

Summary/Briefing

This summary briefing presents the key findings/recommendations from the audit and is aimed at managers and practitioners working with children and families in Leicester. Please share this briefing with colleagues

Background

- Working Together to Safeguard Children (2015) requires Local safeguarding Children Boards to evaluate multi-agency working through joint audits of case files.
- The aim of the LSCB Multiagency CSE audit was to understand compliance and seek assurance that there was consistent application of the LLR LSCB multi-agency safeguarding procedures and threshold, and partner agency identification and response to cases where CSE is a theme. A critical part of the audit was to capture any learning which support improvement in practice aimed at strengthening safeguarding for children.
- The audit report will be presented to the LSCB Performance, Analysis and Assurance Group (PAAG).

Methodology

The audit process included confirmation of the audit tool, scope, number of cases and timeline at an LLR LSCB auditors meeting which took place on 04.07.2018. The scope of the audit was 6 months: 1st December 2017 to 31st May 2018. The audit was to be completed by 1st August 2018.

This was a qualitative audit and due to five cases being audited, it provides a snap shot of the quality of multiagency safeguarding practice. The five cases were selected by the LSCB office from a list of cases identified by Children Social Care and Early Help Service. The number of cases audited by agencies asked to participate in the audit is as stated in the table below. Not all cases were known or within the scope for all agencies.

Agency	Number of cases audited (not all cases were known or within the scope for all agencies)
Leicestershire Police	5
Children Social Care and Early Help Service	5 (4 from Children Social Care and 1 Early Help Service)
Schools/education settings including providers	4 (one out of the 5 was not currently in education)
GP (CCG)	2 (3 not known or out of scope or returns not received)
UHL	3 (2 not known or out of scope)
LPT	5
SSTOP	3 (out of the 5 attended sexual health service)
Turning Point	0 (not known or out of scope)
UAVA	1 (4 not known or out of scope)
CAFCASS	1 (4 not known or out of scope)
NPS	0 (none are currently or recently known to probation)
DNLR/CRC	0 (CRC have no involvement with any of the cases identified)
Adult Social Care	1 (for cases 1,2,3 & 5 no records are held by ASC for these cases for the child or parents)

Definition of CSE

According to Working Together 2018: “*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*”.

This definition is also stated in the [DfE definition and guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation](#), (February 2017) which is non-statutory. The guide includes information about the forms of child sexual abuse/child sexual exploitation, vulnerability as well as potential indication of CSE, how CSE can impact on children and young people and how to respond to them.

Further Information

LSCB Websites: <http://www.lcitylscb.org/>
<http://llrscb.proceduresonline.com/chapters/contents.html>
 LLR LSCB Resolving Practitioner Disagreements and Escalation of Concerns:
http://llrscb.proceduresonline.com/chapters/p_res_profdisag.html

“[If only someone had listened](#)” final report (OCC, 2013) identified 13 patterns of CSE and the warning signs to enable identification of children and young people at risk or involved in CSE.
http://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham
<https://www.gov.uk/government/publications/sexual-exploitation-of-children-ofsted-thematic-report>

Key learning: the following was identified from the Leicester City cases discussed at audit discussion meeting on 8th August 2018

What's working well?	What are you worried about?
• Communication between agencies including sharing of information. For example: – Good information sharing, particularly with another area, during transfer. – Good communication between services • Multiagency working. For example, meetings were well attended and agencies were committed • Records are SMART, show good multiagency information sharing. • Practice complies with LSCB procedures. • The risks seemed to be managed. • Assessments were timely and plans were responsive and addressed concerns. For example: – The assessment was up to date and there was a strong genogram (in one case). – The child was known to CAMHS, the appointments were timely and the child was seen within appropriate timescales (after threats of suicide). The case was reviewed regularly by CAMHS. There was communication between the CAMHS worker and the carer and good multiagency working. – Regular CAMHS assessments. – Review Health Assessment taken place. – Evidence of 'voice of the child'. – Child has strong relation with the CSE worker, very consistent work. – Plan in place based on assessment, has been timely, responsive and addressed key concerns. – Smart, clear timescales are evident. • Plan set up with the school if child is absent. Regular 1:1 sessions with staff support and team of support staff to ensure child is safe.	• Concerns around multiagency working was raised by one agency - difficulties in getting hold of people they needed to contact. • No evidence of a health representative at a strategy meeting. • The School nurse had not received an invitation to the Initial Child Protection Conference (in one case). • A huge number of professionals were involved in one case and the plan was not cohesive with all the information. • In one case, although there was an appropriate response to the referral to Children's Social Care: – There was no mention of CSE in the assessment and this was raised following the missing episode. – No evidence of any updated assessments from the original assessment and consideration of the circumstances of the birth parents and no involvement from the CSE team. – The child was identified to be 'not safe' and 'very vulnerable', and an 'in-house' learning review is taking place around this case. – Child Protection Plan did not pull everything together and there was no evidence of a cohesive plan. – No record that the child was on a Child Protection Plan on the GP system, and learning from the audit will be fed back to the GPs. – The education setting was concerned about the child's lack of attendance and concerned that the missing episodes will increase during the summer holiday. They were also unhappy with the provision in place for the child and it was identified that an Education Health Care Plan (EHCP) was currently not in place. • Current schooling not meeting the child's need (in one case). • There was no transition plan in evidence, where there should have been, and there was no evidence of any work undertaken on living skills.

What Needs to Happen?

1. Administration of Child Protection Conferences should ensure that all relevant agencies/practitioners are invited to Child Protection Conference.
2. Child Protection Conference Chairs should ensure that where there is involvement from a wide range of agencies/practitioners that all relevant information is pulled together into a cohesive plan.
3. All relevant agencies should be invited to and attend strategy meetings.
4. Children's views need to be taken into account.
5. Agencies involved with a child should share their agency's contact details including who to contact when the named practitioner is not available.
6. Adult Social Care should consider the transition needs of the young person and not that of the parents (adults).
7. LPT to confirm that health summaries take place for children aged between 17 and 18 years old, and that practitioners follow the LPT CSE pathway and also to provide feedback to CAMHS of the abbreviations used by them.
8. CCG to feedback to the GPs that they ensure that Children on Child Protection Plans are flagged on their system/records.
9. Education Health Care Plan to be put in place (in one case).