Leicester LSCB Multi-agency Audit: Child Sexual Exploitation (CSE) 2016 Summary

This summary (briefing) is aimed at managers and practitioner working with children and families in Leicester. Key findings/conclusions emerging from the audit and information about CSE is presented. Please share this summary (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.
- CSE is a LSCB priority and nationally CSE has a high profile.
- A multiagency CSE audit was conducted during January-February 2016 to establish the level of compliance to the application of LLR LSCB multiagency safeguarding procedures, and partner agencies identification and response to cases where CSE is a theme, and to identify learning to improve practice.
- The audit report will be presented to the LSCB Performance, Analysis and Assurance Group (PAAG).

Methodology

The audit process including the sample and selection of cases, scope, timeline and audit tool was discussed and agreed by the LSCB Lead Audit Commissioners group which has representatives from the following agencies:

- Clinical Commissioning Group
- Leicestershire Police
- Children Social Care, Safeguarding Unit, Leicester City Council
- Leicestershire Partnership Trust (LPT)
- LSCB office

The audit included a dip-test of 10 separate cases to be audited by agencies from a list of cases supplied to the LSCB office by the Safeguarding Unit, Childrens Social Care. A deep-dive audit was conducted on one case using the Critical Incident Review approach. However, not all the cases were known or within the audit scope period and therefore not all the selected cases were audited.

The audit was completed by: Childrens Social Care (CSC); Learning Services; Leicestershire Partnership Trust (LPT), Clinical Commissioning Group (CCG), University Hospitals of Leicester (UHL), Leicestershire Police.

Definition of CSE

The definition of **Sexual Abuse** from Working Together 2015: Sexual Abuse *"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-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".*

Definition of **CSE** from the LLR LSCB CSE, Trafficking and Missing Children Strategy April 2015:

"Sexual exploitation of children and young people under 18 involves exploitative situations contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability."

Conclusion

The audit found that:

- There is a lack of compliance to all LLR LSCB multi-agency procedures. The dip test audit identified that whilst there was some compliance to some procedures this was not to all of the procedures and by all partner agencies.
- The LLR LSCB CSE Risk Assessment Tool (RAT) was not completed by all agencies – completion of the tool could have identified the level of risk and initiated a more 'urgent' response to assessing and supporting the child and putting safety arrangements in place.
- There is confusion regarding:
  - When strategy meetings (s47) and CSE meetings should take place
  - The pathway from S47 to CSE meetings
  - Applying the CSE guidance alongside safeguarding procedures
  - Arriving at joint plans rather than having more than one plan (i.e. CIN and CSE plan) for the child. There is work underway within Children's Social Care to put in place one pathway and one plan. Within Children's Social Care, there is a RAT assessment tool within the electronic system for practitioners' to use, and enable them to arrive at a joint single plan.
- Case recordings need to be accurate, particularly in relation to referral dates and Dates of Birth (dip test audit). It is crucial that recording of case information including demographic information is accurate as this is the key information that could identify individuals.
- The administration and of child protection meetings require improvement to ensure that the appropriate agencies/practitioners are invited and contribute to the meetings and safety planning of the child.
- Communication between relevant partner agencies to share information where children are considered to be at risk of CSE requires improvement.
- Lack of engagement by the *"service user"* was identified by one agency and this is an issue for all agencies to consider engaging with children, young people and their families.

What needs to be done to improve practice?

- Raise awareness of frontline practitioners to CSE warning signs, using the CSE risk assessment tools; compliance with LSCB procedures including resolving practitioner disagreements & escalation of concerns.
- Clarify the S47 and CSE strategy meetings process to reduce confusion of which should be followed.
- Improve administration of multi-agency meetings to ensure involvement from partners.
- Ensure the correct demographic information is recorded on case files.
- Embed the views of children and young people in practice and consider their lived experience, and consider how these can be evidenced.
- The issues identified in the audit, relating to confusion of when to conduct strategy discussions (s47) and CSE meetings; use of different plans rather than a single safety plan; use of the assessment tool and application of procedures has resulted in quickening the pace for establishing and finalising the arrangements for the LLR CSE multi-agency 'hub'. This should help to improve understanding of processes, procedures and use of assessment tools.

Further Information

- LSCB Websites: http://www.lcitylscb.org/ and http://lrsb.org.uk/
- LLR LSCB Multi-agency Safeguarding Procedures: http://llrscb.proceduresonline.com/chapters/contents.html
- LLR LSCB Resolving Practitioner Disagreements and Escalation of Concerns: https://llrscb.proceduresonline.com/files/res_profdisag.pdf

"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. The following provide a picture of how well partners are working together to prevent CSE locally:(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)