

Pathway for Responding to Children Abused through Sexual Exploitation

(CSE Care & Support Pathway)

Updated September 2018

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**1. Introduction**

Telford & Wrekin’s Safeguarding Children Board (TWSCB) is committed to recognising and tackling child sexual exploitation.

Close multiagency partnership working has resulted in the successful development and implementation of a local CSE Care and Support Pathway that is proactive and integrated in its approach, enabling agencies to work together to:

* Implement local preventative strategies.
* Identify those children and young people at risk of sexual exploitation.
* Take action to safeguard and promote the welfare of particular children and young people who may be sexually exploited.

Due to the nature of child sexual exploitation, in particular the power of the grooming process and the potential for intimidation by perpetrators towards young people and their families, it has been recognised in Telford & Wrekin that using traditional safeguarding procedures as set out in Working Together does not offer safety to all young people who may be suffering or be at risk from child sexual exploitation. The CSE Care & Support Pathway has been developed as an additional approach for safeguarding these young people.

Young People aged 14 years - 18 years are able to be supported using this pathway. Children aged 13 years and below will automatically initiate child protection enquiries to be undertaken as set out in Children Act 1989 (Section 47).

The Council has a dedicated CSE Team (CATE) who alongside the local CSE dedicated police team hold a central position within this pathway. For the children and young people where it is not appropriate for them to be supported solely by this pathway they are still able to access support from the specialised CATE team alongside other statutory services. This is regardless of their age.

This document sets out this pathway to safeguard and protect the welfare of children from Child Sexual Exploitation (CSE) it should be read in conjunction with the TWSCB procedures <http://westmidlands.procedures.org.uk/pkpll/regional-safeguarding-guidance/child-sexual-exploitation>

**2. Definition of child sexual exploitation**

Child Sexual Exploitation ([CSE](http://westmidlands.procedures.org.uk/page/glossary?term=Child+sexual+exploitation&g=2cjN#gl10)) is defined as:

*‘*[*Child sexual exploitation*](http://westmidlands.procedures.org.uk/page/glossary?term=Child+sexual+exploitation&g=2cjN#gl10) *is a form of child* [*sexual abuse*](http://westmidlands.procedures.org.uk/page/glossary?term=Sexual+abuse&g=1cjN#gl9)*. 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*](http://westmidlands.procedures.org.uk/page/glossary?term=Child+sexual+exploitation&g=2cjN#gl10) *does not always involve physical contact; it can also occur through the use of technology.’* (Department for Education, 2017) and [Working Together to Safeguard Children](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf).

This pathway relates to children [as defined by law](https://353ld710iigr2n4po7k4kgvv-wpengine.netdna-ssl.com/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf) up to the age of 18.

**3. Principles**

The principles underpinning the multi-agency CSE Care and Support Pathway include:

* CSE is a form of child sexual abuse
* Sexual exploitation includes sexual, physical, emotional abuse and, in some cases neglect.
* Identification and risk assessment of young people should be indicator based and not be reliant on evidence;
* With a child centred approach, action should be focused on the child’s needs, including consideration of children with particular needs or sensitivities, and the fact that children do not always acknowledge what may be an exploitative or abusive situation;
* 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. The primary law enforcement response should be directed at perpetrators who groom children for sexual exploitation
* The need for effective joint working between different agencies and professionals, underpinned by a strong commitment from managers at all levels, a shared understanding of the problem of sexual exploitation and effective coordination by the Safeguarding Children Board.
* Parents and carers have an important part in recognising sexual exploitation and keeping young people safe, so every effort will be made to offer support and advice and to refer on to appropriate services if/as necessary.

**4. Recognition (taken from West Midlands TWSCB CSE Safeguarding Procedures)**

There is no definitive list of risk indicators and whilst the below may give an indication of behaviours to consider, further they should not be deemed exhaustive. Where there is no evidence of the indicators below but other behaviours or vulnerabilities are present that lead to a professional judgement that the child may be at risk of exploitation, this should be recorded and discussed with the safeguarding lead

The following may indicate that a child is already being sexually exploited[[1]](http://westmidlands.procedures.org.uk/pkpll/regional-safeguarding-guidance/child-sexual-exploitation#_ftn1):

* Repeat periods of absence/missing (day and/or night) from home, care and/or school/college/work.
* Relationship of concern with a controlling adult(s) (male or female) or young person, which might involve physical and/or [emotional abuse](http://westmidlands.procedures.org.uk/page/glossary?term=Emotional+abuse&g=0gjN#gl18) and/or gang activity.
* Entering/leaving vehicles driven by unknown adults (not car theft).
* Unexplained amounts of money, expensive clothes or other items; including phone credit.
* Frequenting areas known for risky activities such as adult sex work.
* Groomed/abused via the internet and mobile technology and/or excessive use of mobile phone including late night.
* Unexplained contact with hotels, taxi companies or fast food outlets.
* Recurring sexually transmitted infections/repeat terminations.
* Inappropriate sexualised behaviour for age.
* Evidence of/suspicions of physical or sexual assault.
* Increased secretiveness around behaviour.
* Self-harm or significant changes in emotional wellbeing (including disordered eating or high levels or aggression and suicidal ideation/attempts).

Other indicators that a child is at increased risk of exploitation might be:

* Whereabouts unclear or unknown – day and/or night.
* Absences/exclusions from school or not engaged in school/college/training/work.
* Regular/multiple contacts from unknown adults/young people.
* Drug/alcohol misuse.
* Use of a mobile phone which causes concern – including sexting (youth produced sexual imagery)/multiple phones/sims.
* Unsafe use of internet.
* Risky/inappropriate sexual behaviour.
* Lack of awareness/understanding of being safe.
* Peers involved in sexual exploitation/risky or concerning behaviours.
* Living independently and failing to respond to attempts by workers to keep in touch.
* A&E attendance due to alcohol or drug misuse.
* Being accompanied to appointments by an unknown person that causes concern.
* Association with gang members that suggests sexual exploitation is a possibility or isolation from peers/social networks.
* Volatile behaviour/hostility in relationships with parents/carers and other family members.

The following vulnerabilities may heighten a child’s risk of exploitation and may be present prior to abuse:

* Living in a chaotic or dysfunctional household (including parental substance use, [domestic violence](http://westmidlands.procedures.org.uk/page/glossary?term=Domestic+abuse&g=0cjN#gl8), parental mental health issues, parental criminality).
* History of abuse (including familial child [sexual abuse](http://westmidlands.procedures.org.uk/page/glossary?term=Sexual+abuse&g=1cjN#gl9), risk of forced marriage, risk of ‘honour’-based violence, physical and [emotional abuse](http://westmidlands.procedures.org.uk/page/glossary?term=Emotional+abuse&g=0gjN#gl18) and [neglect](http://westmidlands.procedures.org.uk/page/glossary?term=Neglect&g=zcjN#gl7)).
* Family conflict/breakdown, lack of love/security.
* Social isolation or social difficulties/lack of age appropriate friends.
* Recent bereavement or loss.
* Gang association either through relatives, peers or intimate relationships.
* Learning disabilities/difficulty/physical disability.
* Mental ill health.
* Unsure about their sexual orientation or unable to disclose sexual orientation to their families/lack of safe space to explore sexuality.
* Unsuitable accommodation (hostel, B&B, foyer)/sofa surfing/financially unsupported/migrant/refugee/homeless.
* Living in a gang neighbourhood.
* Current or history of local authority care/[looked after](http://westmidlands.procedures.org.uk/page/glossary?term=Looked+After+Child&g=3AzN#gl41) child (residential or foster care).
* Low self-esteem or self-confidence.
* Young carer.
* Family members or other connections involved in adult sex work.

Anyone who has regular contact with children is in a good position to notice changes in behaviour and physical signs that may indicate involvement in sexual exploitation.

Professionals working within health settings may also be in a position to identify concerns that indicate harm from sexual exploitation or increased risk of:

* A&E attendance due to alcohol/drug intoxication or self harm/suicidal ideation.
* Revolving door presentations.
* Regular attendance with unexplained physical injuries.
* Attending alone or with a ‘friend’ (no supportive adult carer).
* Non-specific physical complaints such as abdominal pain.
* Presenting for treatment but leaving before being seen.
* Vaginal or rectal bleeding (should not be automatically be ascribed to medical conditions such as piles or infection).

Time should be taken to explore the issues or presentation to identify any safeguarding concerns that require onward referrals.

Parents carers and anyone in a position of responsibility with a child should also know how to monitor online activity and be prepared to monitor computer usage in order to identify when a child might be being groomed or targeted online and how to report these concerns.

**5. Response to Child Sexual Exploitation**

The suspicion or concern that a child may be being sexually exploited must ***always*** trigger contact/referral to either the police or the Council’s Family Connect (01952 385385)

* **Emergency Action - 999**

In the case of ***a life or limb*** situation the appropriate emergency services should be contacted immediately.

Where it is apparent that a child is being immediately abused and exploited or subjected to violence urgent contact should be made with the Police.

Young people located by the police at immediate risk of sexual exploitation will be found a safe place by the police. If the child or young person is reluctant to accept the safe place the police should consider placing the child or young person into Police Protection. The police will make contact with the Council’s Family Connect Service or if out of office hours the Emergency Social Work Duty Team.

A strategy discussion will take place between the police and the Team Manager, Safeguarding Family Connect and a decision will be made as to whether the child protection procedures will need to be instigated or whether it is appropriate to commence the CSE Care & Support Pathway.

**The Threshold for Children Act 1989 Section 47 Enquiries:**

Using the CSE Care & Support Pathway the minimum threshold for Section 47   
(Child Protection) Enquiries is any of the following:

* The child is aged 13 or younger.
* Concern that abuse through sexual exploitation is being actively encouraged by   
  a parent/carer
* Concern that abuse through sexual exploitation is facilitated by the parent/carer   
  failing to protect the child
* Concern that a related or unrelated adult, in a position of trust or responsibility to the child, is organising or encouraging abuse through sexual exploitation

**Looked After Children**

If there are concerns that a looked after child is beingsexually exploited the following action should be taken:

* Foster Carers must immediately report their concerns to the child’s social worker and their own supervising social worker. If becoming concerned out of normal working hours the foster carer must make contact and inform Telford & Wrekin Council’s Emergency Duty Social Work Team. Depending on the individual immediate circumstances for the child it may be that the foster carer needs to ensure that the police are informed (see emergency action above)
* Staff in Children’s Homes must report concerns to the registered Manager or appropriate Manager of the Home, who must refer the concern to the child’s social worker and to Telford & Wrekin Family Connect, Safeguarding Team on 01952 385385 who will liaise with the child’s social worker and agree the appropriate response to the concerns raised.
* When concerns are identified regarding a looked after child, the child’s social worker must immediately inform their Team Manager and Service Delivery Manager. Consideration must be given as to whether a strategy meeting should be convened and to whether the child’s statutory Child in Care Review needs to be brought forward.

The strategy meeting as well as the usual matters for discussion at such meetings should also include:

* Risks to other children in placement
* Whether the child should remain in the placement
* Decisions about information to be shared with the child’s parent/carer
* What immediate measures are able to be put in place to reduce risk to the child
* Where a group of children are looked after by the Local Authority action should be taken to ensure that the CSE Care & Support Pathway is fully instigated and that statutory Child in Care Review meetings, Care Planning meetings, on each child result in consistent plans in respect of the coordinated involvement in sexual exploitation.
* When there is suspicion of group CSE activity involving children looked after the Service Delivery Manager for Child Protection & Family Support is to be informed who will ensure overall coordination for this group of children takes place through the chairing of Complex Strategy Meetings and adhering to the TWSCB Complex Abuse Procedures. The Service Delivery Manager, Child Protection & Family Support will arrange for the Assistant Director, Safeguarding and the Independent Chair of the TWSCB to be notified.

**6. CSE Care & Support Pathway explained (Appendix 1)**

In the event of anyone having concerns that a young person is at risk of being sexually exploited contact must be made with Family Connect (also see emergency action above). Family Connect Safeguarding Social Workers will guide and assist professionals/parents/carers/members of the public to give their information.

Following this the Safeguarding Social Work Team will discuss and assess the information contained within the referral and a decision will be made within 24 hours, authorised by the Family Connect Safeguarding Manager, as to the appropriate action required being one of the following:

1. Continuation of CSE Care & Support Pathway
2. Not appropriate for CSE Care & Support Pathway as Child Protection Procedures need to be instigated (the threshold for section 47 enquiries is met).
3. Not considered to be CSE; signposting to another service is required.

The Team Manager for Family Connect Safeguarding Team will ensure that feedback is provided within 24 hours to the referrer as to what the outcome of the referral is at this stage.

In all cases where it has been decided that the appropriate response to the referral is the continuation of the CSE Care & Support Pathway, the Family Connect Team Manager will liaise with the CATE Team Manager with a view to a CATE Practitioner being allocated to the young person.

A key aspect of the CSE Care & Support Pathway is the involvement of a CATE practitioner. Many of the young people at risk from CSE have difficulty in accepting support from police officers or social workers initially however, will engage with a CATE practitioner.

The CATE Practitioner will commence an initial risk assessment process. The risk assessment should be completed within 30 working days and will be presented to the Multi Agency CSE Risk Assessment Panel which is held fortnightly.

However, at any point during the assessment period if there is any indication of a high level of risk to the young person then following discussion with the the CATE Team Manager, a CSE High Risk Strategy Meeting should be convened to ensure that young person’s immediate safeguarding needs are considered and responded to from a planned multi agency perspective without delay.

**Possible assessed levels of Risk:**

* **Vulnerable:** Vulnerable child/young person at risk of being targeted and groomed for sexual exploitation
* **Complex:** Child/young person targeted for opportunistic abuse. The likelihood of coercion and control significant
* **Acute:** Child/young person whose sexual exploitation is habitual and where coercion/ control is implicit

**7. Multi Agency CSE Risk Assessment Panel**

The Risk Assessment Panel is convened fortnightly and a core membership consists of:

* Social Care – Team Manager, CATE
* Senior CATE Practitioner
* Police – CSE Detective Sergeant/Detective Constable
* Police – CSE Coordinator
* Health Representative – Safeguarding Advisor, Sexual Health Services
* Education Representative
* Any key professionals working with the young person ie. Social Worker.
* Other professionals by invitation as appropriate to the needs of the young person.

The Purpose of the CSE Risk Panel is to consider:

* The risk assessment information presented by the CATE Practitioner.
* To consider any police intelligence
* To consider any other agency information.
* As a panel to complete a multi-agency assessment of risk - identifying and agreeing the level of risk to the young person.
* To consider any immediate action that is required to be taken.
* To consider the wider needs of the young person and to instigate assess to appropriate resources for the young person.

For all young people where the level of risk is assessed as being complex or acute consideration is given once again as to whether the CSE Care & Support Pathway remains appropriate (see Threshold – Page 8). If it is considered not appropriate to continue with the CSE Care & Support Pathway the Child Protection Procedures will be instigated at this point.

If it is appropriate to continue with the CSE Care & Support Pathway a Young Person Multi Agency Sexual Exploitation Strategy Meeting will be convened for all young people where the level of assessed risk is highly complex or acute.

**8. Young Person Multi-Agency Sexual Exploitation Strategy Meeting**

Purpose:

The meeting will share information, discuss the level of risk and explore the reasons for this level of concern for the young person. The purpose of the meeting is to develop a CSE support plan to reduce risk for the young person, to support parents/carers and to take action on offenders.

The young person and his/her parents/carers will be encouraged to attend the strategy meeting as they are considered to be central to the success of the discussion and development of the support plan. It is important that the young person is involved as fully as possible in all decisions that are made in respect of them.

Attendees:

* Chairperson - Team Manager, Safeguarding Team
* Young Person
* Parent/Carer
* Police – CSE Designated Detective Sergeant (or police representative appointed by  
  the DS)
* CATE Practitioner
* Other professionals as considered appropriate.

Following the Young Person Multi Agency Strategy Meeting the support plan is implemented as agreed at the meeting. The support plan will be reviewed at Review Strategy Meetings which will also review the current risk assessment in place for the young person. The frequency of these Reviews will be decided at the Strategy and Review meetings and will be dependant on the individual need of the young person. Review strategy meetings will continue until the level of assessed risk to the young person has been reduced to low complex/vulnerable whereby a Resolution Meeting will provide an exit strategy via a Team Around the Child (TAC) Meeting/Child in Need meeting.

Families of children/young people who may be involved in sexual exploitation will be offered support from Early Help Teams, Social Care teams or other supportive services dependant on the level of assessed need within the family.

1. **Dispute Resolution**

Where there may be a dispute amongst professionals as to the level of support required to be provided to children/young people or their families the professionals should bring this to the attention of their line manager and a discussion to take place manager to manager. If this is not successful in resolving issues the relevant Service Delivery Managers (or equivalent) will become involved to find solutions to the disputed issues.

**Further information links**

* [Child sexual exploitation: definition and guide for practitioners   
   (2017)](https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners)
* [Safeguarding Children and Young People from Sexual   
   Exploitation (2009)](http://webarchive.nationalarchives.gov.uk/20130401151715/https:/www.education.gov.uk/publications/eOrderingDownload/Safeguarding_CPY_from_sexual_exploitation.pdf)
* [What to do if you suspect a child is being sexually exploited](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279511/step_by_step_guide.pdf)
* [See Me Hear Me](http://www.seeme-hearme.org.uk/)
* [National Working Group](http://www.nwgnetwork.org/)
* [Barnardos - Child Sexual Exploitation](http://www.barnardos.org.uk/what_we_do/our_projects/sexual_exploitation.htm)
* [Tackling Child Sexual Exploitation – The Rotherham Response   
   (March 2015)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408604/2903652_RotherhamResponse_acc2.pdf)
* [Child Exploitation and Online Protection Centre](http://www.ceop.police.uk/Documents/ceopdocs/CEOP_TACSEA2013_240613%20FINAL.pdf)
* [National Crime Agency - UK Human Trafficking Centre](http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre)
* [Responding to child sexual exploitation – College of Policing](https://www.app.college.police.uk/app-content/major-investigation-and-public-protection/child-sexual-exploitation/)
* [Child Sexual Abuse – The children’s Commissioner](http://www.childrenscommissioner.gov.uk/learn-more/child-sexual-abuse)
* [The Office of the Children's Commissioner - An Inquiry into Sexual   
   Exploitation in Gangs and Groups](http://www.childrenscommissioner.gov.uk/inquiry-child-sexual-exploitation-gangs-and-groups)
* [Parents Against Child Exploitation](http://paceuk.info/)
* [Unprotected Overprotected: meeting the needs of young people   
   with learning disabilities who experience or are at risk of CSE](http://www.barnardos.org.uk/cse_learning_disabilities_15_executive_summary.pdf)
* Towards a Contextual Response to Peer on Peer Abuser <http://westmidlands.procedures.org.uk/pkpll/regional-safeguarding-guidance/child-sexual-exploitation>

**CSE Support & Protect PATHWAY APPENDIX 1**

**Young Person Comes to Attention of any referring agency/self referral/police referral**

* Referrer completes CATE referral and submits to Safeguarding Advisor Team
* Team Leader, Safeguarding Advisor Team assesses information.

**Acute & highly complex**

**Vulnerable**

**Child Protection Procedures followed**

**Risk Assessment Panel**

* Chaired by CATE Team Manager
* Purpose to consider Police intelligence, Agency information and CATE practitioner information and potential referral to MAPPA when appropriate.
* Assessment of risk completed
* Immediate action identified

**CATE Practitioner Response**

* CATE Practitioner undertakes Initial Risk Assessment involving young person and parents/carers.

**Preventive / Educative**

**Programme – Short-term**

**Resolution Meeting**

* Exit Strategy agreed

**Carers / Parents**

implicated in SE or knowingly fail to prevent it.

or/and

**Child aged 13 yrs or under**

**Carers / Parents**

implicated in SE or knowingly fail to prevent it.

**Child aged 13 yrs or under**

**YES**

**Child Protection Procedures followed**

**NO**

**NB**

1. Individual meetings feed into wider picture and intelligence gathering in order for police to be able to case-build and arrest offenders based on strongest possible evidence.

**YES**

**NO**

**Young Person Multi-Agency Sexual Exploitation Strategy Meeting**

* Chaired by Safeguarding Manager
* Attended by appropriate representative from relevant agencies.
* Purpose:
  + to create a core plan
  + Support Parents
  + Take action on offenders

**SE Strategy Meeting Review(s)**

Purpose – Share information

Review risk

Review core plan

**Child Sexual Exploitation Threshold of Risk Indicators – Appendix 2**

Following a multi agency review of the CSE Support and Care Pathway changes have been made to the tools and language that is used to describe the level of risk from CSE that a young person is considered to be at, or vulnerable from.

The NWG Network CSE Risk Assessment Tool now underpins the assessment tool used in Telford & Wrekin. The CSE Care and Support windscreen which shows the level of risk has been refreshed and should be used alongside the CSE Risk Assessment Tool. Guidance in relation to risk indicator threshold can be found below. This guidance has been agreed by the CSE Multi Agency Risk Panel Members.

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicators of Risk** | **Level of Risk** | **Indicators of Risk** | **Level of Risk** |
| Child under 13 engaging in penetrative sex with someone over 15 years | Acute | Entering/leaving vehicles / cars with unknown adults | Acute |
| Child meeting different adults and exchanging or ‘selling’ sexual activity | Acute | Frequenting areas known for on/off street sex work | Acute |
| Receiving rewards of money or goods for introducing peers to CSE adults | Acute | Disclosure of sexual/physical assault followed by withdrawal of allegation | Acute |
| Knowledge of towns or cities they have no previous connection with. | Acute | Being taken to clubs or hotels and engaging in sexual activity. | Acute |
| Abduction or forced imprisonment | Acute | Association with taxi firms/takeaway owners (night time economy) | Acute |
| Being taken to brothels/massage parlours | Acute | Seen in CSE hotspots (certain flats, recruiting areas, cars or houses) | Acute |

**Within Family/Home/Relationships**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator of Risk** | **Risk Level** | **Indicator of Risk** | **Risk Level** |
| Change in behaviour/being more secretive/withdrawn/isolated from peers or not mixing with usual friends | Complex | Increasingly disruptive, hostile or physically aggressive at home or school, use of sexualised language | Complex |
| Associating/relationship with significantly older men or women who encourage emotional dependence, loyalty and isolation from safe relationships | Acute | Physical or emotional abuse by a boyfriend/girlfriend or controlling adult including use of manipulation, violence and / or threats. | Acute |
| Associating with other sexually exploited children | Complex | Multiple callers (unknown adults/older young people) | Complex |
| Estranged from family | Complex |  |  |
| Regularly coming home late or going missing from home, care or education for any period of time. | Complex | Returning home after long intervals appearing well cared for. | Acute |

**Health and Mental Health**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator of Risk** | **Risk Level** | **Indicator of Risk** | **Risk Level** |
| Change in physical appearance (new clothes, more/less make-up, weight gain/loss | Complex | Increased health/sexual related problems | Complex |
| Marks or scars or physical injuries on the body or face which they try to conceal. | Acute | Expressions of despair (including depression, mental ill health, self harm, suicidal thoughts/attempts, overdose, eating disorder. | Acute |
| Branding (ie gang logos) | Acute | Repeat unplanned pregnancy or pregnancies (including ending in termination/miscarriage(s). | Acute |
| Sexually transmitted infections and or repeat tests particularly with negative results. | Complex |  |  |

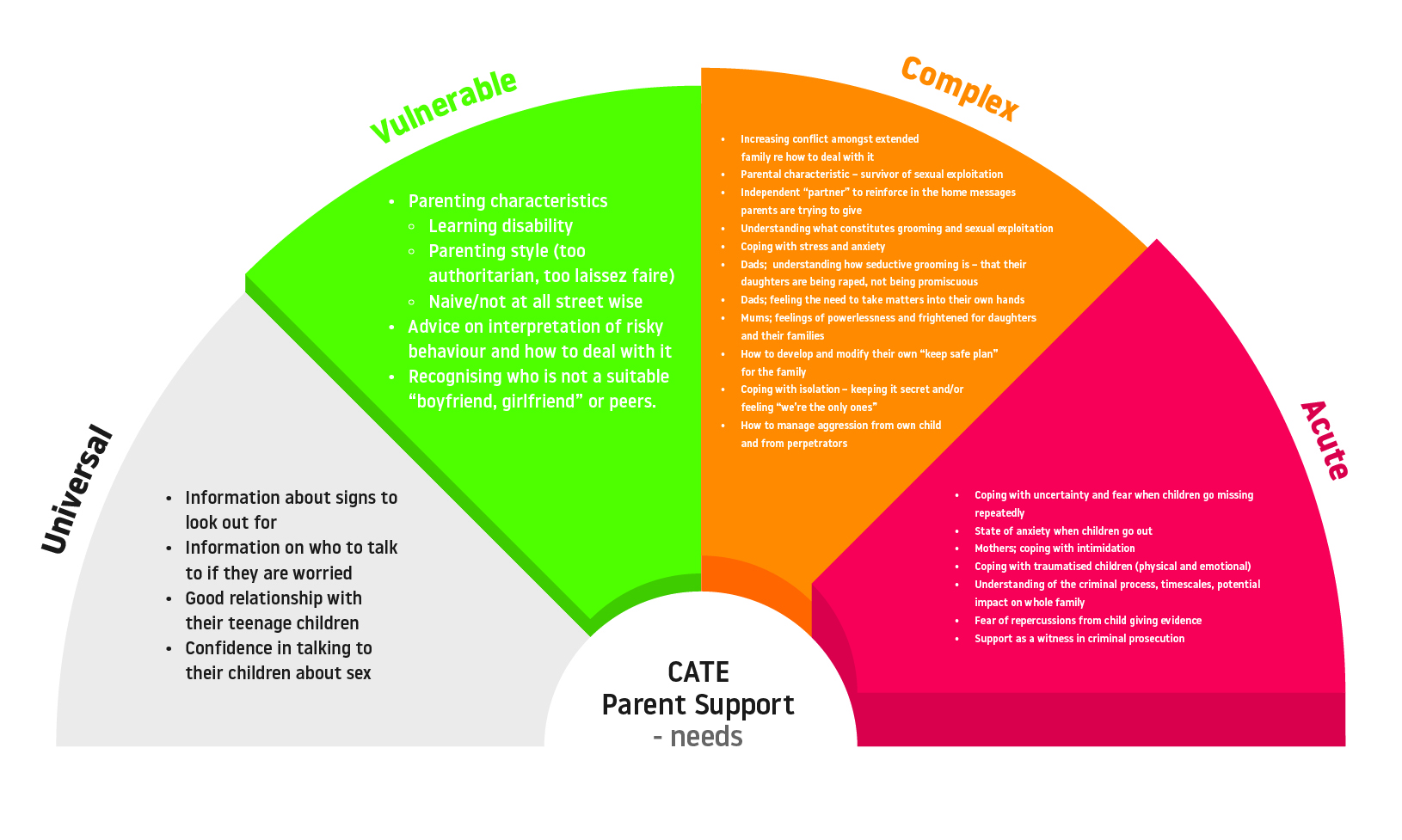
**Behaviour and experiences**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator of Risk** | **Risk Level** | **Indicator of Risk** | **Risk Level** |
| Concealed/concerning use of the internet including web-cam, online gaming, chat rooms ect | Complex | Exclusion from school or unexplained absences from, or not engaged in school/college/training/work | Vulnerable |
| Failing to keep to respond to attempts to keep in touch by workers/carers or recent disengagement. | Complex | Reports of being taken to hotels, nightclubs, takeaways or out of area by unknown adults. | Acute |
| Sexualised risk taking, including on internet or mobile phone, such as sexting (sending explicit messages or photos to adults or peers) | Complex | Young gay/bisexual exploring sexuality in unsupported way. | Vulnerable |
| Association with gangs | Complex | Increasing use of drugs or alcohol or misuse of drugs or alcohol | Complex |
| Fear of victimisation from other gangs due to gang affiliation or rivalry | Acute | Constrained by ‘rules’ of a gang | Acute |
| Inability to negotiate exit from a gang due to fear/dependency | Acute | Displaying signs of harassment/unwanted attention | Vulnerable |
| Fear of gang leaders | Acute | Evidence of sexual bullying | Acute |
| Involved in criminal offending (ie ASB/criminal damage/theft) | Vulnerable | Vulnerability through the internet and/or social networking sites | Complex |
| Unusual association with groups of adults | Complex |  |  |

**Appearance and possessions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator of Risk** | **Risk Level** | **Indicator of Risk** | **Risk Level** |
| Unexplained amounts of money, mobiles, credit, expensive clothing, jewellery or other items/gifts. | Complex | Overt sexualised dress | Vulnerable |
| Having multiple mobile phones, sim cards or use of a phone that causes concern – multiple callers or more texts/pings than usual. | Complex | Possession of hotel keys/cards or keys to unknown premises. | Acute |





**Roles and Responsibilities of key staff – Appendix 4**

The CSE & Support Pathway involves the active and direct involvement of:

* Children’s Safeguarding - CATE
* Police – Public Protection Unit
* Family Connect, Safeguarding Team
* Health – Safeguarding Advisor
* Education staff

The purpose of this document is to clarify the individual roles and responsibilities of the above service areas/partners to assist in the ongoing smooth running of the CSE Care & Support Pathway.

**CATE Practitioner**

* To undertake CSE risk assessments and present these to the Risk Assessment Panel.
* To plan and deliver interventions to reduce risk enabling positive outcomes for young people affected by CSE.
* To ensure young people receive appropriate services to enable them to recover from CSE.
* To pass information between agencies including the police to support the protection of young people and the disruption and prosecution of perpetrators.
* To deliver multi-agency CSE training.
* To seek safeguarding advice from the CATE Team Manager as appropriate
* To draw to the attention of the Child Protection & Family Support (CPFS) Service Delivery Manager any difficulties or barriers identified with the CSE Care & Support Pathway.
* To offer CSE advice and guidance to parents and other professionals.
* To attend a variety of meetings as is considered necessary and appropriate to role.
* To assist the young person to engage with other professionals.

**CATE Senior Practitioner**

* Support the CATE Team Manager in the day to day delivery of CATE services ensuring that staff within CATE are skilled in CSE and that they fully understand their roles and responsibilities.
* To ensure Risk Panel and Strategy Meetings are coordinated and delivered.
* To chair the Multi agency Risk Panel in the absence of the CATE Team Manager
* To ensure that young people are supported through the correct pathways i.e. Early Intervention pathway; the CSE pathway; safeguarding s47 pathway; youth, community and voluntary agencies.
* To supervise, train and mentor professionals in the CSE aspect of their work.
* To undertake risk assessments and deliver interventions to young people at risk from CSE.

**CATE Team Manager**

* Responsible for designing and implementing operationally the strategic developments as identified by the CPFS Service Delivery Manager.
* Responsible for ensuring the delivery of a quality service in respect of the Council’s role within the CSE Care & Support Pathway.
* Responsible for the line management of the CATE Practitioners including the provision of clinical supervision.
* To attend and participate in meetings associated with the CSE Pathway when requested to do so.
* To progress actions as identified within the CSE Action Plan.

**Child Protection & Family Support (CPFS) Service Delivery Manager**

* Responsible for the strategic overview and development of the CSE Service with the autonomy to be flexible in tailoring services to meet the support needs of individual young people and their families.
* To attend TWSCB CSE Subgroup meetings and to progress actions as identified in the CSE Action Plan. To encourage and support others in progressing their CSE Action Plan tasks within Council’s Children’s Safeguarding Services.
* To supervise the CATE Team Manager
* Offer specialist safeguarding CSE advice and consultation to operational staff and strategic managers relating to CSE practice, procedure, policy and process etc.
* To ensure that the CSE Care & Support Pathway is maintained and remains fit for purpose.
* Chair complex CSE strategy meetings i.e. organised abuse.
* Attend/convene meetings as appropriate relating to developments in CSE matters within the Council.
* Provide CSE related information to the Dfe as appropriate.
* Undertake quality assurance activity as required i.e. themed audit

**Police**

**CSE Coordinator**

* Research and prepare police information for presentation at the CSE Risk Panel
* To attend the CSE Risk Panel
* To liaise with CATE and Safeguarding Teams
* Develop intelligence, patterns and themes of CSE

**Detective Sergeant**

* Police operational lead within the police CSE Team supervising a team of police detectives who would respond to complaints of CSE.
* The day to day identification of CSE victims and ensuring that other police officers are doing the same.
* Assist in the development of CSE training programmes.
* To be the primary operational police officer liaising with the CATE Team Manager and Safeguarding Team Manager on matters relating to the CATE Care Pathway and CSE.
* To attend and participate in CSE Care & Support Pathway Risk Assessment Panel and Strategy Meetings.
* To provide / share information at the Risk Assessment Panel

**Detective Inspector**

* To provide a strategic police lead for CSE including the development and implementation of CSE policy and procedures within the police force.
* To develop and promote the facilitation of CSE training programmes to the police.
* To line manage the Detective Sergeant
* To attend CSE Care &Support Pathway Risk Assessment Panel and Strategy Meetings when appropriate.
* To support the work of the CSE & Support Care Pathway.

**Family Connect**

**Safeguarding Team – Senior Social Worker**

* To identify CSE referrals received by the Safeguarding Team making recommendations to the Safeguarding Team Manager as to the appropriate pathway to be followed i.e. CSE Care & Support Pathway or Safeguarding child protection enquiry.
* To provide safeguarding advice and consultation when requested by professionals who are providing a direct service to young people affected by CSE.
* To receive and provide information (in line with data protection and Human Rights legislation) relating to young people affected by CSE.

**Safeguarding Team – Team Leader**

* To chair CSE Care & Support Pathway Strategy Meetings.
* To oversee and provide the operational safeguarding element of the CSE Care & Support Pathway within Family Connect.
* To ensure that young people involved in the CSE Care & Support Pathway are supported by a multi agency support plan that is focused on reducing the risk of continued CSE for the young person.
* To raise any difficulties in the running of the CATE Care Pathway with the CPFS Service Delivery Manager.
* Responsible for identifying those young people where it is not appropriate for the CSE Care & Support Pathway to be used and where the appropriate level of response is a statutory child protection service (S47). Ensuring that young people receive this service.
* To attend any meetings as requested relating to the actual or the maintenance of the CSE Pathway.

**Director & Assistant Director Children’s Safeguarding**

* To support as necessary the activities of the CSE Care & Support Pathway and associated CSE issues within the Council.

**Health**

**Safeguarding Advisor**

* To research and present information at the Risk Panel.
* To attend Risk Panel
* To complete tasks identified and agreed at Risk Panel
* To liaise with health colleagues to assist in young people gaining services
* To promote CSE advice and guidance amongst health professionals.