

# Merton Safeguarding Children Board

## Child Sexual Exploitation Protocol



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## **Introduction**

This protocol sets out the multi-agency arrangements for identifying and responding to children, young people and families affected by child sexual exploitation in the London Borough of Merton. This protocol must be read in conjunction with:

- *Working Together to Safeguard Children 2015,*
- Chapter 7 of the *London Child Protection Procedures 5<sup>th</sup> Edition,*
- *The London Child Sexual Exploitation Operating Protocol, 2<sup>nd</sup> Edition, March 2015,* and guidance in
- *'Tackling Child Sexual Exploitation' Action Plan, 2015.*<sup>1</sup>
- *The Children Missing from Home and Care Policy,*

The guidance expects local authorities and their partners to:

1. Develop local agency prevention strategies
2. Identify those at risk of being sexually exploited
3. Take action to safeguard and promote the welfare of particular children and young people who are being, or may be, sexually exploited and
4. Take action against those intent on abusing and exploiting children and young people in this way.

### **PREVENT**

### **PROTECT**

### **PROSECUTE**

The DfE Action Plan places an equal emphasis on police investigations and activity against those who coerce abuse and exploit children and young people as well as efforts to protect children and young people at risk of harm.

## **Definition**

The sexual exploitation of children and young people (CSE) under-18 is defined as that which:

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.

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Working Together 2015 notes, that CSE also

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-

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<sup>1</sup> This Protocol draws from the guidance and is consistent with the 'Working Together to Safeguard Children 2015. It has also incorporated Section 7 of the London Child Protection Procedures for Safeguarding Children Abused through Sexual Exploitation.

penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children<sup>2</sup>

A local young person who has been supported with their experience of child sexual exploitation described it as:

- **Someone using or taking advantage of a young person for their own advantage and needs and wants.**
- **Child Sexual Exploitation is when someone who is under 18 years of age is lead, influenced or forced in to doing or having sexual acts on them without actually choosing it and isn't allowed or able to say "no".**
- **The person exploiting them has control and power and influence over them and will make the child feel they have not got any other choice.**
- **Child Sexual Exploitation can happen anywhere in the country nice towns and not nice towns and this includes via online and social media in and out of schools**

### **Principles**

Child sexual exploitation (CSE) is child sexual abuse and child protection procedures should be followed when there are concerns that a child is at risk of CSE or is already the victim of CSE. The principles underpinning a multi-agency response to the sexual exploitation of children include:

- **A child-centred approach** - Action will be focussed on the child's needs, including consideration of children with particular vulnerabilities or sensitivities, and the fact that children do not always acknowledge what may be an exploitative or abusive situation. Sexually exploited children are children in need of services under the Children Act 1989 and 2004. They are also children in need of protection.
- **A proactive approach** - This should be focussed on prevention, early identification and intervention, as well as disruption activity and prosecuting perpetrators.
- **Parenting, family life, and services** - Action will take account of family circumstances when deciding how best to safeguard and promote the welfare of children and young people. We will also consider the risks posed to other members of the family as a result of CSE.
- **The rights of children and young people** - Children and young people are entitled to be safeguarded from sexual exploitation just as agencies have duties in respect of safeguarding and promoting welfare.
- **Responsibility for criminal acts** - Sexually exploited children should be treated as victims of abuse, not as offenders. Sexual exploitation of children

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<sup>2</sup> see also London Child Protection Procedures  
[http://www.londoncp.co.uk/chapters/sg\\_sex\\_exploit\\_ch.html#definition](http://www.londoncp.co.uk/chapters/sg_sex_exploit_ch.html#definition)

and young people should not be regarded as criminal behaviour on the part of the child or young person, but as child sexual abuse. The responsibility for the sexual exploitation of children lies with the abuser and the focus of police investigations should be on those who coerce, exploit and abuse children and young people.

- **An integrated approach** – Tackling sexual exploitation requires a three-pronged approach; prevention, protection and prosecution.
- **A shared responsibility** – Multi-agency responsibility is underpinned by a strong commitment from managers, a shared understanding of the problem of sexual exploitation and effective coordination by the Local Safeguarding Children Board.
- **Recognition** - Sexual exploitation includes sexual, physical and emotional abuse, as well as, in some cases, neglect.
- **Children under sixteen cannot consent to sexual activity** - Children do not make informed choices to enter or remain in sexually exploitative situations, but do so from coercion, enticement, manipulation or desperation. Section 5 of the Sexual Offences Act 2003 makes it an offence for a person intentionally to penetrate with his penis the vagina, anus or mouth of a child under the age of 13. Whether or not the child consented to this act is irrelevant.
- Recognition of the fact that **a significant number of CSE involves peer on peer abuse** and the young people can be exposed to forms of harm outside of the family. “When they encounter harm in... public environments, young people with, and without, pre-existing vulnerabilities can be affected by peer-on-peer abuse. As young people grow up and spend increasing amounts of time with their friends, at school and in their local neighbourhood, what happens in these environments will be reflected in the nature of the abuse they experience.”<sup>3</sup> There is therefore a link between CSE, young people who display Harmful Sexual Behaviour, Gangs and Serious Youth Violence. As Firmin and George (2015) note, It is possible... that a young person could be sexually exploited by a partner who is gang-associated, of a similar age to them, and who has also been physically abusive.<sup>4</sup>

It is important for practitioners to be aware that in cases of peer on peer CSE, the power differential may not be age but other factor such as popularity or standing within a particular peer group or gang, physical/psychological threat, etc.

### **Key Factors**

This protocol describes a number of factors which may place children and young people at risk of sexual exploitation. These are sometimes referred to as ‘push and pull’ factors and may occur singularly or in combination.

The lists below are not exhaustive but represent factors that could have significant influences on a young person’s vulnerability to sexual exploitation, since sexual exploitation is often linked to other issues in the life of a child or young person.

### **Sexual Exploitation is often linked to other types of crime including:**

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<sup>3</sup> Firmin Carlene and Curtis George (2015) *Practitioner Briefing #1: What is peer-on-peer abuse?*, p. 4, MsUnderstood Partnership (2015)

<sup>4</sup> Ibid p. 3

- Child trafficking (into, out of and within the UK)
- Domestic Violence
- Sexual violence in intimate relationships
- Grooming (both online and offline)
- Viewing, creating or distributing abusive images of children
- Organised sexual abuse of children
- Gang related activity
- Immigration-related offences
- Domestic servitude
- Drug and alcohol misuse

**Significant factors for children and young people who may be at risk of sexual exploitation:**

- Running away from home/care and going missing
- Non attendance at school and school phobia
- Being in residential or foster care (especially out of area)
- Drug and alcohol misuse
- Parents / carers with a high level of vulnerabilities
- Sexually risky behaviour
- Sexual health problems
- Domestic servitude, neglect, violence/abuse and bullying
- Teenage pregnancy
- Long term sexual, physical and psychological harm
- Forced marriage
- Mental health issues including self harm and para-suicide<sup>5</sup>
- Notable changes in behaviour or habits
- Forced isolation from family, friends, community
- Learning disabilities
- Immigration status
- In “relationship” with older male or female
- Involved or associated in the gang activity culture
- In receipt of goods or money as “gifts” or for which there is no account
- Friendships/peers involved or associated in Children Sexual Exploitation
- Family involved in sexual exploitation
- The family unaware exposure of children and young people in social media leading to potential vulnerability and life long consequences

Please See Appendix 2 CSE Warning Signs on page 22.

**Working with Parents / Carers**

Parents and carers play the most crucial role in safeguarding and promoting the welfare of their children. If a child or young person is suffering or at risk of suffering significant harm through sexual exploitation by someone outside the family, this may not necessarily be as a result of parents or carers having difficulties in meeting their child’s needs. Involving parents/families early in interventions can be a significant way forward in protecting and supporting their children.

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<sup>5</sup> An apparent attempted suicide without the actual intention to kill oneself.

In some cases parents and carers will be complicit in the exploitation of their children and this would be a theme to explore in depth through the process of any assessment and plan to safeguard the young person.

### **Working with Children and Young People**

Young people may be sexually exploited for many reasons and commonly they may suffer with low self esteem. This can then make them vulnerable to unwittingly becoming involved in situations which ultimately exploit them. It is very common for children and young people not to recognise that they are being abused due to the grooming methods often used by the perpetrators.

The needs of children and particularly of young people aged 16 and 17 years may be overlooked for this reason. Although faced with limited choice, they may believe themselves to be acting voluntarily. It may take many weeks or months for practitioners who work with young people to build up their trust, and help them to recognise that they are being sexually exploited.

Young people involved in or at risk of sexual exploitation often have chaotic lives and a history of poor relationships with the helping professions. Accessibility has to be more than just making a service available. Effort needs to be made to ensure that services are provided in a safe environment, that is flexible and responsive to young people's needs, and by staff who take time to build a trusting relationship with young people. Providing support to young people on their own terms is crucial, as is honesty about the boundaries of confidentiality.

Many sexually exploited young people have few, if any, concerned, attentive adults in their lives. With a history of abuse, family breakdown and poor parental relationships, often with a background of disruption in the care system, it is hardly surprising that young people are attracted to the attention offered by abusive, unsafe adults. Our services aim to provide a different kind of attention; attention that will 'hook' a young person out of unsafe relationships into safe and positive ones. This entails focusing on the issues that matter to the young person and persistence over time. Consistent and persistent attention from a specific worker enables the development of a protective, supportive relationship within which a young person feels safe enough to examine their lives and start to make changes.

The steady persistence of workers may eventually be understood as being a genuine demonstration of concern and an indication of reliability. Such persistent engagement techniques are particularly important to counteract the influence of, often equally persistent, abusive adult.

### **Referral and Consultation**

Professionals in all agencies should be alert to the possibility that a child/young person they are working with may be being sexually exploited. The professional may already have concerns about the child/young person e.g. missing school, missing from home, self-harming. When considering possible exploitation any professional should first discuss the concerns with their agency's designated safeguarding lead, completing the CSE screening tool will help to clarify the nature of your concerns (see Appendix 3 on pages 19-22). If you need to discuss a potential child sexual exploitation concern you can also contact the London Borough of Merton CSE lead in Children's Social Care and Youth Inclusion on 0758 0903481 (Please see Appendix A: CSE Key Contacts on page 16).

## **Police**

There are various police teams who may become involved with a young person who is at risk of being sexually exploited. This includes Child Abuse Investigation Team (CAIT), Sapphire Team, Missing Persons Unit, Public Protection Desk, C.I.D. and Safer Neighbourhood Teams. Police coordination of a Safeguarding/Disruption Plan towards targeted and identified individuals can be effective.

The Pan-London Child Sexual Exploitation Operating Protocol provides operational guidance on the processing of CSE cases, including 'branch flags', liaison with SC&05 and Forensics. Operationally, Merton Police will follow this response.

The Metropolitan Police Services (MPS) Sexual Offences, Exploitation and Child Abuse Investigation Command (SC&O2/5) will have overall responsibility, within the police service, for all Child Sexual Exploitation Investigations. All initial category 1 suspicions/allegations will be managed by Borough Operational Command Units or Children's Services.

The MPS Sexual Exploitation Team will monitor these suspicions/notifications to support Borough Operational Command Units and Children's Services to ensure timely interventions are made where appropriate. All category 2 and 3 allegations will be allocated to the Sexual Exploitation Team who will decide upon the appropriate pathway to the police response.

## **Reporting Suspicions of CSE - Multi Agency Responsibilities**

Professionals in all agencies should be alert to the possibility that a child/young person they are working with may be sexually exploited. The professional may already have concerns about the child/young person e.g. missing school, missing from home, self-harming.

If you are concerned about potential child sexual exploitation you will need to complete the CSE screening tool (see Appendix 3 on pages 19-22) and the CSE risk assessments tool (see Appendix 4 on pages 23-33). These tools will help you to clarify the nature of your concerns and provide an evidence-base to support your referral. The tools will be available through the MSCB website or otherwise through the MSCB administrators on [mertonlscb@merton.gov.uk](mailto:mertonlscb@merton.gov.uk).

When you have completed the CSE screening tool and the CSE risk assessment tool you should send them to the Merton Multi-Agency Safeguarding Hub (MASH) [cse.referrals@merton.gov.uk](mailto:cse.referrals@merton.gov.uk).

If the child in question has a lead professional or allocated Social Worker, they are the point of contact for concerns and **upon notification of concerns** will become the person responsible for completing the CSE screening tool and CSE risk assessment tool (the allocated Social Worker should send a copy of the completed tool and risk assessment to [cse.referrals@merton.gov.uk](mailto:cse.referrals@merton.gov.uk) so that all cases of CSE have a single point of referral and can be tracked)

While it may be appropriate to complete the checklist with the child/family of the child, consideration should be made of whether engaging the child and family and alerting them to the risks may compound risk or further alienate the child.

## **Persons of Concern and Locations of Interest**

The CSE screening and risk assessment tool asks you to provide any known information on persons and locations of interest. This information will be considered at the MASE meeting to identify patterns and to ensure that, where appropriate, disruption activity takes place, and evidence to support prosecution is gathered. Persons of Concern are reviewed at an operational meeting. The focus of this meeting is to prevent and prosecute perpetrators of CSE.

The CSE screening tool and the CSE risk assessment tool defines a 'person of concern' as someone who 'appears to be developing a friendship or relationship based on power over a child by virtue of their age, gender, intellect, physical strength and/or economic or other resources'.

Locations of interest may be varied but could include fast food outlets, parks and taxi ranks.

This protocol should also be read in conjunction with the MSCB's strategy on Harmful Sexual Behaviour which is due to be published in early 2017.

## Categories of risk

**Category 1 Low:** A vulnerable child or young person where there are concerns they are being targeted and groomed and where any of the CSE warning signs have been identified. However, at this stage there is no evidence of any offences.

**Category 2 Medium:** Evidence a child or young person is being targeted for opportunistic abuse through the exchange of sex for drugs, perceived affection, sense of belonging, accommodation (overnight stays), money and goods etc. The likelihood of coercion and control is significant.

**Category 3 High:** A child or young person whose sexual exploitation is habitual, often self denied and where coercion/control is implicit.

Following completion of the CSE screening tool and the CSE risk assessment tool, the referring professional must apply professional judgement to assess the category of risk (see Appendices 3 and 4). All CSE referrals must be accompanied by a completed CSE screening tool and the CSE risk assessment tool.<sup>6</sup> The completed form should then be returned to [cse.referrals@merton.gov.uk](mailto:cse.referrals@merton.gov.uk). A Manager within the MASH and the CSE Lead will make an assessment regarding the level of risk and decide on the most appropriate course of action.

If you believe that urgent action is needed because, for example, a child is in immediate danger of CSE (upper Level 3 of the Merton Wellbeing Model), phone the MASH on **020 8545 4226** or **020 8545 4227** (Out of hours: **020 8770 5000**) and give as much information as you can.

Your information will be passed immediately to the manager who will make a decision on the risk level and acknowledge this with you within one hour. You must follow up your telephone call by sending a completed Child Protection Referral form (this should include a completed CSE Screening Tool) to the MASH within 24 hours.

If you have a Child Protection concern but urgent and immediate action is not needed (lower Level 3 of the Merton Wellbeing Model), you must complete a Child Protection Referral form in as much detail as possible (this should include a completed CSE Screening Tool) and send it to the MASH at [cse.referrals@merton.gov.uk](mailto:cse.referrals@merton.gov.uk).

## Strategy meeting and Multi-agency discussions

The first Strategy Discussion/Meeting should always be chaired by the London Borough of Merton's CSE Lead or a Team Manager<sup>7</sup>, who has the relevant knowledge and competency and also sufficient seniority to effect change and can develop knowledge and intelligence about patterns of CSE /emerging trends. Following meetings may, where appropriate, be chaired by a LA children's social

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<sup>6</sup> The purpose of the CSE screening tool and risk assessment tools are to assist with a clear understanding of the evidence of CSE and the level of risk this poses to the child or young person.

<sup>7</sup> In the absence of the CSE Lead

care team manager. The Chair should always inform the lead professional that a meeting is taking place.

The purpose of the meeting is to decide if the child is at risk of significant harm and whether a section 47 enquiry should be carried out. If the child is not assessed as at risk of significant harm, the meeting should decide if the child meets the threshold for services as a child in need or whether the child should be referred to early help with an allocated lead professional developing and reviewing a support plan.

### **Timing of strategy meeting/discussion**

According to the *London Child Protection Procedures 5<sup>th</sup> Edition, Section 3,*

Strategy meetings/discussions should be convened within three working days (i.e. within 72 hours) of child protection concerns being identified, except in the following circumstances:

- For allegations/concerns indicating a serious risk of harm to the child (e.g. serious physical injury or serious neglect) the strategy meeting/discussion should be held on the same day as the receipt of the referral;
- For allegations of penetrative sexual abuse, the strategy meeting/discussion should be held on the same day as the receipt of the referral if this is required to ensure forensic evidence;
- Where immediate action was required by either agency, the strategy meeting/discussion must be held within one working day;
- Where the concerns are particularly complex (e.g. organised abuse/allegations against staff) the strategy meeting/discussion must be held within a maximum of five working days, but sooner if there is a need to provide immediate protection to a child.

Multi-agency information checks should be undertaken in advance of the meeting

The meeting should also consider if the organised and complex abuse procedures (see **Organised and Complex Abuse in the London Child Protection Procedures**) should be invoked. These procedures apply where there are multiple victims and/or perpetrators.

Attendance at the meeting should include:

- The referrer, if a professional;
- Lead officers from education/school;
- Health services;
- Social worker;
- Any other relevant person (e.g. fostering link worker, residential key worker / manager YOT worker, voluntary agency worker, GP); and
- Identified police officer from the sexual exploitation team, Borough Unit or the Missing Person Unit.

In exceptional circumstances and with the agreement of the Chair, a written report may be submitted in place of attendance.

Attendance at the meeting of the child and their family should be considered unless attendance will compromise the child's safety or the progress of an investigation. The final decision should be taken by the LA children's social care child protection manager or team manager for the child's case. This decision should be clearly recorded on the child's case file.

Criteria for deciding whether or not to invite the child and their family includes:

- The child's age and level of maturity, taking into account learning difficulties;
- The child's perception and interpretation of their involvement;
- Patterns and frequency of any behaviour causing concern;
- Identity and role of adults involved;
- Age and maturity of other participants;
- Nature of sexual activity, who is controlling the sexual activity, where it is taking place;
- The actual and potential physical and emotional effects;
- Whether any physical injuries have been caused;
- Existence of substance misuse and their significance for the child's behaviour;
- Likely reaction of parents/carers;
- Likely reaction of peers; and
- Likely reaction of other agencies.

*The meeting should address the following:*

- Share and clarify information, including intelligence concerning perpetrators and locations;
- Establish exact nature of concerns;
- Establish risk for any other children, including siblings;
- Consider the likelihood of disruption or prosecution of relevant perpetrators;
- Agree on action and make recommendations to address the concern;
- Develop a plan to support and protect the child;
  - Wherever possible ensure the parent/carer should be involved in developing and implementing this plan.

The meeting outcome must:

- Make a decision on whether the child:
  - Is at risk of significant harm;
  - Meets the threshold for services as a child in need;
  - Requires early intervention;
  - There is no need to take further action at this point;
  - The level of risk
- Allocate a lead professional where the case has been referred to early intervention;
- Set a date for a review meeting in all cases except where it has been decided that no further action is required;

- Consider if there is a possibility of disruption and/or criminal action against a perpetrator/s;
- Information should be passed onto the Multi-Agency Sexual Exploitation meeting (MASE);
- Develop a plan either CIN Plan or Early Help plan to support and safeguard the child.

The meeting should be minuted, the plan must specify who is responsible for undertaking the work, and a copy of the minutes should be retained and sent to all professionals in attendance. Unless no further action is agreed, or child protection procedures are invoked, a date for a review meeting should be agreed, to take place no later than three months after the initial meeting. If the child's parent/carer has not been present, the meeting must consider what information to give at this point, and who should undertake this. Parents/carers should usually be notified of concerns regarding their children, and what action is being considered to address these.

As with all child sexual abuse, child sexual exploitation involves varying degrees of coercion, reward, secrecy and fear, which means that interventions to support and rehabilitate children may need to be long-term, and safeguarding and support plans should be progressed at the child's pace.

Where no concerns are identified, there will be no further action. In these cases, LA Children's Social Care will advise the referrer verbally and in writing as to the basis of the decision.

### **CSE Cases Where there Are Concerns But the Statutory Thresholds Are Not Met**

There may be cases where there are significant concerns regarding CSE but, for a variety of reasons, the statutory thresholds for specialist intervention are not met. In these cases, professionals in the network supporting the child must complete the CSE Screening Tool (Appendix 3) with the young person and their family (where this is appropriate). The professional should also complete the CSE Risk Assessment Tool and Referral Form (see Appendix 4). These should all be sent to [cse.referrals@merton.gov.uk](mailto:cse.referrals@merton.gov.uk). The CSE Lead will, in consultation with referrers, make a determination regarding the level of risk and decide if a regular Child Sexual Exploitation Meeting is required to develop and monitor a CSE support plan. The CSE Lead is available for consultation in all cases of CSE.

### **CSE and Open Cases**

In cases that are open to Children's Social Care, either as a Child In Need (CIN) case or Child Protection (CP) case, and CSE has been referred as an additional form of harm, the allocated Social Worker must complete the CSE Screening Tool with the young person and their family (where this is appropriate). The allocated Social Worker should also complete the CSE Risk Assessment Tool and Referral Form. The completed referral form, CSE Screening Tool and CSE Risk Assessment should be sent to [cse.referrals@merton.gov.uk](mailto:cse.referrals@merton.gov.uk) so that all CSE cases can be tracked. The allocated Social Worker should then discuss the case with their Team Manager who, in consultation with the CSE Lead, will make a determination regarding the level of risk and whether or not a Strategy Discussion/Meeting is needed.

### **CSE and Open CIN Cases**

In open CIN cases, where CSE is referred as an additional risk of harm, the allocated Social Worker, in discussion with their Team Manager, is to complete a CSE referral form, a CSE Screening Tool and a CSE Risk Assessment which should be sent to [cse.referrals@merton.gov.uk](mailto:cse.referrals@merton.gov.uk) so that all CSE cases can be tracked. The allocated Social Worker should then discuss the case with their Team Manager and in consultation with the CSE Lead who will make a determination regarding the level of risk and whether or not a Strategy Discussion/Meeting is needed. In cases where the risk of CSE has been identified, the allocated Social Worker must develop a CSE Safety Plan. The CSE plan is to be attached to the CIN plan as an addendum addressing the specific risks of CSE. **The CSE Lead will take all cases to MASE (the Team Manager in the absence of the CSE Lead).**

The CSE plan is to be reviewed as a discreet element at the end of each CIN meeting. Where necessary, the allocated Social Workers and the Team manager can increase the frequency of CIN meetings to ensure that risks around CSE closely monitored and the CSE plan is reviewed regularly.

### **CSE and Open CP Cases**

In open CP cases where CSE is referred as an additional risk of harm, the allocated Social Worker, with the support of their Team Manager should complete a CSE referral form, the CSE Screening Tool and CSE Risk Assessment which should be sent to [cse.referrals@merton.gov.uk](mailto:cse.referrals@merton.gov.uk) so that all CSE cases can be tracked. The allocated Social Worker should then discuss the case with their Team Manager who, in consultation with the CSE Lead, will make a determination regarding the level of risk and whether or not a Strategy Discussion/Meeting is needed. In cases where the risk of CSE has been identified and a strategy meeting is required, the allocated Social Worker, in consultation with their Team Manager and the CSE Lead, should develop a specific CSE safety plan. The CP Chair is to be informed. The CSE plan is to be attached to the CP plan as an addendum addressing the specific risks of CSE. **The CSE Lead will take all cases to MASE (the Team Manager in the absence of the CSE Lead).**

The CSE plan is to be reviewed as a discreet element at the end of Core Group meetings. Where necessary, the allocated Social Worker and Team manager can increase the frequency of Core Group meetings to ensure that risks around CSE closely monitored and the plan is reviewed.

### **CSE and Looked After Children**

When a referral is received regarding a Looked After Child, the allocated Social Worker should complete a CSE referral form, the CSE Screening Tool and CSE Risk Assessment; they must also inform their Team Manager who, in consultation with the CSE Lead, will make a determination regarding the level of risk and whether or not a Strategy Discussion/Meeting is needed. If it is decided that a Strategy Discussion/Meeting is required, consideration should be given to inviting the fostering link worker, residential manager and Independent Reviewing Officer (IRO). The referral and completed CSE Screening Tool and CSE Risk Assessment should be sent to [cse.referrals@merton.gov.uk](mailto:cse.referrals@merton.gov.uk) so that all CSE cases can be tracked. **The CSE Lead will take all cases to MASE (the Team Manager in the absence of the CSE Lead).**

The child's IRO will always be informed of new information and changes to placement and care plans (see **Appendix 6: Guidance Strategy for Meetings for Looked After Children Where CSE is Identified as an Additional Risk Factor**).

In cases of Looked After Children where CSE is identified as an addition risk of harm, the allocated Social Worker is to develop a specific CSE safety plan in consultation with their Team Manager, the IRO and the CSE Lead. The CSE plan is to be attached to the Care Plan as an addendum addressing the specific risks of CSE.

It will be necessary to convene a regular CSE Meeting (CSEM) in order to review the specific risks of CSE and monitor the CSE Plan. The decision to hold CSE meetings should be made by the Team Manager in consultation with the IRO and the CSE Lead.

### **Placements outside of borough**

It is sometimes necessary to place a young person outside of the borough. This can be because of the lack of availability of appropriate placements within the borough and also because of concern that the young person is at risk in the local area.

When a young person is placed outside of the borough, a risk assessment should be carried out and the receiving local authority notified of the move and provided with the risk assessment. The case should then be referred to the MASE in the Borough where the young resides.

### **Involvement of groups of children in care**

Where there is knowledge or strong suspicion that children are involved in sexual exploitation together, or are being controlled by the same person, particularly when that person is a child, there will need to be additional planning. The procedures outlined in the 'Organised and Complex Abuse' chapter 20 of the London Child Protection Procedures should be followed.

It will be important to ensure that there are no inconsistencies between individual children's care plans. Where the placement is in another authority, or children from other authorities are involved, that authority's child protection manager (or equivalent) must be contacted, to discuss which authority is to take overall responsibility for convening the meeting and co-ordinating the response.

### **Leaving care/aftercare**

The same procedures as above should be followed in cases where young people are aged 16 or over and are considered to be at risk of CSE.

The pathway plan for any young person where there are concerns about sexual exploitation should specifically identify their vulnerability to sexual exploitation, and address the factors known to impede successful recovery from sexual exploitation (e.g. homelessness, poverty, lack of educational and employment opportunities and lack of supportive social contacts).

### **Young people under 13 years of age**

All cases involving children under 13 years old should always be referred to and discussed with the Multi Agency Safeguarding Hub Team (MASH) Team Manager or the Child Protection Conference Quality Assurance Practice Development Manager. All cases must be reported to Children's Social Care.

All cases of children under the age of 13 years believed to be engaged in sexual activity and/or penetrative sexual relationships must be referred to Children's Social Care who will refer to the Police if this has not already happened. This recognises the particular vulnerability of children of this age engaging in sexual behaviours and that they are deemed too young to give consent to any sexual activity.

### **Young people aged 13-16**

Although sexual activity with young people under the age of 16 years remains illegal, 13-16 year olds are considered competent to give consent, in certain circumstances. Reference to Report of Office of the Children's Commissioner November 2013 '*Sex without consent, I suppose that is rape: How young people in England understand sexual consent*'

Therefore, when making an assessment about risk for this age the professional should take into account:

- The age of the child/young person
- Level of understanding/maturity
- Any key risk factors current or historical
- Behaviour of young person
- Any evidence of grooming
- Age of boy/girl friend or adult

### **Young people aged 16/17**

It is important to consider that just because a young person is 16 or 17 years old and has reached the legal age of being able to consent to sexual activity, this does not mean that they are no longer at risk of sexual exploitation. They are still defined as children under the Children Act 1989 and 2004 respectively and can still suffer significant harm as a result of sexual exploitation. They have the right to appropriate support and protection from harm. The need for continued support also extends to Young People age 18+ as care leavers. In considering the vulnerability of a 16-17 year old, thought needs to be given to their ability to give informed consent to sexual activity. The Mental Capacity Act (2005) includes provision for assessing 16-17 year olds' capacity to consent. It is important to recognise that adults can be sexually exploited, particularly adults at risk, and concerns about a young person of 18 or over should be referred to adult safeguarding.

### **Aged 18 and over**

Where a young person is not supported through care leaving services but they are at risk of sexual exploitation then early collaboration should be held with Adult Safeguarding and Safer Merton services including Housing to establish a continued framework to provide further support on into early adulthood.

### **MASH and CSE**

The MASH will provide a key role in identifying those at risk of CSE by identifying the warning signs within referral notifications. These signals will trigger a risk assessment which will then be channelled through the agreed pathways to progress services such as investigations or interventions.

The information gathered from partners within MASH will be assessed by Children's Social Care (CSC), the CSE Lead and appropriate partner agencies, on a case by case basis.

On receipt of a referral MASH in consultation with the CSE Lead will consider allocation for the completion of a Single Assessment. If the child/young person is considered to be at risk of significant harm a Strategy Meeting/Discussion will take place and a s47 investigation initiated with appropriate steps taken to secure the safety of the child/young person.

At the point that a potential Sexual Exploitation referral is identified as a s47 enquiry, the strategy discussion/meeting for that enquiry needs to be chaired by the relevant team manager in order to plan a response to the immediate risk.

Where a child/young person is already known to CSC the Strategy Meeting/Discussion should be chaired by the Team Manager or Assistant Team Manager alongside the allocated Social Worker in consultation with the CSE Lead. If a s47 investigation is required, it should be undertaken by the allocated social worker or a sufficiently experienced social worker.

All cases of suspected, actual or potential sexual exploitation should be referred to the Multi-Agency Sexual Exploitation (MASE) Operational Panel.

Any planned referral of the case to the MASE should not prevent more immediate case planning and intervention.

If the case involves a suspect within the child or young person's family or is a Carer or person in a position of trust then the Form 87A should be directed to the Police Child Abuse Investigation Team office (secure email, SPOC, etc.). The referring MASH social worker must always check that the email has been received. All such communications should be through secure emails.

### **Sexual Exploitation and the role of the MASE Meeting**

All referrals to the MASE group will usually have already had a strategy meeting. The lead professional at that strategy meeting should copy of the agreed actions from the meeting. The strategy meeting will also establish the level of risk ascribed to the case; in cases assessed as being medium and high risk, the lead professional will be given a time slot to present at the next MASE meeting and supported by the lead independent chair for sexual exploitation meetings. The MASE meeting will periodically 'dip sample' cases identified as being low risk in order to be assured regarding the effectiveness of practice and to identify themes and trends.

The MASE meeting will consider the actions put forward for the case and any additional multi-agency involvement and confirm or adjust the risk assessment grading.

### **The MASE Meeting**

MASE meetings are held monthly. These meetings also incorporate the Children Missing from Home and Care to ensure effective cross-over between these often interlinked issues.

MASE meetings are attended by a core group of professionals from Children's Services and all relevant Sexual Exploitation Leads from Merton Police and SC&05,

Health, Education, Youth Services, Child and Adolescent Mental Health Services (CAMHS), Youth Justice Team (YOT) and key partners from the voluntary sector (e.g. Catch22).

### **Purpose of MASE meeting**

- Review all CSE assessments, including nature of concerns, protective factors, and risks to other children and young people.
- Review all multi-agency support plans for the child/young person and parent/carer
- Systematically gather information regarding links with known or suspected offenders and young people to support cross-referencing of associates and show relationships between groups of people on a borough wide and cross-borough basis
- Share and clarify information across all agencies
- Ensure coordination with the SPA
- Ensure close links with the Missing from Home and Care monthly tracking meetings
- Ensure there is effective cross border liaison with other LSCBs and CSE leads
- Ensure a focus on prosecution or disruption activity for perpetrators

Cross-borough meetings for those children that are placed out of borough should also be established when required. Any intelligence should be passed through into the Police and LSCB by respective SPOCs.

### **Outcomes of MASE Operational meeting**

1. There is no need for enhanced services and single agency to monitor  
Or
2. A Team Around the Child approach is taken to prevent potential sexual exploitation. This can be under a CASA with a lead practitioner or under Children In Need.  
Or
3. Concerns require a coordinated Safeguarding assessment/Disruption plan with an allocated social worker and possible specialist support  
Or
4. S47 investigation and possible Initial Child Protection Conference with specialist support.
5. There is no need for enhanced services and single agency to monitor  
Or
6. A Team Around the Child approach is taken to prevent potential sexual exploitation. This can be under a CASA with a lead practitioner or under Children In Need.  
Or
7. Concerns require a coordinated Safeguarding assessment/Disruption plan with an allocated social worker and possible specialist support  
Or

8. S47 investigation and possible Initial Child Protection Conference with specialist support.

**See flowchart and guide Appendices 4 and 5**

**This protocol will be reviewed biennially as part of MSCB scheduled reviews.**

## Appendix 1: CSE KEY CONTACTS

### For Consultation and Discussion

- Emma Bradley London Borough of Merton CSE Lead.

[Emma.bradley@merton.gov.uk](mailto:Emma.bradley@merton.gov.uk) 020 8274 5352

- Police Single Point of Contact

[VW-CSE@met.pnn.police.uk](mailto:VW-CSE@met.pnn.police.uk)

- CSE lead in MASH 020 8545 4304

NAME	AGENCY	TEL.	EMAIL
Sarah Daly	Head of Service LAC, Permanency & Placements	0208 545 4658	sarah.daly@merton.gov.uk
Emma Bradley	CSE Lead	0758 0903481	Emma.Bradley@merton.gov.uk
	CSE Lead MASH	0208 545 4304	
Nicola Church	Police Borough	0208 247 7800	<a href="mailto:nicola.s.church@met.pnn.police.uk.cjsm.net">nicola.s.church@met.pnn.police.uk.cjsm.net</a>
Michele Okuda	Health (Community Services)	0208 254 8459	<a href="mailto:michele.okuda@nhs.net.cjsm.net">michele.okuda@nhs.net.cjsm.net</a>
Fran Turko	Education	0208 288 5624	<a href="mailto:fran.turko@merton.gov.uk">fran.turko@merton.gov.uk</a>
Susie Carter	Catch22	020 3701 8641	<a href="mailto:mertoncse.missing@catch22msm.cjsm.net">mertoncse.missing@catch22msm.cjsm.net</a>
Roberta Evans	Y.O.T.	0208 274 4943	<a href="mailto:roberta.evans@merton.gov.uk.cjsm.net">roberta.evans@merton.gov.uk.cjsm.net</a>
Amy Coster	Transforming Families	0208 545 4965	<a href="mailto:Amy.coster@merton.gov.uk.cjsm.net">Amy.coster@merton.gov.uk.cjsm.net</a>

**Note: Contact directly to confirm pathway to exchange information securely before sending confidential data.**

### Useful Websites

- [Child Exploitation Online Protection \(CEOP\)](http://www.ceop.co.uk) www.ceop.co.uk
- [The National Working Group for Sexually Exploited Children and Young People \(NWG\)](http://www.nationalworkinggroup.org) www.nationalworkinggroup.org
- [UK Human Trafficking Centre \(UKHTC\)](http://www.soca.gov.uk) www.soca.gov.uk
- [UK Border Agency \(UKBA\)](http://www.ukba.homeoffice.gov.uk) www.ukba.homeoffice.gov.uk
- [Department for Education](http://www.education.gov.uk) www.education.gov.uk

- [Parents against Child Sexual Exploitation \(Pace\) UK](#), Enabling **parents** and carers to safeguard **children**, stop **child sexual exploitation** and work with **parents** and other agencies to bring perpetrators to justice.

Barnardos phone App. Wud U? App

Online learning for Parents on CSE - E Academy

## **Appendix 2 CSE Warning Signs**

Warning signs for children and young people who may be at risk of sexual exploitation

### **S**exual health and behaviour

Evidence of sexually transmitted infections, pregnancy and termination; inappropriate sexualised behaviour

### **A**bsent from school or repeatedly running away

Evidence of truancy or periods of being missing from home or care

### **F**amilial abuse and/or problems at home

Familial sexual abuse, physical abuse, emotional abuse, neglect, as well as risk of forced marriage or honour-based violence; domestic violence; substance misuse; parental mental health concerns; parental criminality; experience of homelessness; living in a care home or temporary accommodation

### **E**motional and physical condition

Thoughts of, or attempted, suicide or self-harming; low self-esteem or self-confidence; problems relating to sexual orientation; learning difficulties or poor mental health; unexplained injuries or changes in physical appearance identify

### **G**angs, older age groups and involvement in crime

Involvement in crime; direct involvement with gang members or living in a gang-afflicted community; involvement with older individuals or lacking friends from the same age group; contact with other individuals who are sexually exploited

### **U**se of technology and sexual bullying

Evidence of 'sexting', sexualised communication on-line or problematic use of the internet and social networking sites

### **A**lcohol and drug misuse

Problematic substance use

### **R**eceipt of unexplained gifts or money

Unexplained finances, including phone credit, clothes and money

### **D**istrust of authority figures

Resistance to communicating with parents, carers, teachers, social services, health, police and others

### Appendix 3: Child Sexual Exploitation Screening Tool

Child sexual exploitation is a form of abuse. It involves children and young people being forced or manipulated into sexual activity in exchange for something- money, gifts or accommodation, or less tangible goods such as affection or status. The sexual activity and exchange may be seen as consensual, but are based on an imbalance of power which severely limits victims' options. This Tool has been developed to enable the identification of children and young people at risk of sexual exploitation.

Each Screen Tool Must be completed with a clear Danger statement (which explains the harm that the child or young person has suffered in the past and is at risk of suffering if nothing improves) and a Safety Goal (which will explain what the family and professionals will need to see for the network to be sure that the child is safe).

**Date:**

**Name of child/young person:**

**Completed By:**

**DOB:**

**Age at the time of Referral**

Significant Risk Indicators	Current or during the past 6 months:	Prior to 6 months ago:
Periods of going missing day and/or night		
Relationship of concern with a controlling adult (male or female) or young person, which might involve physical and/or emotional abuse and/or gang activity		
Entering/leaving vehicles driven by unknown adults (not car theft)		
Unexplained amounts of money, expensive clothes or other items		
Frequenting areas known for risky activities		
Groomed/abused via the Internet and mobile technology		
Having unexplained contact with hotels, taxi companies or fast food outlets		

<b>Additional Risk Indicators</b>	Please tick
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Whereabouts unclear or unknown – day and/or night	
Absences/exclusion from school or not engaged in school/college/ training/work	
Multiple callers – Unknown adults/young people	
Physical injuries without plausible explanation	
Sexually transmitted infections/ Pregnancies / termination of pregnancies	
Drugs Misuse	
Alcohol Misuse	
Self-harming/challenging behaviours/suicide attempts/ eating disorders/aggression	
Use of a mobile phone which causes concern – including sexting/multiple phones/sims	
Unsafe use of internet	
Has been sexually assaulted	
Disclosure of sexual/physical assault followed by withdrawal of allegation	
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 because of alcohol/drug misuse	
Being accompanied to appointments by an unknown person that causes concern	
Association with gang members that suggests sexual exploitation is a possibility	

Vulnerability Factors	Please tick
Unsuitable/inappropriate accommodation/sofa surfing	
Isolated from peers/family/social networks	
Sexual abuse (during childhood)	
History of Local Authority Care	
Involvement in criminal activities and/or at risk of gang involvement	
Breakdown of family relationships	
History of Child Protection involvement in relation to neglect, physical or emotional abuse	
Family history of domestic abuse and/or substance misuse and/or mental health difficulties	

<b>Practitioners RAG Rating</b> (Red = High level of Concern, Amber = Medium level of concern; Green = a Low level of concern)	
<b>Red = High level of Concern</b>	
<b>Amber = Medium level of concern;</b>	
<b>Green = a Low level of concern</b>	

**To be completed by Social Workers Only**

<b>Danger Statement</b> (the harm or hurt that is believed to be likely to happen to the child(dren) if nothing in the young person's situation changes)	
<b>Safety Goal</b> (the behaviours and actions that we need to see to be satisfied that he child will be safe enough to for us to close the case)	

<b>Other Concerns</b>

The framework includes three categories of risk and is intended to inform appropriate responses in relation to children and young people's safeguarding needs. The presence of one significant risk indicator will necessitate action as described in the significant risk section on the next page.

Please use your professional judgement to reflect upon the indicators you have ticked above and consider the health, welfare and safety of the child in question. (NB: A 'child' is any person under the age of 18, male and female and older children can be equally as vulnerable).

	<b>Description</b>	<b>Associated actions</b>
	<b>Low risk Universal Plus</b>  ( at risk) - a vulnerable child who is at risk of being targeted and	. Referral to be made - CSE Strategy Meeting Educate to stay safe.  Work with children, young people and families to develop an awareness of the risks that can lead to a situation in which they may be exposed to sexual exploitation.

	groomed for sexual exploitation.	<p>Keep records as to incidents and risk indicators and monitor any changes in vulnerability which may result in increased risk of Child Sexual Exploitation (CSE) in the future.</p> <p>Make contact with the Service CSE Champions and / or CSE administrator. Refer to MASE.</p>
	<p><b>Medium risk Additional Needs</b></p> <p>(at risk) - a vulnerable child who may be targeted for opportunistic abuse.</p>	<p>Establish risk and need by completing the CSE screening and risk assessment. Send the risk assessment to the CSE administrator for discussion and data collation purposes</p> <p>Referral to be made to MASH for consideration and coordination of CSE planning and intervention</p> <p>Follow the Merton Safeguarding Children Board Protocol for children abused through sexual exploitation. Convene a CSE Strategy Meeting in consultation with the CSE administrator.</p> <p>Intervention with the children, young person and families to address risk awareness and staying safe should be undertaken. A planned programme to raise awareness of sexual exploitation and to provide tools for children and young people to self-protect is required.</p> <p>Discussion with Police regarding missing episodes and referral for independent return home visits to be completed.</p> <p>Disruption tactics to be considered; Police Information Sharing forms to be sent to Child Abuse Investigation Unit. Consideration via criminal and civil proceedings to disrupt perpetrators.</p> <p>Review risk following significant change in circumstances.</p>
	<p><b>Significant risk Complex/ Significant Needs</b></p> <p>A child who may be targeted for opportunistic abuse through exchange of sex for drugs, accommodation (overnight stays) and goods etc.</p>	<p>Establish risk and need by completing the CSE risk assessment. Send the risk assessment to the CSE administrator for discussion and data collation purposes and to have a discussion with the CSE Head of Service and / or CSE administrator to arrange a CSE strategy meeting.</p> <p>Referral to be made to MASH for a section 47 assessment to be considered, although the use of ICPC in cases of CSE should be rare, but may take place where there are a number of other concerns alongside CSE. A joint investigation between Police and Children's Services.</p>

<p>OR</p> <p>A child who is at significant risk or is already being sexually exploited. Sexual exploitation is likely to be habitual, often self-denied and coercion and control is implicit.</p>	<p>Using the Risk assessment toolkit to update single assessment as well as any other agency assessment.</p> <p>Use key disruption tactics: Gather evidence and use Police information Sharing forms, Abduction Orders, Harboursing Notices.</p> <p>Consideration for Health, Police, Children’s Services risk alerts. Cross referencing with links to other safeguarding issues such as Teenage Pregnancy and Domestic Violence strategies</p> <p>Consultation with the UKHTC / UKBA where appropriate.</p> <p>Harm reduction / detox intervention to be offered to the child, young person and family. Participants of the meeting should agree a safety plan and action to include long-term intensive direct work with the individual child or young person.</p> <p>Risk should be closely monitored and regularly reassessed as part of the risk reduction process.</p>
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## Appendix 4: Merton Child Sexual Exploitation (CSE) Risk Assessment Tool & Referral Form

This form allows you to explore some of the vulnerabilities and indicators present in a child or young person that you know might be at risk of or experiencing sexual exploitation. It is intended to help you think about what the risk might be to the young person and about what to do with the information you have.

You should always bear in mind other services may have other information to add to what you know so if any of the indicators in Section 2 appear to be an issue, particularly if more than one or if compounded by vulnerabilities in Section 1, you should speak to other agencies or family during the assessment and/or use this assessment to support discussion with your Designated Officer or to supplement a CASA or referral to another service including Specialist CSE Team / Children's Social Care.

**If you suspect anyone is in immediate danger, call the Police on 999. If a child/young person is currently at risk of significant harm, including from CSE, refer immediately to your local Children's Social Care.**

### General details

Name and role of worker completing assessment		Agency and contact details	
Child/Young person's Name/Alias/known as		Local Authority currently living in	
Language(s) spoken		Date of Risk Assessment	
Age/DOB		Legal status	
Ethnicity		Gender	
School		GP name Surgery	
Parent		Carer	
<b>Practitioners RAG Rating</b> (Red = High level of Concern, Amber = Medium level of concern; Green = a Low level of concern)			
<b>Red = High level of Concern</b>			
<b>Amber = Medium level of concern;</b>			
<b>Green = a Low level of concern</b>			

**Section 1. Vulnerabilities:** These are things which may make a young person more at risk of being targeted for CSE. They give context to the specific indicators of CSE in section 2. However, the absence of these vulnerabilities does not preclude children being targeted; evidence shows victims can come from any background and without any prior vulnerability. You may not need to complete this section if you are also doing a CAF or other standard risk assessment / referral form as long as, in making your summary of risk, you bear these factors in mind.

Migrant/refugee/Asylum Seeker/Trafficked status through NRM		Sexuality (If known)	
Known to Children's Social Care/CP Plan/LAC, now or previously?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Physical/Learning Disabilities / communication disorders	
Involvement with the Youth Justice system? (if yes provide brief details including type of criminality)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the child receiving support or services from any other Agency, such as drug & alcohol or mental health services	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has sexual exploitation previously been identified as a specific issue for this child? Please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes when:		
Neglect by Parent/Carer/Family member		History of / current family domestic abuse (including risk of forced marriage/risk of honour based violence/familial child sexual abuse)	
Physical / emotional/ sexual abuse by Parent/Carer/ Family member		History of / current substance misuse in family	

Poverty or Deprivation		Family history of exploitation or Prostitution	
Unsuitable or inappropriate accommodation (Inc. street homeless, staying with inappropriate adults/hostel/B&B)		Family history of mental health difficulties impacting parenting	
Breakdown of Family relationships		Family bereavement	
Low self-esteem or history of being bullied or of bullying		Lack of positive relationship with a protective/ nurturing adult	
Recent bereavement or loss		Young carer	
Disconnecting from support networks i.e. family/friends		Living in a chaotic or dysfunctional household	
Unsure about their sexual orientation or unable to disclose sexual orientation to their families/friends		Living in a gang neighbourhood (postcode gangs)	
Gang association either through relatives, peers or intimate relationships		Ethnicity (bullying or gang ethnicity)	

**Section 2. Risk Indicators:** Children are groomed and exploited in different ways. It may be difficult for parents, carers and practitioners to differentiate between ordinary teenage behaviour and the risk of or involvement in sexual exploitation but below are some signs that may signify if the child is being groomed for sexual exploitation or actually being sexually exploited.

**Within family / home / relationships**

Change in behaviour - being more secretive / withdrawn / isolated from peers or not mixing with usual friends		Increasingly disruptive, hostile or physically aggressive at home or school Inc. use of sexualised language	
Associating / relationship with significantly older men or women who encourage emotional dependence, loyalty and isolation from safe relationships (record details of adults i.e. occupation/ description)		Physical or emotional abuse by a boyfriend / girlfriend or controlling adult including use of manipulation, violence and/or threats	
Associating with other sexually exploited children		Multiple callers (unknown adults/older young people) - (record description/names etc.)	

Estranged from family			
Regularly coming home late or going missing from home, care or education for any period of time (whether reported or not).		Returning home after long intervals appearing well cared for	
<b>Health and Mental Health</b>			
Change in physical appearance (new clothes, more/less make-up, weight gain/loss)		Increased health / sexual health related problems	
Marks or scars or physical injuries on the body or face which they try to conceal		Expressions of despair (Inc. depression, mental ill health, self-harm, suicide thoughts/ attempts, overdose, eating disorder)	
Branding (i.e. of gang logos)		Repeat/unplanned pregnancy or pregnancies (including ending in termination/ miscarriage(s))	

Sexually Transmitted Infections (STI's) and/or repeat tests particularly with negative results			
<b>Behaviour and experiences</b>			
Concealed / concerning use of the internet including web-cam, online gaming (via X-box, PlayStation), chat rooms etc.		Exclusion from school or unexplained absences from, or not engaged in school/ college/ training/ work	
Failing to respond to attempts to keep in touch by workers/carer or recent disengagement		Reports of being taken to hotels, nightclubs, takeaways or out of area by unknown adults	
Sexualised risk-taking, including on internet or mobile phone, such as sexting (sending explicit messages or photos to adults or peers)		Young gay/bisexual exploring sexuality in unsupported way	
Association with gangs		Increasing use of drugs or alcohol or misuse of drugs or alcohol	

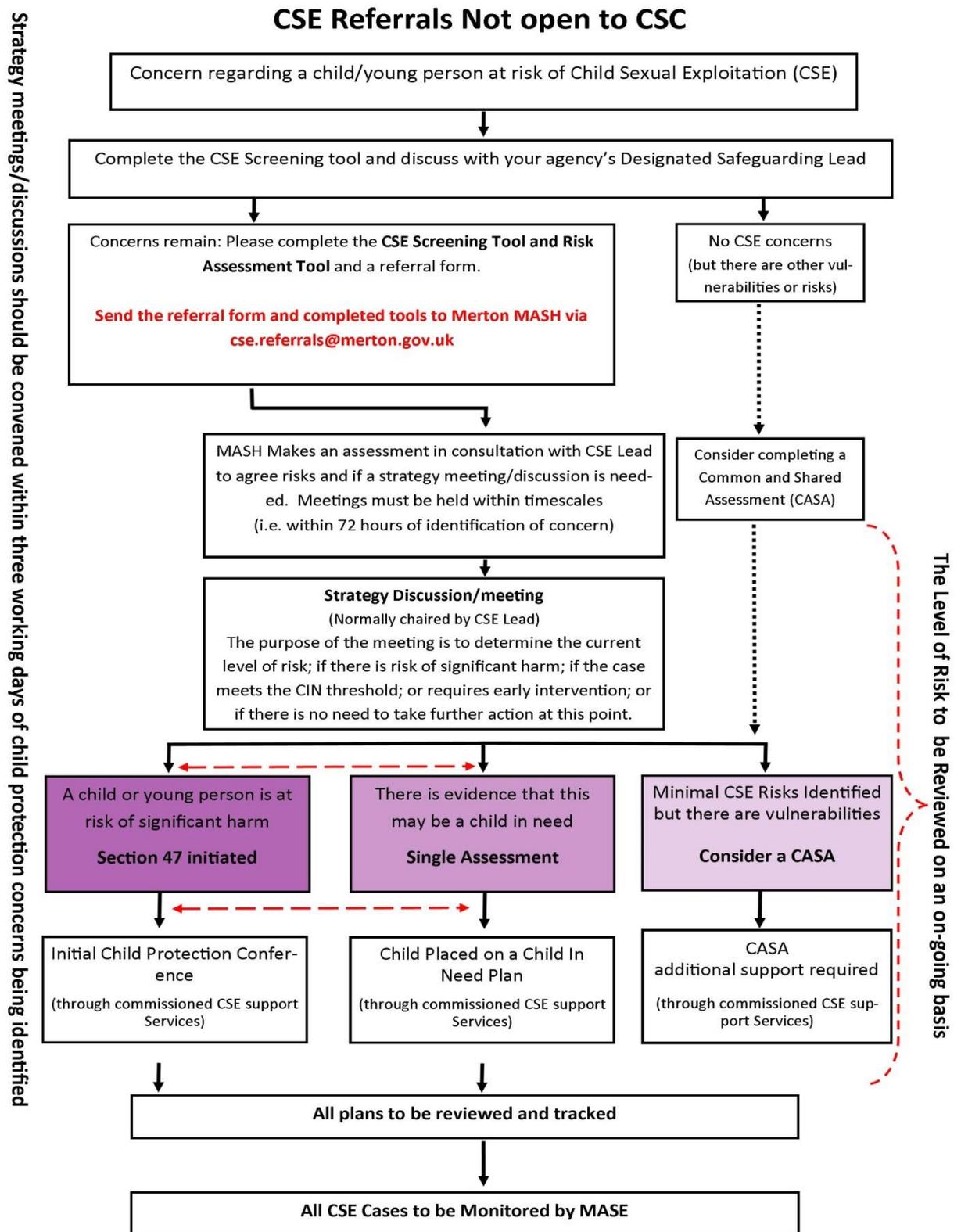
Fear of victimisation from other gangs due to gang affiliation or rivalry		Constrained by 'rules' of a gang	
Inability to negotiate exit from a gang due to fear/dependency		Displaying signs of harassment/unwanted attention	
Fear of gang leaders		Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites	
Involved in criminal offending activity (i.e. ASB/criminal damage/theft)		Unusual association with groups of adults	
<b>Appearance and possessions</b>			

Unexplained amounts of money, mobiles, credit, expensive clothing, jewellery or other items/gifts		Overt sexualised dress	
Having multiple mobile phones, sim cards or use of a phone that causes concern – multiple callers or more texts/pings than usual		Possession of hotel keys/cards or keys to unknown premises	
<b>Incidences</b> <b>If any of these are known to have happened and the Police or Social Care are not yet aware you must refer to the local CSE Team, if there is one, otherwise to Social Care- or direct to the Police in emergencies.</b>			
Child under 13 engaging in penetrative sex with someone over 15 years		Entering/leaving vehicles cars with unknown adults	
Child meeting different adults and exchanging or 'selling' sexual activity		Frequenting areas known for on/off street sex work	
Receiving rewards of money or goods for introducing peers to CSE adults.		Disclosure of sexual/physical assault followed by withdrawal of allegation	

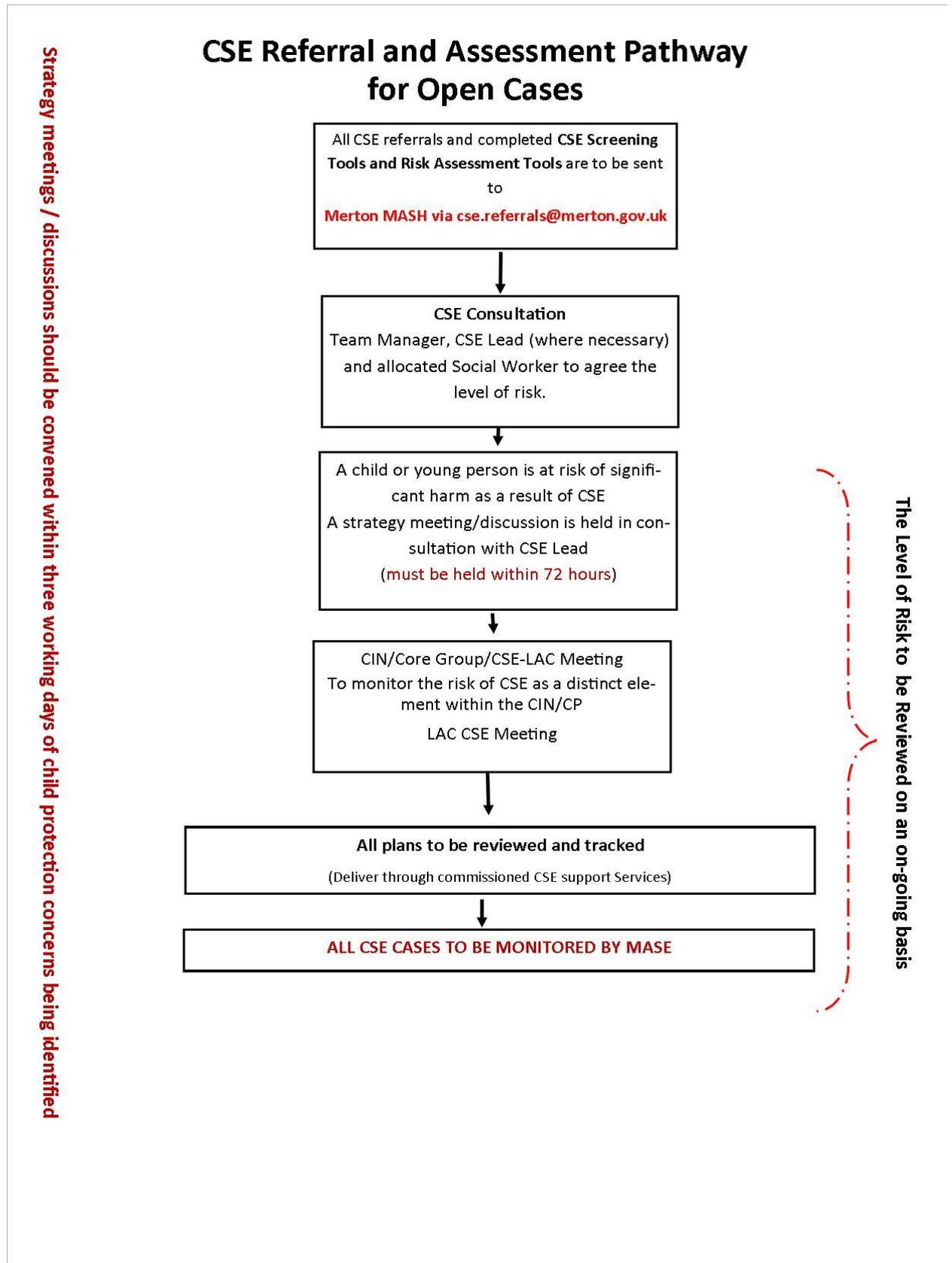
Knowledge of towns or cities they have no previous connection with		Being taken to clubs or hotels and engaging in sexual activity	
Abduction or forced imprisonment		Association with taxi firms/takeaway owners (night-time economy)	
Being taken to brothels/ massage parlours		Seen in CSE hotspots (certain flats, recruiting areas, cars or houses)	
<b>Please add any additional information that you feel is unusual/ relevant / concerning</b>			
<b>Danger statement and safety goal to be completed by Social Workers Only</b>			
<b>Danger Statement</b> (the harm or hurt that is believed to be likely to happen to the child(dren) if nothing in the young person's situation changes)			

<p><b>Safety Goal</b> (the behaviours and actions that we need to see to be satisfied that he child will be safe enough to for us to close the case)</p>	
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**Appendix 5 CSE REFERRAL AND ASSESSMENT PATHWAY FOR CASES NOT OPEN TO CHILDREN'S SOCIAL CARE**



**Appendix 6 CSE REFERRAL AND ASSESSMENT PATHWAY FOR CASES OPEN TO CHILDREN'S SOCIAL CARE**



**Appendix 7: Guidance Strategy for Meetings for Looked After Children**  
**Where CSE is Identified as an Additional Risk Factor**

The strategy meeting should consider:

- Whether the child should remain in their placement;
- Risks to other children in the placement;
- The appropriateness and method of informing the child's parents. If children are accommodated, parent/s must be informed of all significant matters. When a child is subject to a care order, generally their parent/s should be informed of such a significant matter. A decision not to inform the parent/s should be recorded on file;
- The need for assertive action to be balanced against the need to not unduly increase the likelihood of the child running away in response to the action being taken;
- Any consideration of restriction of liberty or confiscation of property needs to be agreed by the team or service manager responsible for the child's case;
- The need for active work to be undertaken with the child to address issues of their self-esteem, relationships, sexuality, sexual relationships and health;
- If the child is in a residential unit or a foster care placement, the staff or foster carers should be asked to take positive action to clarify and record suspicions. This could include monitoring any suspicious activity in the vicinity of the home and informing the police and recording and passing on to the police information about adults causing concern such as details of appearance, cars etc.;
- Whether there are patterns to the young person going missing. For example, are they missing for short periods of time during the school day or do they go missing over weekends?
- Monitoring callers to the home, or adults collecting children by car and whether visitors who are causing concern should be turned away and, if yes, how the young person should be informed of this and supported to deal with it;
- What efforts should be made to dissuade the child from leaving – this could include talking to them and involving them in alternative activities including escorting them to these activities where necessary;
- Ensuring the child is aware of any legal issues, including advice that staff cannot safeguard money which is reasonably suspected to have been gained

through sexual exploitation. When staff do acquire such money, they must retain it and seek legal advice;

- Whether telephone calls and online communication should be monitored and whether it is necessary to restrict the use of or confiscate a mobile phone/computer which is being used inappropriately. Reasons for any of these actions should be included in the care plan;
- If a child has left their foster home or residential unit and staff/foster carers are concerned that they are at risk of exploitation, they should inform the local police and pass on relevant information. They should also inform the child's social worker;
- The importance children returning home receiving sensitive and welcoming responses.

The care plan and placement plan should be updated with the decisions of the meeting

If the child is in foster care, the social worker and fostering link worker should meet with the foster carer to discuss the outcome of the strategy meeting and the steps to be taken by the foster carer. This needs to take place in consultation with the fostering team manager.

Whether or not the child is moved from their placement, the other children in the placement should be monitored to identify whether they are also at risk of harm from, or are in some way supporting, the sexual exploitation.

The child's behaviour and attitude may be extremely challenging, and carers and staff will require on-going support, advice and training to manage this behaviour. Either the manager of the residential unit or the fostering link worker must ensure adequate resources are in place to meet staff needs.

## **Appendix 8: Quick Guide**

### **What to do if you suspect a child/young person may be sexually exploited**

1. Any professional or member of the public can refer a concern about suspected child sexual exploitation.
2. Remember – where there is an urgent and immediate need to protect a child or young person call the police on 999.
3. In all cases of suspected child sexual exploitation contact Children's Social Care services via the MASH (multi-agency safeguarding hub) on 0208 545 4226/7 or email [cse.referrals@merton.gov.uk](mailto:cse.referrals@merton.gov.uk)
4. If you are a professional making a referral you will be asked to complete the CSE screening tool and risk assessment if you have not already done so. It is planned that this will also be available through the MSCB website. Send the completed Screening and Risk Assessment along with a completed referral form to [cse.referrals@merton.gov.uk](mailto:cse.referrals@merton.gov.uk)
- 5.

#### **Children's Social Care and MASH response**

1. Where sexual exploitation is identified as a potential risk, MASH and First Response will carry out an assessment under section 17 of the Children Act 1989 to identify the child's level of risk and need for service provision and will advise the referrer of the outcome of this assessment:
  - a. The assessment may identify the child to be at risk of significant harm and in need of protection. This may necessitate a child protection enquiry under section 47 of the Children Act 1989; or
  - b. The assessment may indicate that the child is in need and that services are needed prevent impairment to their health and development;
  - c. Where no concerns are identified, there will be no further action by CSC but the child may require CASA to access early help or universal services. In these cases, MASH and First Response will advise the referrer verbally and in writing as to why the agency is to take this position.
2. The in cases where the MASH and First Response assessment confirms that a child has suffered or is likely to suffer significant harm a strategy meeting must be convened in order to determine whether child protection enquiries should be made in line with Child Protection s47 Enquiries.
3. Unless there are child protection grounds to exclude the child/young person and their family they should always be invited to any strategy meeting.
4. The purpose of the meeting is to decide if the child is at risk of significant harm and whether a section 47 enquiry should be carried out. If the child is not assessed as at risk of significant harm, the meeting should decide if the child meets the threshold for services as a child in need or whether the child should be referred to early help with an allocated lead professional developing and reviewing a support plan to understand the risks the child/young person faces and to develop an effective safety plan with them and their family.

5. The social worker or lead professional will make referral to the MASE. This panel will log and track the case, setting a timeframe for review based on the complexity and risk profile.
6. The MASE panel will confirm the risk matrix screening and ensure effective coordination with partners including the commissioned voluntary sector.
7. The screening tool will be used to benchmark indicators of possible CSE and track the changes in these to determine outcomes for young people.

## Appendix 9 CSE Related Services

SERVICE	BRIEF DESCRIPTION	CONTACT
MASH Merton	MASH provides a single point of contact for <a href="#">professionals</a> and members of the public who want to seek support or raise concerns about a child. Monday to Thursday 08.45 – 17.15 Friday 08.45 – 16.15	Telephone: 0208 545 4226/7 Email: MASH@merton.gov.uk
Emergency Duty Team	The Emergency Duty Team (EDT) provides overnight, weekend and public holiday cover for Children's Social Care. The Service is for anyone who is in danger and unable to protect themselves, or for those who cannot remain in the community without immediate intervention.	Telephone: 0208 770 5000 Email:
Metropolitan Police	If you need to report an emergency, serious incident, or if you are concerned about immediate safety of a child and young person.	Telephone: 999 in emergency or 101 in all other cases :
Catch22	CSE and Missing Service aims to prevent or reduce missing episodes and reduce vulnerability to CSE. The service offers independent Return Home Interviews (RHIs) and packages of support for targeted young people aged under 19 years who are missing from home or care and /or young people at high risk of or experiencing child sexual exploitation.	Telephone: 020 3701 8641 Email: mertoncse.missing@catch22msm.cjism.net
Jigsaw4U (Advocacy for LAC and CIN)	Challenge and champion children and young people's rights to ensure that when decisions are made they are involved, consulted and listened to.	Telephone: (020) 8687 1384 Email: info@jigsaw4u.org.uk
Sexual Health services Check it Out @ Wide Way Clinic	Provide individual sexual health and contraception advice for young people including support to individual students in confidential school settings.	020 3458 5200 <a href="http://www.gettingiton.org.uk">http://www.gettingiton.org.uk</a>
Metro for Boys and Young Men	Support and advice on relationships for boys and young men aged 11-19 in Merton.  The project aims to progress behaviour, attitudes, skills and knowledge about relationships, identity and masculinity. This is achieved through one-to-one support covering a range of topics: healthy relationships, condoms and contraception, sexual health testing, domestic violence, fatherhood and attitudes about gender and sexuality.	<a href="mailto:oliver@metrocharity.org.uk">oliver@metrocharity.org.uk</a>  020 8305 5004
Risk and Resilience Catch22	A specialist service, that aims to increase young people's engagement in diversionary activities that support the reduction in the use of substances, promote sexual health and positive health choices through early intervention, prevention and substance misuse treatment for young people aged 14 and under. Services include: <ul style="list-style-type: none"> <li>• Diversionary youth activities in the community.</li> </ul>	Telephone: 020 3701 8641 Email: msm@catch-22.org.uk

	<ul style="list-style-type: none"> <li>• Access to basic sexual health promotion and/or referral for specialist sexual health support &amp; condoms</li> <li>• Early identification and referral to specialist substance misuse services</li> <li>• Parenting interventions on a 1:1 basis or via groups and/or workshops</li> </ul>	
Brook Advisory Service	Providing sexual health screenings, support and counselling for those young people under 25.	<a href="http://www.brook.org.uk/">http://www.brook.org.uk/</a>
Stonewall	Advocates a creative and holistic approach to HIV and sexual health promotion that is proactive and responds to change, and that removes barriers to social inclusion and eliminates inequalities	Telephone: 08000 502020 Email: <a href="mailto:info@stonewall.org.uk">info@stonewall.org.uk</a>
Education Welfare Service	The Education Welfare Service promotes the importance of school attendance and investigates the causes of poor attendance.	Telephone: 020 8545 4021 Email: <a href="mailto:education.welfare@meriton.gov.uk">education.welfare@meriton.gov.uk</a>
Youth Offending Service	The YOS work with young people in custody and the community, subject to statutory Court Orders, Youth Cautions and early intervention work to reduce their risk of re-offending and harm to the public, whilst managing their vulnerability through tailored intervention plans such as gender specific programmes.	Telephone: Email: <a href="mailto:youth.offending@meriton.gov.uk">youth.offending@meriton.gov.uk</a>