and address the factors likely to increase any further exploitation. Safety factors and progress of CSE planning must be monitored by the Social Worker and IRO as part of the CLA Review.

11.2 Missing from care episodes on fwi must include an explicit statement detailing the current assessment of the child’s potential risks of CSE, the screening tool completed and risk assessment if required.

11.3 The following factors must be taken into account when considering concerns about a child who is Looked After:

* The risks to other children in placement.
* Whether the child should remain in placement.
* The feasibility of controlling the child’s movements and
* Whether the placement can keep him/her safe.
* **A holistic response**: Closing down contact with (potential) perpetrators or removing the child/young person from potentially harmful situations is not, on its own, an adequate response to child sexual exploitation. While it is critical to address the child or young person’s physical safety, this only addresses the immediate source of risk, not the underlying conditions for abuse. **It is also important to understand and address any underlying vulnerabilities (unmet emotional needs, drug use or previous sexual abuse, for example) to provide recovery work.** Professionals also need to consider other connected issues in the child or young person’s life and take proactive steps to enhance the protective factors around them.

11.4 For WSCC children placed out of county any action to safeguard children will be led by WSCC. The child’s allocated social worker will:

* Ensure that there is an up to date CSE Risk Assessment and an effective safety plan.
* Ensure the host authority where the child is placed receives copies of the CSE risk assessment and safety plans to be linked into their local child sexual exploitation operational and oversight meetings.

11.5 For children placed in West Sussex by other Local Authorities, fwi must contain the most up to date risk assessment and safety plan as devised by the placing authority. Any further incidents of concern should lead to a strategy discussion that needs to include the placing (home) authority as it is their responsibility to revise the risk assessment and the safety plan. If this is not being done then this needs to be escalated to the West Sussex Children’s Head of Safeguarding and reviewed at the MACE Tactical Group.

11.6 An ‘At Risk of CSE’ marker must be entered onto the child’s record on fwi whilst there is a high or medium risk of CSE.

**12 Vulnerable Adults, and Young People aged 18 years and over with Special Education Needs and Disabilities**

12.1 A referral to adult’s services must be made for a vulnerable adult who may be at risk of CSE. A vulnerable adult is a person aged 18 or over who is, or maybe, in need of community services by reason of mental health, disability or other illness; or who is, or maybe, unable to take care of themselves or unable to protect themselves from significant harm or exploitation.

12.2 An Education, Health and Care Plan must be considered for children and young people aged up to 25 who may need more support than is available through special educational needs support. Education Health and Care Plans identify educational, health and social needs and set out the additional support to meet those needs. It should also identify their vulnerability to exploitation and steps need to be taken to ensure effective services are in place to safeguard children and young people with special education needs and disabilities.

1. **Multi-Agency Governance of Child Sexual Exploitation**

13.1The West Sussex safeguarding children’s board (WSSCB) has the overall responsibility

|  |
| --- |
| * To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and * To ensure the effectiveness of what is done by each such person or body for those purposes. |

In this respect it has a monitoring function on children at risk of sexual exploitation, going missing or being exploited and /or trafficked.

* 1. The WSSCB Child exploitation subgroup provides strategic oversight of missing, exploited and trafficked children. This group has multi-agency representation and is responsible for the policy and performance of the work to address these issues and improve practice.
  2. The Multi Agency children’s missing and exploitation tactical group meets monthly and will report to the WSSCB on; performance, analysis of trends from intelligence, outcomes of audits and evidence of good practice. It will also report on barriers, gaps in interventions and any concerns about performance to be addressed.
  3. The Multi agency missing and exploitation operational group meets weekly to review missing activity across West Sussex and other children highlighted as at risk of CSE. It will provide feedback and requests for actions to Social workers and lead professionals. It will provide reports of activity, stuck cases, good practice, performance and themes/trends for the MACSE group to review. This report will be provided by the Chair and Police inspector Missing/CSE team monthly.

Further Information and Guidance is found:

Multi Agency Missing and Child Sexual Exploitation Tactical Group (MACE) Terms of Reference (Link)

Multi Agency Missing and exploitation operational group terms of reference (link)

http://www.westsussexscb.org.uk/wp-content/uploads/Safeguarding-Children-who-may-have-been-trafficked.pdf

[It's not on the Radar Report, Barnardo’s 2016](https://www.barnardos.org.uk/it_s_not_on_the_radar_report.pdf)

[**https://www.rip.org.uk/resources/publications/practice-tools-and-guides/child-sexual-exploitation-practice-tool-2017-open-access/**](https://www.rip.org.uk/resources/publications/practice-tools-and-guides/child-sexual-exploitation-practice-tool-2017-open-access/)

**Appendix A**

****

**Appendix B**

**Recognition and Indicators of CSE**

Sexual exploitation is not just an issue for girls and young women, but also a reality for boys and young men. However, it can be more difficult to detect when boys and young men are at risk of sexual exploitation or are being sexually exploited, as they are generally harder to work with and less willing to disclose this type of information. They may also find it harder to disclose that they are being abused by other men because of issues about sexual identity. It is important that professionals who are assessing young men do not become distracted when exploring their sexual identity and fail to notice that they may be being, or are at risk of being sexually exploited.

Sexual exploitation has strong links with other forms of 'crime', for example, domestic violence, online and offline grooming, the distribution of abusive images of children and child trafficking. Whilst the majority of child trafficking cases known about involve Cross Border movement, it is also known that child trafficking occurs within the UK. A number of serious case reviews involving organised Child Sexual Exploitation and trafficking have raised this issue. Children may be trafficked internally within the UK for a variety of reasons; they may be sexually abused before being taken to other towns and cities where the sexual exploitation continues. Where children have been violently controlled by criminal gangs for sexual exploitation, the children may in some cases have been moved between several locations to retain control of their victims.

The perpetrators of sexual exploitation are often well organised and use sophisticated tactics. They are known to target areas where children gather without much adult supervision, e.g. parks or shopping centres or sites on the Internet Technology and social media can play a part in CSE, for example, through its use to record abuse and share it with other like-minded individuals or as a medium to access children in order to groom them.

**Children and young people are more vulnerable to abuse through sexual exploitation if they have experience of:**

* Childhood sexual abuse
* Domestic abuse within the family
* Family breakdown
* Physical and emotional deprivation
* Bullying in or out of school
* Parents with high level of vulnerabilities (e.g. mental health issues, drug/alcohol misuse)
* Being looked after in residential care
* Unsuitable/inappropriate accommodation/homelessness
* Frequently going missing
* Isolation from peers/social networks
* Lack of positive relationship with protective/nurturing adult
* Gang association either through relatives, peers or intimate relationships (in cases of gang associated CSE)
* Attending school with young people who are sexually exploited;
* Learning disabilities
* Unsure about their sexual orientation or unable to disclose sexual orientation to their families
* Friends with young people who are sexually exploited

**Appendix C**

All agencies, parents and carers must be aware of the following *Indicative behaviours* associated with a child who is experiencing sexual exploitation; however they are not conclusive signs in themselves:

* Physical symptoms (Sexually Transmitted Infections, chronic fatigue, bruising suggesting assault, pregnancy and/or seeking a termination)
* Truanting from school/disengagement from education
* Acquisition of money, possessions or accounts of social activity with no plausible explanation
* Expressions of despair (self-harm, overdose, eating disorder, challenging and/or volatile behaviour, aggression)
* Drug and alcohol misuse
* Relationship with a controlling adult/older 'boyfriend', who encourages emotional dependency and controls through violence or threats
* Having contact with unknown adults outside the usual range of child's social contacts
* Getting into/out of vehicles driven by unknown adults
* An adult loitering outside home with the intention of meeting up with the child
* Use of mobile phones/emails/internet that causes concern
* Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites
* Missing from home, or persistently leaving home or returning late without permission and no plausible explanation
* Returning from being missing looking well-cared for in spite of having no known base
* Contact with other young people known to be involved in sexual exploitation.

**Appendix D – Glossary of Terms**

EHP Early Help Plan

CEOP Child Exploitation and Online Protection Centre

CIN Child in Need

CP Child Protection

CSC Children’s Social Care

CSE Child Sexual Exploitation

CSE Champion Dedicated person in agencies/locality with a lead for CSE

CSE Screening and Risk Template for sharing information about risks to CYP with

Assessment Tool MA, the police and the CSE Hub

Clipping CYP targeting specific persons to rob by offering to have sex for

monies then running when they receive payment before sexual activity

takes place

CYP Children and Young People

Disruption Tactics used to divert or stop perpetrators exploiting children where

there is little or no evidence to prosecute

Gang Organised groups with an element of status, membership and

criminality or 2 or more children or young people involved in delinquent

peer groups.

Groomed A systematic process used to engage children and coerce them to

provide sexual favours. (See DCSF Guidance for definition)

Hot spot Specific areas, streets or houses used to target children

Holistix The system used in West Sussex to record Early Help plans

MASH Multi- Agency Safeguarding Hub.

Misper Missing Persons

Perpetrator Any person who poses a risk or commits crimes against a child

PPO Police Protection Order

Procuring Adults and older peers groom the child to procure younger children for

them to sexually abuse and exploit. Occasionally parents and carers

who themselves are or have been adult ‘sex workers’, or sexual

abusers may procure their child for abusers and exploiters

Pseudo Imagery The sharing of sexualised cartoon images or images of other CYP’s

bodies with another child’s face on it, then sharing via the internet or

texts. See CEOP for more information

Risk Indicator Common or known signs of child sexual exploitation

Sexting Sharing sexualised photos and language/photographs

Soliciting Legal term for exchanging and selling sexual favours (prostitution)

S47 Section 47 of the Children Act 1989 (indicative of concerns about

significant harm)

STI Sexually Transmitted Infections

TAF Team around the Family which is a multi-agency meeting that develops

and agrees the Early Help Support Plan with a family

Targeting An adult or older peer involved in CSE identifies a vulnerable CYP and

alone or with a cohort will develop a relationship with that child with the

intention of sexually exploiting them

Trafficking International trafficking into or out of the country. Domestic trafficking,

moving children and young people from one place to another within a

city or across city borders for the purposes of sexual activity. No

minimum movement required.

UKBA United Kingdom Borders Agency

UKHTC United Kingdom Trafficking Centre

**Appendix E – MAP template**

|  |  |
| --- | --- |
|  | **Multi Agency Safety Planning Meeting**  **re Missing and CSE** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of child** | |  | | | | | **Age** |  | | **Fwi Number** | | |  | | | | | | |
| **Date** | |  | | | | | **Time** |  | | **Venue** | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Has a CSE risk assessment been completed?** | | | | | | | | | | | | | | | **Yes** | | | | **No** |
|  | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| **What is the current level of risk?** | | | | | | | | | | | | | | | | | | | |
| **High Risk of CSE** – Screening and risk assessment indicates evidence that the child is actively being sexually abused. Should be level 4 on continuum of need and will require a Children’s Social care intervention.  **Medium Risk** **of CSE**– Screening and risk assessment indicates evidence that the child maybe being sexually abused or at significant risk of exploitation. Level 3 or 4 on the continuum of need requiring a Social worker or named lead professional.  **Low Risk** **of CSE** – Screening and risk assessment indicates evidence that the child may be vulnerable to exploitation and sexual abuse. Level 3 or 2 on the continuum of need and will need a named lead professional.  No Risk of CSE, however Child frequently goes **Missing** | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| **What’s working well? Have any risks reduced?** | | | | | | | | | | | | | | | | | | | |
| ***What CSE/Missing risks were identified in the CSE screening tool?*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ***Was a safety plan developed – What from this has worked well?*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ***Have any of the identified risks reduced?*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ***What has helped to reduce the risks (if additional from above)?*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ***Who has helped to reduce the risks to the child (i.e. YOT, CSC, Police, Parents, School, safety plan etc.)?*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **What are we worried about? Have any risks increased?** | | | | | | | | | | | | | | | | | | | |
| ***Have any of the identified risks increased?*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ***Why have the risks increased?*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ***What other risk factors have now been identified?*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Are there known locations the child goes to?** | | | | | | | | | | | | | | | | | | | |
| ***List locations;*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ***Are police and other agencies concerned about the locations? If yes, why?*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **What other risks or complicating factors have been identified?** | | | | | | | | | | | | | | | | | | | |
| ***Are there any other factors that have contributed to increased risk (i.e. people of concerns, substance misuse, secrecy, emotional well-being, criminal activity)?*** | | | | | | | | | | | | | | | | | | | |
| **Is child attending school/college/appropriate provision**  **/ absconding from school / not in education?** | | | | | | | | | | | | | | | | | | | |
| ***Is the child of statutory school age?*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ***Are they attending school? How many hours a day/week?*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ***Do they have an EHCP or additional education needs?*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ***Is there a plan around non-attendance and engagement in suitable activities?*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Is child linked to other children we are worried about? If so, enter name(s)** | | | | | | | | | | | | | | | | | | | |
| ***Names of children and evidence why are we worried?*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ***Are these other children/YP known to CSC or other agencies?*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Is child linked to any suspected/alleged perpetrators of CSE or crime? If so, enter name(s)** | | | | | | | | | | | | | | | | | | | |
| ***Names of children and evidence why are we worried?*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ***Names and are they known to police or other agencies? Are we clear about what is evidenced risk and what may be assumptions*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Safety Plan / Trigger Plan** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Detailed Actions relating to each risk –**  **include trigger plan for missing if appropriate**    **(include actions child and family will take)** | | | | | | | | | | | | | **By Whom?** | | | **By When?** | | | |
|  | | | | | | | | | | | | |  | | |  | | | |
|  | | | | | | | | | | | | |  | | |  | | | |
|  | | | | | | | | | | | | |  | | |  | | | |
|  | | | | | | | | | | | | |  | | |  | | | |
|  | | | | | | | | | | | | |  | | |  | | | |
|  | | | | | | | | | | | | |  | | |  | | | |
|  | | | | | | | | | | | | |  | | |  | | | |
|  | | | | | | | | | | | | |  | | |  | | | |
|  | | | | | | | | | | | | |  | | |  | | | |
|  | | | | | | | | | | | | |  | | |  | | | |
| **Contingency and Crisis Plan** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **If there is a family crisis or the safety plan is not working, what is the recovery plan?** | | | | | | | | | | | | | | | | | | | |
| ***Give detail of who will do what by when if the above plan is not working in order to get plan back on track.*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ***Is there anything else that needs to happen – If so by whom and when?*** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Next Meeting** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Date** |  | | **Time** | | |  | | | **Venue** | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **PLEASE SEND A COPY OF THIS MAP TO THE CSE HUB –**    **CSEHUB@WESTSUSSEX.GCSX.GOV.UK** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Present at this meeting** | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | **Contact Details** | | | | | | **Email Address** | | | **Work Phone Number** | | | | | |
|  | | | | |  | | | | | |  | | |  | | | | | |
|  | | | | |  | | | | | |  | | |  | | | | | |
|  | | | | |  | | | | | |  | | |  | | | | | |
|  | | | | |  | | | | | |  | | |  | | | | | |
|  | | | | |  | | | | | |  | | |  | | | | | |
|  | | | | |  | | | | | |  | | |  | | | | | |
|  | | | | |  | | | | | |  | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Apologies** | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | **Contact Details** | | | | | | **Email Address** | | | **Work Phone Number** | | | | | |
|  | | | | |  | | | | | |  | | |  | | | | | |
|  | | | | |  | | | | | |  | | |  | | | | | |
|  | | | | |  | | | | | |  | | |  | | | | | |
|  | | | | |  | | | | | |  | | |  | | | | | |
| **EMERGENCY CONTACTS** | | | | | | | | | | | | | | | | | | | |
|  | | | | MASH: | | | | | | | | 01403 229 900 | | | | |  | | |
|  | | | | EDT (evenings & weekends): | | | | | | | | 0330 222 664 | | | | |  | | |
|  | | | | SW / Lead Professional: | | | | | | | |  | | | | |  | | |
|  | | | | Police Lead Officer: | | | | | | | |  | | | | |  | | |
|  | | | | Duty SW / LP: | | | | | | | |  | | | | |  | | |