Tackling Child Sexual Exploitation:
A Study of Current Practice in London

University of Bedfordshire

London safeguarding children board

LONDON COUNCILS

ACKNOWLEDGEMENTS

The University of Bedfordshire has won the Queen's Anniversary Prize for Higher and Further Education for its pioneering research into child sexual exploitation. The prestigious prize is the highest form of national recognition open to higher and further education institutions in the UK and the award enhances the university's widely-acknowledged reputation for its work in raising awareness of child sexual exploitation.

CONTENTS

LIST OF TABLES AND FIGURES

ABBREVIATIONS

AD	Assistant Director
BME	Black and minority ethnic
CSE	Child sexual exploitation
CSEGG	Child sexual exploitation in groups and gangs
EGYV	Ending gang and youth violence
LSCB	Local Safeguarding Children Board
MAP	Multi-agency panel
MASE	Multi-agency sexual exploitation panel
MASH	Multi-agency safeguarding hub
MPS	Metropolitan Police Service
VAWG	Violence against Women and Girls

EXECUTIVE SUMMARY

Introduction

1. In autumn 2013, London Councils and the London Safeguarding Children Board commissioned a team of researchers from the University of Bedfordshire to map current responses to child sexual exploitation (CSE) across London.

2. The study was conducted in October/November 2013. The findings are drawn from an in-depth quantitative survey (completed by 30 London boroughs and local safeguarding children boards) and eight semi-structured interviews with statutory and voluntary sector providers.

3. The report provides a snapshot of current responses to CSE across London, in relation to:

   - Local scoping of the issue;
   - Local policies and procedures;
   - Training and awareness raising;
   - Identification and early intervention (re. victims and perpetrators);
   - Responding to cases of CSE (re. victims and perpetrators); and
   - Overarching reflections on progress and challenges.

4. Although there is still much progress to be made, the report encouragingly demonstrates that significant work is underway within this field, with pertinent learning emerging from a number of different boroughs.

Key Statistics

5. According to the information provided in the 30 survey returns completed by Assistant Directors (ADs) of Children's Services and Local Safeguarding Children Board (LSCB) Chairs in October/November 2013:

6. Local scoping of the issue: Eight London boroughs have a completed CSE problem profile at this point in time. Fifteen more are developing this and just under two-thirds have some other form of scoping mechanism in place (most frequently multi-agency sexual exploitation panels, LSCB CSE sub-groups and/or multi-agency safeguarding hubs).

7. Monitoring numbers of children at risk: Just over half of London boroughs have a system in place to monitor the numbers of children at risk of CSE in their local area. All but two of the remainder are developing this.

8. Local Policies and Procedures: Seven out of ten London boroughs have a CSE strategy and four out of five have a local CSE guidance document or protocol. Three-quarters have a multi-agency and/or single agency CSE action plan, whilst three out of five have an information sharing protocol for cases of CSE. One in three currently has an outcomes framework for monitoring progress against their CSE strategy and/or action plans.

9. Multi-agency forums: Six out of seven London boroughs have a CSE specific LSCB sub-group and/or a LSCB sub-group including CSE within its remit. Just over two-thirds have introduced multi-agency sexual exploitation (MASE) meetings as part of their local response to CSE. Seventy percent operate multi-agency safeguarding hubs (or the equivalent).

10. CSE co-ordinators/agency leads: All but one London borough has, or is in the process of establishing, a CSE co-ordinator role holding either an exclusive portfolio for CSE or, more often, dealing with CSE as part of a wider safeguarding remit. Four out of five London boroughs have CSE agency leads within children's services and the police. Proportions of boroughs with agency leads vary considerably by other professions from 71% (youth service) to three percent (Crown Prosecution Service).

11. Voluntary sector partnerships: Just under three-quarters of London boroughs have some form of formal partnership with a voluntary sector agency for tackling CSE within their borough. This includes both pan-London/national agencies and local agencies. Two-thirds of the 21 boroughs who reported having a voluntary sector partnership said that they funded this partnership in some way.

12. Professional training: Just over four-fifths of LSCBs include CSE in their general safeguarding training. The same proportion offer bespoke training on CSE for professionals. The professional groups that this training has most frequently been delivered to across the different boroughs are children's services, education, health and the youth service. Two in five LSCBs have evaluated this training.

13. Awareness-raising with children and young people: Thirteen LSCBs have undertaken awareness raising initiatives with children or young people; a further seven are developing this area of work.

14. Awareness raising with parents/carers and the wider community: Twelve LSCBs have undertaken awareness raising initiatives on CSE for parents/carers; a further nine are developing this. Seven LSCBs have undertaken awareness raising work with wider communities; a further six are developing this. Three have done specific work with licensed premises and six more are developing this particular area of work.

15. Identification of risk: Four-fifths of London boroughs have a set of vulnerability factors that they use to proactively identify children at risk of CSE within their area. Children's services,

the police and education are the three most frequently identified sources of referrals for concerns about CSE across the different boroughs.

16. <u>Assessing and responding to risk</u>: Just under three-quarters of London boroughs have a common risk assessment tool in use across agencies for assessing children who are at risk of CSE and identifying thresholds for statutory intervention. Similar proportions have a multi-agency forum in which cases of children at risk of CSE are discussed. There are high levels of representation from children's services, police, education, health and youth offending across these multi-agency operational forums. Youth service representatives are engaged in just over half of the London boroughs, as are voluntary sector providers.

17. <u>Support available for young people identified as being at risk of CSE</u>: Diversionary or early help is available within four out of five London boroughs when concerns are identified about CSE. CSE focused individual work with young people is available in virtually all London boroughs, whilst group-based CSE work is available in just under half. Support for associated issues and support for parents/carers are available in just under two-thirds of London boroughs.

18. <u>Support for victims of CSE</u>: The three forms of support most frequently available across the boroughs for identified victims of CSE were (a) individual therapeutic support (93%), (b) sexual health/relationship education (89%) and (c) drug/alcohol support (89%). These, and other support services, were delivered by a range of statutory and voluntary sector providers.

19. <u>Use of secure, LAC systems and serious case reviews:</u> Half of the London boroughs have secured a young person on welfare grounds as a result of concerns about CSE since 2009. Three-fifths have placed a young person in care as a result of concerns about CSE in the same period, whilst two-thirds have moved a young person out of area for the same reason. Two have undertaken a serious case review (SCR) where CSE was a feature, but none have conducted a SCR with CSE as the primary reason of concern.

20. <u>Identification and pursuit of perpetrators</u>: Three-fifths of London boroughs have a specialist police response as part of their CSE case management system. Half have utilised disruption techniques (such as child abduction notices or prosecution for alternative illegal offences) in responding to suspected perpetrators of CSE. Just under three-fifths have had one or more criminal investigations in relation to CSE, whilst eight have had CSE related prosecutions.

Discussion of Findings

21. The last few years have witnessed significant developments across many London boroughs in terms of their recognition of, and response to, CSE. Progress is clearly observable at a strategic level in terms of the development of policies and procedures, investment in

professional training and the establishment of multi-agency groups. Most areas are providing or commissioning some form of support for those at risk of and/or those experiencing CSE with increased recognition of the contribution the community and voluntary sectors can offer in this regard. There is also increased recognition of the need to focus on those perpetrating this abuse and a number of areas have instigated successful investigations and disruption strategies in this regard.

22. Whilst these developments are without doubt encouraging, significant scope for improvement still remains and boroughs themselves recognise this. Both survey respondents and interviewees identified ongoing challenges, and the need for further progress, with regard to a range of issues including:

- Evidence-based knowledge about the nature and extent of the issue in their local area;
- Alternative forms of CSE, such as peer on peer abuse;
- Vulnerability of specific groups, including looked after children;
- Cross-borough working;
- Translating policies and guidance into practice;
- Capacity/resources;
- Preventative initiatives;
- Identification of victims and assessment of risk, vulnerability and resilience;
- Provision of (ongoing) support for victims;
- Identification, disruption and prosecution of perpetrators;
- Community engagement; and
- Sustainable leadership and co-ordination of multi-agency working.

Moving forward

23. Engagement in this study has presented boroughs with the opportunity to map and review their current strategic and operational response to CSE and their recognition of required improvements within this is to be welcomed. Moving forward, it is hoped that each borough will reflect on their individual survey response in light of the composite findings of this report to clarify areas for future development and evaluate their progress in relation to this. It is also hoped that the findings of this study will provide those with a pan-London remit with useful baseline data from which to promote and facilitate more consistent levels of protection for all of London's children.

1.INTRODUCTION

1.1 Child sexual exploitation (CSE) has become a major policy priority in recent years following a number of high profile group-based CSE cases across England and a growing evidence base on both the nature and scale of the issue and required responses to it. Local Safeguarding Children Boards (LSCBs), including those in London, are now consequently tasked with an increasing series of obligations in terms of identifying, preventing and responding to the issue within their locale.

1.2 Recognising this, London Councils issued a research tender to map current responses to CSE across London and to identify potential challenges and opportunities associated with further progressing work in this field.

1.3 An experienced team of researchers from 'The International Centre: Researching Child Sexual Exploitation, Violence and Trafficking' at the University of Bedfordshire was awarded the tender to undertake this work. The work was conducted in October and November 2013.

1.4 This report summarises the key findings of the study. As agreed with both the commissioners of the study and those who participated within it, the analysis that follows is presented on a pan-London basis and does not identify any particular boroughs, individuals or agencies. As such, what the report does is present an overarching picture of the different ways in which the issue of CSE is currently being approached across London, the proportions of boroughs reporting different mechanisms of engagement and response, and the common challenges and opportunities associated with these.

2. METHODOLOGY

2.1 A two-phased process was employed to realise the aims of the study:

- An in-depth quantitative survey was circulated to the LSCB Chair and Assistant Director (AD) of Children's Services in each London borough;
- This was followed by semi-structured qualitative individual interviews with statutory and voluntary sector representatives to explore issues emerging from the survey phase of the study.

2.2 Ethical approval was obtained from the Institute of Applied Social Research Ethics Committee at the University of Bedfordshire and the overarching University Research Ethics Committee.

The Survey

2.3 Information requested in the survey was thematically structured around the following themes:

- Local scoping of the issue of CSE;
- Local policies and procedures;
- Training and awareness raising;
- Identification and early intervention (re. victims and perpetrators);
- Responding to cases of CSE (re. victims and perpetrators); and
- Overarching reflections on progress and challenges.

2.4 Given the breadth of issues to be covered in the study, the survey was designed to be primarily quantitative in nature. Whilst this has facilitated the collation of data on a wide range of areas of interest, it has inevitably meant a limited ability to collate the more qualitative data that often helps illuminate the statistics. Although the survey included opportunities designed to elicit this contextual data, the length of the survey, the time taken to complete it and the study time-scale understandably meant that responses to these more open-ended questions were often limited.

Survey respondents

2.5 Thirty completed surveys were received. Just under half (47%) completed a joint return on behalf of both the LSCB Chair and AD. One-third returned single submissions by either an LSCB Chair (20%) or AD (13%). Separate returns were completed by both the LSCB Chair and the AD in the remaining 20% of cases - the data contained within these returns has been integrated into a single response and counted only once in the analysis that follows. Given this - and the fact that a single tri-borough response was submitted on behalf of

Hammersmith and Fulham, Kensington and Chelsea and Westminster – the analysis that follows is based on 30 returns.

<u>Interviews</u>

2.6 A total of eight interviews were undertaken with representatives from four London boroughs and four voluntary sector organisations. Interviews were semi-structured in nature and conducted by telephone.

2.7 Statutory interviewees were selected from survey respondents, on the basis of having provided information about potentially interesting and innovative approaches to CSE. This is not to say that boroughs that were not selected for interview did not demonstrate such initiatives, but the focused nature of the study meant that only a limited number could be approached for interview. Boroughs were selected on the basis of representing different thematic areas of interest. Voluntary sector representatives were selected from those identified by multiple London boroughs in their survey responses. As such, they were those who worked on a cross-borough basis and could offer particular insights into cross-borough working, and similarities and variations in approach across different London boroughs.

3. CONTEXT TO THE STUDY

National Policy Context

3.1 In 2009, the Department for Education (DfE) published specific guidance on safeguarding children from CSE (DfE 2009). Subsequent developments including Barnardo's 2011 campaign for a CSE action plan (Barnardo's 2011), large scale police operations in Derby, Rotherham and Devon and Cornwall, the Office of the Children's Commissioner's Inquiry into CSE in gangs and groups (Berelowitz et al 2013) and an increasing body of research knowledge in this field, have contributed to significant cross-Government strategic action on this matter in subsequent years.

3.2 A lead Minister for CSE was appointed in 2011 in DfE and a national action plan was published in the same year (DfE 2011; updated 2013). The issue of CSE has gained increasing recognition and profile since this point. A series of significant developments have occurred at a national level including:

- A House of Commons Home Affairs Committee Inquiry into CSE and the Response to Localised Grooming (House of Commons 2013);
- An All-Party Parliamentary Group Inquiry into children missing from care (APPG 2012) and subsequent changes to regulations and guidance for children in care and the quality of residential children's homes;
- Home Office funding for 13 young people's advocates to support young women affected by sexual violence in gang-affected neighbourhoods (HM Government 2011); and
- The Association of Chief Police Officers CSE Action Plan, new guidance for investigating CSE (College of Policing 2013) and revised legal guidance for prosecuting cases of sexual abuse including CSE (Crown Prosecution Service 2013).

3.3 As attention to the issue has increased, and the many ways in which CSE can manifest itself have been recognised (Berelowitz et al 2013), the issue of CSE has been mainstreamed into different elements of government policy. The issue has now been integrated into the cross-government strategy to tackle violence against women and girls (VAWG) (HM Government 2013a), in addition to featuring in the government action plan to end gangs and serious youth violence (HM Government 2011, 2013b). It also falls within the remit of the Home Office facilitated Sexual Violence against Children and Vulnerable People National Group (HM Government 2013c).

3.4 Strategic and ministerial responsibility for CSE now rests with the Home Office, rather than DfE. As a result, funding, guidance, assessments and multi-agency arrangements from across the fields of CSE, gangs and serious youth violence, missing children, and violence against women and girls are all drawn upon to tackle the issue of CSE. As such, there is no

one singular strategic pathway for local authorities to follow when tackling this particular form of child sexual abuse.

3.5 Drawing upon policy reviews of this field (Firmin 2013), Table 1 below outlines the different work-streams relating to violence and abuse that are currently relevant to CSE policy and practice. It should be noted that there are other overarching and potentially overlapping issues that extend across all areas such as pathways for young offenders, pathways for those with drug and alcohol problems and/or mental health issues that could be outlined separately and should also be considered:

Table 1: Work-streams relating to violence and abuse (Firmin 2013)

	Child Sexual Exploitation	Missing Children	Gangs and Serious youth violence	Domestic Abuse
Government Strategy	National action plan for tackling child sexual exploitation (2011)	Missing children and adults – A cross government strategy (2011)	Ending gang and youth violence (EGYV) strategy (2011)	Strategy to end violence against women and girls (VAWG) (2011)
Government Guidance	Safeguarding children from sexual exploitation (2009)	Statutory guidance on children who run away or go missing from home or care (Draft 2013)	Safeguarding children from gang-related violence (2010)	Information for local areas on the change to the definition of domestic violence and abuse (2013)
National advisory group	National group on sexual violence against children and vulnerable people	ACPO Group on Missing People	Inter-ministerial group (IMG) on gangs and serious youth violence EGYV expert advisory group Women, girls and gangs working group	IMG on violence against women and girls Violence against women and girls stakeholder group
Local multi-agency arrangements	CSE sub-group of the local safeguarding children board	Missing sub-group of the local safeguarding children board	Multi-agency gangs group	Multi-agency risk assessment conference
Risk Assessment tool	Common assessment framework Bespoke CSE assessment	Missing/absent assessment	Gangs risk matrix	Domestic abuse, stalking & harassment assessment
Local services	Specialist CSE services Rape crisis provision CSE coordinator	Missing and runaway children services Missing coordinator	Young people's sexual violence advocates	Independent domestic violence advisors VAWG vol/comm sector Refuges VAWG coordinator

Pan-London Strategic Position

3.6 The responsibility for coordinating the Pan-London response to CSE rests with the London Safeguarding Children Board. In 2009 they published safeguarding guidance on CSE and this document is currently being refreshed. In 2012 the Metropolitan Police Service (MPS) announced a new Pan-London response to CSE, led by a newly constructed Sexual Offences, Exploitation and Child Abuse team. Following a pilot in 2013, a new multi-agency London CSE Operating Protocol has been developed by the London Safeguarding Children Board, the MPS, Barnardo's and the NSPCC that will set the direction for future responses to the issue on a pan-London basis (London Safeguarding Children Board et al 2014).

3.7 As has already been noted, some forms of sexual exploitation are perpetrated by street gangs, and the response to this issue is therefore integrated in London's response to gang-related violence. In London this has the potential to be a particularly pertinent issue, with 18 of London's local authorities identified as ending gang and youth violence (EGYV) areas by the Home Office. In 2009 the London Safeguarding Children Board published guidance to safeguard children from gang-related violence. From a policing perspective the responsibility for this work rests with Trident rather than the Sexual Offences, Exploitation and Child Abuse team. Trident has been developing its response to gang-associated women and girls over the past two years following the Female Voice in Violence reports (Firmin 2011) and the OCC Inquiry (Berelowitz et al 2012, 2013). This work includes developing a process to proactively identify, map and assess the vulnerability of gang-associated women and girls, in addition to reviewing arrests of young women for firearms offences. The Metropolitan Police has given the MsUnderstood[1] Partnership access to case files of peer-on-peer abuse, including those which are gang-associated, to learn from how cases have been identified and investigated historically, and therefore improve future practice (MOPAC 2013a).

3.8 While the Mayor of London first recognised the impact of gangs and serious youth violence on women and girls in his 2008 Youth Crime strategy this area of work shifted to the violence against women and girls team in 2010. Commitment to this stream of work has been on-going, and in 2013 the Mayor published a strategic framework for building a local response to the impact of gangs on women and girls. In November 2013 the Mayor's Office for Policing and Crime broadened their commitments to tackle CSE more broadly, and to develop preventative whole-school approaches to gender equality, within its refreshed strategy to end violence against women and girls (MOPAC 2013a, MOAPC 2013b).

3.9 As is the case with the national strategic position, London's strategic response to CSE straddles its work on violence against women and girls, and gangs and serious youth

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[1] MsUnderstood is a partnership between the University of Bedfordshire, Imkaan, and the Girls against Gangs project, to improve responses to young people's experience of gender inequality, with an initial focus on the issue of peer-on-peer abuse (www.msunderstood.org.uk)

violence, in addition to specific progress being made on CSE and other forms of sexual abuse.

Pan-London Operational Response

3.10   As CSE is a child protection issue, the statutory responsibility for an operational response to the issue rests with children's social care coordinated through the LSCB. Other agencies will also play a role including police, health, youth services and education, all of whom should be represented on the LSCB and play an active role in identifying and tackling CSE.

3.11   In addition to statutory interventions, London's operational response to CSE runs across the CSE, violence against women and girls, children and young people, and gangs voluntary sector service providers. Furthermore, given its diverse population, London's operational response also features black and minority ethnic (BME) voluntary sector organisations. From the outset, the research team were aware of a wide range of relevant service provision across London, including those providing:

- Preventative activity in schools;
- Targeted early intervention;
- Therapeutic group work;
- Individual support, advocacy and crisis management;
- Home Office funded young people's sexual violence advocates; and
- Case consultancy to statutory services.

3.12   The range of interventions provided across London means that there is not one pan-London CSE service provider. Statutory services are working with a range of specialist interventions, some of which are used for case consultancy and some as the main source of support for sexually exploited children.

3.13 As noted above, a new protocol for policing CSE was piloted in 2013 and will be rolled out across London in 2014. Prior to this, the policing response to CSE varied across boroughs, split between local policing and pan-London policing in a somewhat ad-hoc fashion. Both Child Abuse Investigation Teams and Sexual Offences Teams have been involved in investigations, although it is expected that the establishment of a new central team and protocol will address these differential approaches.

FINDINGS

4. INTRODUCTION TO THE STUDY FINDINGS

4.1 The findings of the study are structured around the results from the quantitative survey, with pertinent learning from the qualitative interviews integrated where relevant. They follow the structure of the survey outlined above considering:

- Local scoping of the issue of CSE;
- Local policies and procedures;
- Training and awareness raising;
- Identification and early intervention (re. victims and perpetrators);
- Responding to cases of CSE (re. victims and perpetrators); and
- Overarching reflections on progress and challenges.

4.2 Each findings section that follows commences with a brief overview of what research and practice-based learning identifies as key aspects of an effective response to CSE in that particular field, before considering how London boroughs are currently performing in that regard. Interviewees and survey respondents' reflections as to the various challenges and opportunities associated with each aspect of the response pathway are integrated throughout the findings discussion where appropriate and summarised with reference to recommendations in section 12.

Interpreting the data

4.3 This study – as is the case with all such exploratory studies – has a number of practical limitations that should be borne in mind in interpreting the data. Relatedly, the study identifies a number of issues that would benefit from further investigation in future work.

4.4 One such issue, related to the survey findings, is that of what 'in development' looks like in practice. This option was frequently selected by participants in response to whether certain policies, procedures or practices existed in their area, but in the absence of accompanying information it is not possible to tell what stage of development these were at – are they still in the conceptual phase, or are they in the process of implementation? This is something that requires further investigation going forward.

4.5 A further limitation emanating from the short-term, exploratory nature of the study that should be borne in mind when reading the report is the fact that it has not been possible to check the accuracy of the data provided by participants. The survey findings, for example, are derived from the information provided by the individuals who completed the surveys, on the basis of their knowledge at that point of time. The degree to which this accurately

reflects the entirety of what is going on in their borough cannot be ascertained at this point in time.

4.6 The phase two interviews have proved very useful in terms of providing important contextual data for the survey findings and raising other pertinent points that require consideration in taking forward the findings of this scoping study. The limited number of interviews (n=8) should however be borne in mind when considering these contributions. As is the case with the surveys, the interview data is derived from individual's perspectives on circumstances, not a definitive triangulated account. They do however introduce important alternative perspectives and experiences (cross-borough in the case of the voluntary sector interviewees) that suggest that some aspects of what are reported within the survey may benefit from further more detailed investigation.

5. LOCAL SCOPING OF THE ISSUE

<u>Introduction</u>

5.1 An adequate response to CSE cannot be delivered in the absence of knowledge about the scale and nature of the problem. Research and reviews have contributed to a growing understanding of the national picture of CSE in terms of models of abuse, patterns of vulnerability and required responses (Barnardo's 2011; Beckett 2011; CEOP 2011; Jago et al 2011; Berelowitz et al 2012, 2013; Firmin 2013, Pearce and Melrose 2013; Beckett et al 2013). However, whilst this is a helpful starting point for local authorities, individual localities need to move beyond this (as some have clearly begun to do) and ascertain the particular manifestation of the issue within their local area.

5.2 For local strategic and operational responses to CSE to be effective, they must be built upon up-to-date detailed local knowledge of the issue with local mechanisms for prevention and response (DCSF 2009; Jago et al 2011; Berelowitz et al 2013). Each borough will have its own:

- Offence profile, with some models of CSE more prevalent than others;
- Profile of children and young people (for example, some will have high levels of children in care, some will have large numbers of minority ethnic children);
- Profile of offenders (for example, gang-associated, single-perpetrator or organised groups);
- 'Hotspots'/vulnerable locations (such as take-away shops, hostels, party houses or transport hubs); and
- Local structures for response (for example, voluntary and statutory sector service providers, referral pathways, multi-agency working arrangements).

5.3 Only one in four (27%) London boroughs reported having a completed CSE problem profile at this point in time (sections 5.4 to 5.10) however, as noted below, 15 more did note such a problem profile to be in development and just under two-thirds reported having some other form of scoping mechanism in place (section 5.11).

<u>Problem Profiles</u>

5.4 As noted above, only one in four (27%; n=8) London boroughs said that they had a CSE problem profile in existence within their area at the time of the survey. Similar proportions (23%; n=7) said they did not, whilst the other half (n=15) stated that such a problem profile was currently in development.

5.5 Half (n=4) of the problem profiles that have been produced had been so within the last year; the remainder were developed between one and three years ago. Two of these boroughs reported having reviewed their problem profile within the last three months.

5.6 Three-fifths (58%; n=11) of the 19 London boroughs who responded to the question about the genesis of their problem profiles said these had been initiated in response to particular concerns about CSE emerging in their area. The concerns most frequently noted within these responses were gang-associated sexual exploitation (n=4) and concerns about looked after children/missing from care (n=3).

5.7 Three-quarters (73%; n=11) of the 15 London boroughs who identified a lead agency for the development of their CSE problem profile stated that it was led by children's services; the remainder were led by some form of multi-agency group. Police and children's services were involved in the development of problem profiles in each of the 19 boroughs who provided information on agency involvement. Health (95%; n=18), education (90%; n=17) and youth offending (84%; n=16) were also reported to be involved in the majority of these cases.

5.8 Voluntary sector providers were reported to have been engaged in the process in just under two-thirds (63%; n=12) of cases. Whilst this is an encouraging statistic, voluntary sector interview data, pertinent to a range of boroughs, indicated a potentially different picture in terms of the nature and level of their involvement so the outworking of this requires further investigation.

5.9 Three-fifths (61%; n=14) of the 23 problem profiles in existence or development were reported to cross local authority boundaries, most frequently with reference to issues relating to looked after children or care-leavers placed out of borough (n=6). The degree to which this was impacting upon practice was however unclear and the need for improved cross-borough mapping and working was identified by both statutory and voluntary sector interviewees, in addition to survey respondents, who highlighted a number of challenges they faced in its absence, specifically with reference to:

- Sexually exploited children from two different London local authorities being placed together in a third location without awareness of the potential risks associated with this;
- Awareness of risk to, and experiences of, children being educated in other boroughs; and
- Children going missing out of borough and lack of cross-borough communication about these patterns of missing and the risks experienced during, and as a result of, them.

5.10 The eleven boroughs that provided information about the learning from their problem profiles reported knowledge of a range of forms of CSE within their area, impacting young

people aged ten plus and representing a range of different ethnicities. Those who offered comment on the gender of victims, primarily identified female victims. A small number did however highlight difficulties in identifying male victims and/or the possibility that young men could concurrently be both perpetrator and victim of CSE. Specific issues identified alongside these general patterns of prevalence included peer-on-peer exploitation (n=4); exploitation of looked after children or others known to social services (n=3); links with substance misuse (n=3) and links with missing (n=2).

Other mechanisms for scoping CSE

5.11 Asked if there were any other mechanisms in place for scoping the issue of CSE within their local area, 62% (n=18) of boroughs replied yes, with a further 24% (n=7) reporting this to be in development.[2]

5.12 The other mechanisms identified as facilitating scoping of CSE were primarily multi-agency forums, including CSE specific forums such as multi-agency sexual exploitation (MASE) panels or LSCB CSE sub-groups and wider safeguarding forums such as MASH.[3] Two boroughs did however make specific reference to the contribution that recently introduced identification or risk assessment tools made to their understanding of the local manifestation of CSE. Another highlighted learning emanating from a multi-agency case review in the field and yet another noted they had obtained funding for an analyst to proactively address this issue in the coming year.

Monitoring numbers of children at risk of CSE

5.13 Just over half (53%; n=16) of London boroughs reported having a system in place to monitor the numbers of children at risk of CSE in their local area.[4] All but two of the remaining boroughs noted this to be in development.

5.14 Most boroughs reported that numbers of children at risk of CSE was being/would be monitored through some form of CSE forum (such as a MASE panel or CSE practitioners group). A small number did however note that numbers at risk of CSE would be monitored through other forums such as MASH.

5.15 Although positive moves towards establishing and monitoring numbers of children at risk of CSE are being reported across boroughs, many survey respondents still identified this

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[2] Three stated they did not have any other mechanism in place for scoping the issue of CSE within their area (one of these had a problem profile, and two noted this to be in development). One did not know, and one did not answer the question.

[3] See The London CSE Operating Protocol (MPS 2014) for a detailed exposition of the intended role of these bodies.

[4] Children 'at risk' of CSE is not the same as children 'experiencing' CSE. Systems need to be in place for monitoring both, with that capturing risk providing the basis for vital targeted preventative work with young people at heightened risk of CSE.

issue as one which continued to inhibit an effective response to CSE within their borough. Both voluntary and statutory sector interviewees also indicated that an ongoing limited understanding of local prevalence (of both risk and experience of CSE), and therefore local need, was impacting their ability to identify, and work with, the right children for the right amount of time. Most did however agree that multi-agency processes such as MASE meetings provided useful mechanisms for developing better identification and monitoring of young people both at risk of, and experiencing, CSE.

6. POLICIES AND PROCEDURES

6.1 Research and guidance repeatedly identify the need for every area to have appropriate policies and procedures in place to tackle CSE within their local area (DCSF 2009; Department for Education 2011; Jago et al 2011; Barnardo's and Local Government Association 2013; Berelowitz et al 2013). Whilst the national CSE guidance published by the Government in 2009, the accompanying Action Plans and the new London CSE Operating Protocol offer a helpful framework for developing these, differing local manifestations of the issue and variable working arrangements necessitate the co-development of local policies and procedures to ensure the meaningful implementation of the principles contained therein.

6.2 Where appropriately developed and implemented, such policies and procedures provide an invaluable frame of reference within which all local agencies can locate their role and the role of others in preventing and responding to CSE within their locale. The remainder of this chapter considers the degree to which such policies and procedures are present across the London boroughs (as summarised in Table two below), and cross-referenced with other pertinent issues (Table three). It also briefly considers the key challenges boroughs identify in terms of spanning the potential gap between the rhetoric contained within policies and procedures and that underpinning professional practice and young people's realities.

Table 2: CSE policies/protocols in London boroughs[5]

	In existence?	If yes, when developed?
Strategy for tackling CSE	67% yes 30% in development 3% no	27% 0-3 months ago 27% 4-6 months ago 33% 7-12 months ago 13% over 1 year ago
Multi-agency action plan for tackling CSE	70% yes 23% in development 7% no	19% 0-3 months ago 19% 4-6 months ago 38% 7-12 months ago 24% over 1 year ago
Single-agency action plans for tackling CSE	30% yes 13% in development 53% no 4% don't know	17% 0-3 months ago 0% 4-6 months ago 67% 7-12 months ago 16% over 1 year ago
Local CSE guidance document/protocol	80% yes 13% in development 7% no	36% 0-3 months ago 14% 4-6 months ago 21% 7-12 months ago 29% over 1 year ago
Information sharing protocol re cases of CSE	60% yes 17% in development 23% no	33% 0-3 months ago 22% 4-6 months ago 22% 7-12 months ago 23% over 1 year ago
Outcomes framework for monitoring progress against CSE strategy/action plan	33% yes 37% in development 30% no	33% 0-3 months ago 33% 4-6 months ago 17% 7-12 months ago 17% over 1 year ago

<u>CSE Strategy</u>

6.3 As can be seen from Table 2 above, two-thirds (67%; n=20) of London boroughs reported having a strategy for CSE. All but one of the remainder identified such a strategy to be in the process of development.

6.4 The majority (87%; n=13) of the 15 boroughs who provided information as to when their strategy had been developed reported this to have been within the last year. Two boroughs reported a strategy having been in operation longer than one year.

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[5] Statistics have been rounded up/down to the nearest whole percentage and so do not always total 100%.

<u>Action plans for tackling CSE</u>

6.5 Just over two-thirds (70%; n=21) of the London boroughs reported having multi-agency action plans in place for tackling CSE; all but two of the remainder noted this to be in development.

6.6 Thirty percent (n=9) reported having single-agency action plans. Although at first reading these statistics may appear to indicate that every London borough has either single-agency (30%) or multi-agency (70%) action plans in place for tackling CSE, this is not the case. There is a degree of overlap across the two categories with eight boroughs reporting having both single and multi-agency action plans, and eight having neither currently operational (three noted both to be in development; three noted multi-agency plans to be in development but had no single-agency plans and two noted that neither were operational nor in development).

6.7 As with CSE guidance, most action plans for tackling CSE had been introduced within the last year: 76% of the 16 boroughs who provided information on the timescale of the introduction of their multi-agency CSE action plan noted this to have been introduced within the last year; as did 83% of the six boroughs who provided information on the timescale of their single-action action plans.

<u>Local CSE Guidance Documents/Protocols</u>

6.8 Four out of five (80%; n=24) London boroughs reported having a local CSE guidance document or protocol. All but two of the remainder noted this to be in development.

6.9 As is the case with the other policies and procedures outlined in this section, the majority (71%; n=10) of the 14 boroughs who provided information on the timescale of the introduction of their local CSE guidance documents noted these to have been introduced within the last year (see Table 2).

<u>CSE Information sharing protocol</u>

6.10 Three-fifths (60%; n=18) of London boroughs reported having an information sharing protocol in relation to cases of CSE. Five reported such a protocol to be in development, but almost one in four (n=7) reported no such plans.

6.11 Most information sharing protocols (77%; 7 out of 9 of those who provided information on timescales) had been introduced within the last year. All interviewees felt that information sharing had improved during this time. However this was felt to be as much the result of better professional working relationships and better multi-agency working as a result of MASE and other multi-agency groups, as it was the result of introducing an information

sharing protocol. Whilst the introduction of such protocols is critical to allaying the concerns of professionals working within this field, previous research has shown that it will only make a significant contribution where it is utilised alongside a lived commitment to effective and meaningful partnership working (Jago et al 2011). Interviewees identified a number of such ongoing issues that they felt needed addressed for information sharing protocols to make a significant contribution to tackling CSE. These included:

- Pertinent information held by statutory services not being consistently shared with voluntary sector partners (including problem profiles as previously highlighted);
- Inconsistent inclusion of voluntary sector agencies on multi-agency groups and panels; and
- Anxiety about sharing information due to concerns about how information would be used and the risk this may place young people at.

6.12 A number of interviewees highlighted particular progress in relation to information sharing within the field of health, noting that some health agencies were improving the ways in which information on CSE cases was being shared. In one area, for example, the CSE sub-group was chaired by Public Health. Drug and alcohol services were also co-located with sexual health provision within this area, and this, combined with the sub-group leadership from public health resulted in improved information sharing both between different arms of the health service and between health and external agencies such as children's social care.

Outcomes monitoring frameworks

6.13 In order to know whether policies and protocols are working effectively it is important that they are implemented within a framework that will be monitored and evaluated. The Office of the Children's Commissioner Child Sexual Exploitation in Groups and Gangs (CSEGG) Inquiry report identified that monitoring was an essential component of any response to CSE (Berelowitz et al 2013).

6.14 Outcome monitoring can be a challenge, particularly in an area of work where a number of external factors can affect the success of a particular approach. Outcomes may be dependent upon length of intervention and other variables impacting on the child's development (Scott and Skidmore 2006; Shuker 2013). However, an absence of any monitoring framework means that strategic leaders will be unclear as to the extent to which their strategic approach is being implemented or the impact that this is having.

6.15 In contrast to the other policies and procedures outlined above (which were operational in at least three-fifths of all the London boroughs), comparatively few London boroughs had an outcomes framework for monitoring progress against their CSE strategies and action plans. One in three (33%; n=10) reported having such a framework; all noted this to

be borough specific and, all but one, noted this to have been developed within the last year.

6.16 Although it is positive that a further nine boroughs noted that they were currently developing an outcomes monitoring framework, just over one in three (37%; n=11) did not report any such tool to be in existence or in development within their borough.

<u>Linkages with co-presenting issues</u>

6.17 It is well evidenced that cases of CSE often exhibit other co-presenting problems such as going missing, criminality, trafficking or gang-association (Beckett 2011; Brodie 2012; Berelowitz et al 2012, 2013; Beckett et al 2013, Firmin 2013, Melrose and Pearce 2013). It is therefore vital that policies and procedures governing local authority responses to CSE are linked to those governing other associated issues and not operating in isolation of these pertinent contextual factors.

6.18 Survey respondents were asked to provide information as to whether their strategic plan for tackling CSE was linked to their policy and operational responses to a series of associated issues (see Table 3). As can be seen from Table 3 below, the issues that CSE were most frequently linked with across the different boroughs were experiences of having been in local authority care or being 'looked after', going missing/running away and gang-association . It was less frequently linked to the experiences of children with disabilities, children from minority ethnic communities and unaccompanied minors; an issue that requires redress given the emerging evidence on connected risk.

6.19 A range of other issues were identified as being linked with CSE strategic planning within the free text section of this question. These included: social media/e-safety (n=2), mental health (n=2), substance misuse (n=2), homelessness (n=1), forced marriage (n=1), teenage pregnancy (n=1), missing from school (n=1), sexual bullying (n=1) and FGM (n=1). Whilst each of these issues were only identified by one or two boroughs, the fact that not all were asked to explicitly comment on these issues means this cannot be taken as a definite count of the prevalence of such linkages.

6.20 A number of interviewees clarified that linking these issues operationally has led some areas to identify sexually exploited children who may have otherwise remained hidden. One local authority interviewee, for example, stated that cases of CSE were being picked up by multi-agency groups dealing with other related issues such as missing, gang association or drug/alcohol misuse. Another borough has made the decision to co-locate a large number of their early intervention and youth offending services into one building (including sexual health, drug and alcohol services and the youth service) and reported sexually exploited children and those who were vulnerable to such abuse being identified across these services. Given the overlapping nature of these issues a number of

interviewees signalled a direction toward safeguarding vulnerable young people more broadly (with CSE considered alongside other safeguarding concerns).

Table 3: Links between CSE Strategic Plans and Related Issues

	Linked at both policy and operational level	Policy level only	Operational level only	Neither
Looked after children	62%	3%	17%	18%
Missing/runaway children	83%	0%	10%	18%
Children affected by gang activity	69%	3%	17%	11%
Children with disabilities	35%	7%	7%	51%
Children from minority ethnic communities	38%	3%	7%	52%
Young people involved in the criminal justice system	55%	3%	17%	25%
Trafficked children/young people	59%	0%	10%	31%
Unaccompanied minors	38%	3%	14%	45%
Domestic abuse or violence against women and girls	55%	7%	14%	24%

<u>Challenges in implementing policies and procedures into frontline practice</u>

6.21 As highlighted at the outset of this chapter, policies and procedures (when appropriately developed and implemented) provide an invaluable frame of reference within which all local agencies can locate their role and the comparative role of others in preventing and responding to CSE within their locale. Research and practice, however, consistently identify challenges in the translation of the commitments outlined in high level policies and procedures into professional practice and young people's lived realities (Derby SCB 2009; Beckett 2011; Jago et al 2011).

6.22 There are a myriad of potential reasons for this, and asked what challenges they face in implementing the CSE policies and procedures currently in existence in their borough into frontline practice, 26 boroughs responded with a wide range of issues. Those most frequently identified within this, which require focused consideration if the gap between policy sentiment and practical implementation is to be narrowed, were:

- Partnership working (n=12);
- Resources/capacity issues (n=8);
- Data collection (n=9);
- Identifying CSE (n=6);
- Professional awareness and understanding of CSE (n=7);
- Strategic leadership (n=6); and
- Staff turnover (n=3).

7. STRUCTURES OF IMPLEMENTATION

7.1 National safeguarding guidance (DCSF 2009, Department for Education 2011), research (Scott and Skidmore 2006; Pearce 2009; Beckett 2011; Jago et al 2011; Melrose and Pearce 2013) and the recent national OCC Inquiry (Berelowitz et al 2013) all state that a systemic multi-agency response is core to LSCBs and their constituent agencies effectively engaging with the challenge of CSE within their locale.

7.2 Local areas that rely on a sole agency, particularly a voluntary sector agency, to build and lead a response to CSE, will inevitably struggle to afford children the protection that they need (Berelowitz et al 2013). This is true of both CSE and other forms of child abuse (Munro 2011). They will hold only partial knowledge of the issue and they will be equipped to deliver only partial elements of a required response. A holistic response requires holistic ongoing engagement by all partners of relevance to the child, the perpetrator and their social worlds. Such effective engagement does not occur ad-hoc; it needs to be systemically integrated via multi-agency forums or the like with clear expectations of, and responsibilities, for relative partners.

<u>Multi-agency forums</u>

7.3 Survey respondents were asked to identify what multi-agency forums they had in place to assist them in their responses to CSE within their locale. Encouragingly, all reported that they had at least one of the strategic or operational multi-agency forums in place outlined in Table four below.

7.4 Six out of seven London boroughs have either a CSE specific LSCB sub-group and/or a LSCB sub-group that includes CSE within a wider remit. As can be seen from Table four above, three out of five (60%; n=18) London boroughs reported having a CSE specific LSCB sub-group; two more noted this to be in development. Similar proportions (63%; n=19) reported having a sub-group to the LSCB which had a remit incorporating CSE and other issues. Eleven boroughs, included in these figures, reported having both.

7.5 Just over two-thirds (68%; n=20) of London boroughs reported having introduced multi-agency sexual exploitation (MASE) meetings or the equivalent as part of their local response to CSE; two-thirds of those who provided information on the timescales of this, stated that these MASE meetings had been introduced within the last year.

7.6 Seventy percent (n=21) of London boroughs reported having multi-agency safeguarding hubs (MASH) or the equivalent in operation within their area. As with the MASE meetings, two-thirds of those who provided information on the timescales of this, stated that these had been introduced within the last year.

7.7

Table 4: CSE operational structures in London boroughs

	In existence?	If yes, developed when?
CSE specific sub-group to LSCB (sole focus on CSE)	60% yes 7% in development 33% no	13% 0-3 months ago 0% 4-6 months ago 33% 7 months-less than 12 months ago 40% 1 year-less than 2 years 13% 2 years – less than 3 years
Sub-group to LSCB with remit including CSE and other issues (e.g. missing)	63% yes 37% no	23% 0-3 months ago 0% 4-6 months ago 15% 7 months-less than 12 months ago 39% 1 year-less than 2 years 8% 2 years – less than 3 years 15% 3 years – less than 4 years
MASE meetings or equivalent	67% yes 23% in development 10% no	27% 0-3 months ago 33% 4-6 months ago 7% 7 months-less than 12 months ago 20% 1 year-less than 2 years 7% 2 years – less than 3 years 7% 3 years – less than 4 years
MASH or equivalent	70% yes 23% in development 7% no	33% 0-3 months ago 6% 4-6 months ago 28% 7 months-less than 12 months ago 22% 1 year-less than 2 years 6% 2 years – less than 3 years 6% 3 years – less than 4 years

CSE Co-ordinators

7.8 National safeguarding guidance, CEOP's 2011 thematic assessment into street grooming and the OCC Inquiry report (Berelowitz et al 2013) all identify the important role that CSE coordinators can play in developing and implementing strategic operational plans. Whilst multi-agency forums are an appropriate vehicle, someone needs to drive forward the response. A coordinator can take responsibility for bringing agencies together, sustaining partnerships, encouraging buy-in and guiding the local response to child sexual exploitation (see Jago et al 2011 for information on the specific roles undertaken by coordinators and examples from practice).

7.9 All but one London borough reported that they either had, or were in the process of establishing, some form of CSE coordinator role. One in four boroughs (23%; n=7) reported that they have an individual whose 'sole responsibility' it is to act as a CSE co-ordinator within the borough, with three more boroughs indicating that such a dedicated role is in

development. The details provided as to the nature of this individual's role would, however, cast doubt on whether the individuals identified as holding this portfolio do so as their 'sole responsibility' in all of these cases. On the basis of the information provided, it would appear that four or five of the seven may hold CSE as part of a wider portfolio, rather than having an exclusive portfolio for this issue.

7.10   All but one of the remaining boroughs[6] who did not reporting having a dedicated CSE role stated that they either had, or were currently establishing, a lead contact for CSE who works on the issue as part of a wider portfolio. The vast majority of those identified as holding these roles fell into the following three categories:

- Safeguarding/Child Protection Managers or Advisors
- LSCB Business Managers
- Quality Assurance Managers

CSE Agency Leads

7.10 Dedicated CSE leads across agencies are also identified as good practice in terms of ensuring a proactive response to CSE both within, and across, agencies (Jago et al 2011). As can be seen from Table five, the agencies who most often had a dedicated CSE lead were statutory children's services (83%) and the police (80%). Whilst there is still some way to go in increasing the engagement of agency leads across all of the disciplines, the one obvious omission at this point is the Crown Prosecution Service, with only one borough reporting that they had a dedicated CSE lead in this agency.

Table 5: Dedicated CSE leads in individual agencies (in order of prevalence)

	Yes	In development	No	Don't know
Statutory children's services	83%	7%	10%	0%
Police	80%	17%	3%	0%
Voluntary sector provider	71%	11%	18%	0%
Youth Offending Teams	70%	10%	20%	0%
Education	67%	23%	10%	0%
Health	60%	23%	13%	4%
Youth service	53%	10%	33%	4%
CPS	3%	7%	73%	17%

Partnerships with voluntary sector

7.11 Just under three-quarters (70%; n=21) of respondents had some form of formal partnership with a voluntary sector agency for tackling CSE within their borough. Within this

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[6] This one borough did not provide an answer to this question

- 48% (n=14 out of 29 responses) had a partnership for engagement on strategic group;
- 67% (n=18 of 27 responses) had a partnership for engagement on operational group; and
- 70% (n=19 of 27 responses) had a partnership for service delivery.

7.12 The voluntary sector agencies most frequently identified by the 19 respondents who provided such information were:

- Barnardo's (n=11);
- Safer London Foundation (n=6);
- NIA (n=3);
- NSPCC (n=2); and
- Children's Society (n=2).

7.13 Thirteen other voluntary sector providers were identified by individual boroughs –these included VAWG organisations, generic youth providers, missing services, creative arts groups, addiction services and victim support groups.

7.14 Two-thirds (67%; n=14) of the 21 boroughs who reported having a voluntary sector partnership, said that they funded this partnership. All ten boroughs who provided detail on the nature of this funding stated that this was for service delivery.

7.15 Statutory contributors in the main were very positive about their voluntary sector partners, noting them to make a positive contribution to local efforts to combat CSE. Specific reference was made in both interviews and surveys to the subject specific expertise they contributed and the benefits of being seen to be independent of statutory services when working with young people. Although consistent in welcoming the fact that these partnerships exist, voluntary sector interviewees had variable interpretations about the quality of partnerships between voluntary and statutory agencies in different boroughs. Specific concerns were raised by some about the relative responsibilities of statutory and voluntary sector providers, the degree to which voluntary sector contributions were embedded in systemic responses to the issue, specifically in relation to meaningful engagement in information sharing and the planning and delivery of local responses. This is an issue that requires further investigation in taking forward the findings of this work, as effective voluntary sector partnerships are consistently recognised as key to an effective local response to CSE (Jago et al 2011; Berelowitz et al 2013; London Safeguarding Children's Board et al 2014).

<u>Funding CSE work</u>

7.16 All respondents were asked to identify whether they have had to redirect allocated funding from other areas of work to develop their work on CSE post 2009. One in ten (11%; n=3) of the 27 respondents who answered this question reported this to be the case, noting the impacted areas to be Violence against Women and Girls work, gangs work and care placements. Three-quarters (n=74) stated that their CSE work had not required redirection of allocated funds, whilst the remaining 15% (n=4) stated that they did not know if this was the case.

8. TRAINING AND AWARENESS RAISING

8.1 Tackling CSE requires a planned and sustained training and awareness raising programme across a range of pertinent partners so that knowledge about how to identify, respond and protect children, and hold perpetrators to account, is comprehensively disseminated across all potential channels of identification and response (Jago et al 2011; Berelowitz et al 2013; House of Commons Home Affairs Committee 2013). Information about vulnerabilities to, and indicators of, CSE should form a part of this, as should straightforward information about where to report concerns and seek support. Such knowledge must be disseminated across all professionals potentially engaging with children and young people, young people themselves, their parents/carers and the wider community.

Figure 1: Proportions of boroughs delivering training/awareness raising
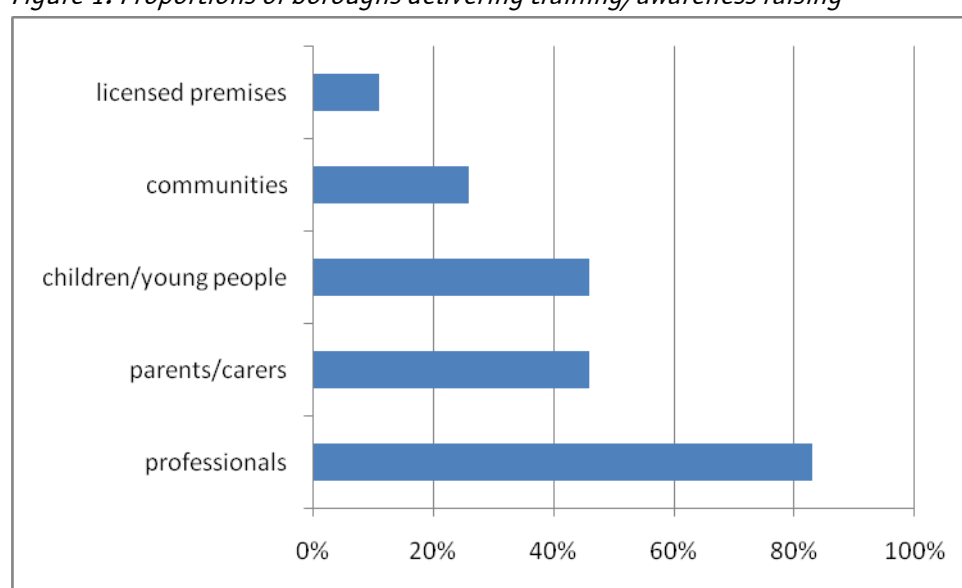
Training of professionals

8.2 Just over four-fifths (83%; n=24) of LSCBs include CSE in their general safeguarding training, with three more noting this to be in development.[7] Just under half (46%; n=11) deliver this through a combination of single-sector and multi-agency training, whilst the remainder deliver all such training on a multi-agency basis.

8.3 The same proportion (83%; n=24) offer bespoke training on CSE for professionals, with four more noting this to be in development.[8] Whilst there is a significant degree of overlap between those offering CSE in their general safeguarding training and those offering bespoke CSE training, there is some degree of difference - three of the LSCBs who include CSE in their general safeguarding training are still developing bespoke CSE training, whilst

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[7] One does not include CSE in their generic safeguarding training, one stated that they didn't know if this was the case and one did not answer the question.
[8] One said they did not offer bespoke CSE training and one did not answer the question.

one LSCB who did not incorporate CSE in generic safeguarding training and two LSCBs who were still in the process of this, offered bespoke CSE training.

8.4 Each of the 24 LSCBs who were reported to offer bespoke CSE training stated that they do so on a face-to-face basis, either exclusively (88%; n=21) or in conjunction with e-learning (12%; n=3). All also report delivering it on a multi-agency basis, either exclusively (54%; n=13) or alongside single-sector training (46%; n=11).

8.5 The most frequently identified source of training was in-house in conjunction with either a voluntary sector (25%; n=6) or private sector provider (21%; n=5). A further four LSCBs (17%) delivered all specialist CSE training in house, whilst the remainder delivered all their CSE training through an external training provider from either the voluntary (25%; n=6) or private sector (13%; n=3).

Figure 2: Proportions of London LSCBs who have delivered CSE training to different professions
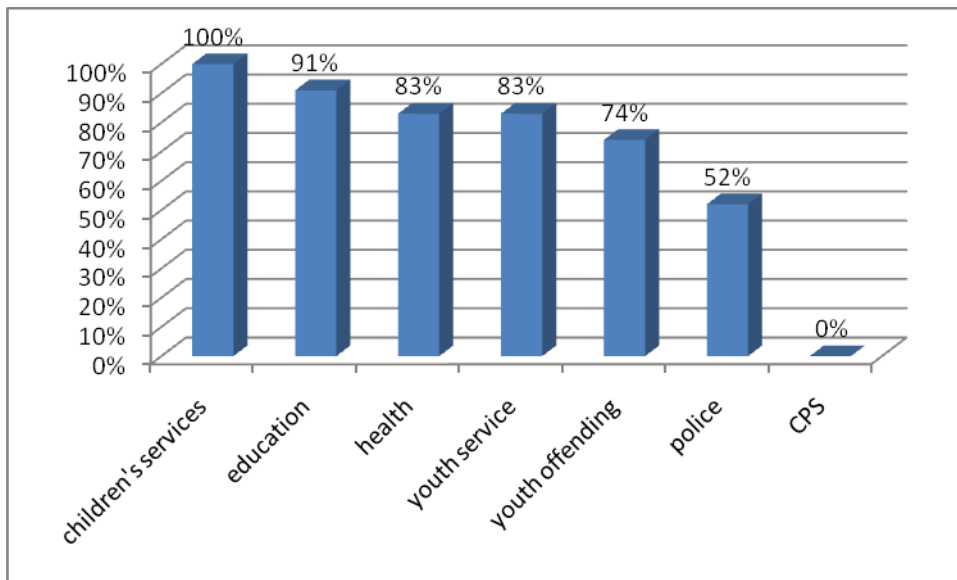
8.6 As can be seen from Figure two above, the professional groupings identified by survey respondents as having received most specialist CSE training from LSCBs across London are children's services (trained in all boroughs), education (trained in 91% of boroughs), health and the youth service (trained in 83% of cases). No borough reported having delivered specialist CSE training to Crown Prosecution Service staff, and only half (52%) reported delivering such training to police in their local area,[9] although this is not to say that these agencies are not addressing this training need internally.

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[9] Figures calculated from 23 returns; one did not provide this information.

8.7 Just under one quarter (23%; n=11)[10] of survey respondents knew of other CSE training being delivered by other providers within their area. Just over half (55%; n=16) of boroughs reported incorporating CSE in training on other specific issues. The training most frequently identified in this regard included that on gangs (n=11), trafficking (n=5) and missing (n=5).

8.8 Although the significant levels of professional training going on are to be welcomed, the degree to which this is fit for purpose and/or influencing practice on the ground remains unclear. Whilst another third (31%; n=8) indicated future plans to do so, only 38% (n=10) of boroughs said that they had evaluated any of the training that was delivered for professionals.[11]

Awareness-raising with parents/carers

8.9 In contrast to the numbers of boroughs providing CSE training for professionals, just under half (46%; n=12) of the 26 respondents who completed the section on awareness-raising with parents/carers reported their LSCB to have undertaken any such initiatives. A further nine boroughs reported this area of work to be in development, but the remaining five who responded to this question reported no such plans.

8.10 Nineteen boroughs (12 who had previously undertaken awareness raising with parents/carers and 7 who were in process of developing this) provided information on the methods utilised. Just over half (52%; n=10) of these boroughs used leaflets/posters, whilst 37% (n=7) used online materials and training courses. Only two offered these materials in any language other than English.

8.11 Just over two-thirds (68%; n=13) of LSCB awareness raising campaigns with parents/carers were exclusively run in-house. A further four were run jointly with voluntary or private sector providers, whilst one was exclusively run by a private sector agency and one was run by parents themselves. Just over half (53%; n=10) of the parent/carer awareness work utilised only borough-specific materials, whilst 21% (n=4) used only materials that were part of a wider campaign and the remainder used a combination of both.

8.12 Parent/carer awareness raising initiatives were even less likely to have been evaluated than professional training initiatives. Only one borough reported having done this to date. Eight other reported plans to do so in the future.

8.13 One interviewee described an interesting awareness raising initiative that the local authority was developing in partnership with a local BME voluntary sector organisation, whereby they co-delivered CSE awareness-raising training to BME parents. The interviewee

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[10] Calculated from 29 cases; one did not reply to this question.
[11] Calculated from 26 cases; four did not supply this information.

was clear that a face-to-face approach delivered in partnership were deliberate tactics, and that leaflets would not have been as effective both for reasons of literacy and in terms of facilitating dialogue around the issue; issues worth considering for those other boroughs who highlighted a stated commitment to such awareness raising in the coming year.

Awareness-raising with children/young people

8.14 Just under half (46%; n=13) of the 28 boroughs who completed the section on awareness raising with children/young people reported their LSCB having undertaken any such initiatives. A further seven boroughs said that this was an area of work that was in development. Seven more reported no such plans and one did not know.

8.15 Sixteen boroughs (13 who had previously undertaken awareness raising with children/young people and three who were in process of developing this) provided information on the methods utilised. Half (50%; n=8) of these boroughs used leaflets/posters. The same proportion used online materials, whilst 38% (n=8) used some form of training course. Only one offered these materials in any language other than English.

8.16 Just over half (56%; n=9) of awareness raising campaigns were exclusively run in-house. A further five were run jointly with voluntary sector providers, whilst two were exclusively run by a voluntary sector agency. Two-thirds (65%; n=11) of the awareness work for children and young people utilised only borough-specific materials. One used only materials that were part of a wider campaign and the remainder used a combination of both. Only two boroughs reported having evaluated any aspect of their awareness raising work with children and young people.

8.17 Although survey responses indicated that the education sector was engaged in multi-agency partnerships, and were a source of CSE referrals, a number of interviewees and survey respondents highlighted inadequate engagement on the part of schools as a barrier to awareness-raising with young people. In short, whilst some schools are positively engaged in referring children into CSE systems where they have concerns, they are not always positively engaged with preventative and awareness-raising CSE activities (only 17 of the 30 survey respondents reported awareness of any school-based initiatives in relation to CSE in their area).

Awareness-raising within and with communities

8.18 Awareness raising activities with communities, beyond individuals as parents and carers, was even less likely to have been implemented than those with parents/carers or children/young people. One quarter (26%; n=7) of the 27 boroughs who completed the section on community based awareness-raising reported their LSCB having undertaken any such initiatives. A further six boroughs said that this area of work was in development; the

remaining 14 who responded to this question either did not know (n=1) or reported no such plans (n=13).

8.19 Nine boroughs (7 who had previously undertaken community awareness-raising and two who were in process of developing this) provided information on the methods utilised. Four used some form of training course; 3 used leaflets/posters and 3 used online materials. Two offered these materials in any language other than English.

8.20 Three-fifths (60%; n=6) of awareness raising campaigns were exclusively run in-house; one was run by a voluntary sector provider and the remaining two were jointly run by statutory and voluntary sector partners. The majority (78%;n=7) of community based initiatives utilised only borough-specific materials, one used only materials that were part of a wider campaign and the other used a combination of both. Three boroughs reported having evaluated any elements of their community based awareness raising work.

Awareness-raising with licensed premises

8.21 Research has identified that some of the areas who had the most progressive response to CSE had run awareness-raising sessions with licensed premises in addition to statutory professionals (see Jago et al 2011 and Berelowitz et al 2013). Nationally this is viewed as an important component to preventing and identifying CSE given that licensed premises have been associated to models of both commercial and opportunistic exploitation.

8.22 Only three boroughs reported having undertaken any targeted awareness raising work with licensed premises, although a further six did state that such plans were in development. All three reported this to have taken the form of leaflets/posters; borough specific in two instances and part of a wider campaign in the remaining one. None of these initiatives had been subject to any form of evaluation.

9. IDENTIFICATION AND EARLY INTERVENTION

9.1 Children who are vulnerable to being exploited, or are being exploited, are not likely to voluntarily seek support or initiate a disclosure. As with other forms of sexual abuse, the result of grooming, fear of reprisals, an inability to see oneself as abused and exploited, and not knowing what help is available are all reasons why children who are being exploited do not seek help. Children who may not consider themselves vulnerable are not best placed to identify their own vulnerability or know what support will build their resilience or protective factors. Therefore, in order to prevent the sexual exploitation of children, and to identify those who are already being abused, research and policy promotes that areas take a 'proactive' approach (Scott and Skidmore 2006; Pearce 2009; Beckett 2011; Jago et al 2011; Melrose and Pearce 2013).

Vulnerability factors

9.2 Any child can be sexually exploited. Sexual exploitation is caused by the individuals who exploit children and the societal/environmental factors which create the conditions within which abuse occurs. A child, or their vulnerability, is never the cause of their own abuse, and children without pre-existing vulnerabilities can be abused (Beckett 2011; OCC 2012).That said, a child's individual characteristics or those of their family, their peer group, school, or neighbourhood can be exploited by those who seek to abuse them, and as a result some children are recognised to experience heightened vulnerability to abuse than others.

9.3 Given that these vulnerabilities can be exploited, a proactive approach to child sexual exploitation would involve identifying children with recognised vulnerabilities and undertaking additional resilience building work with them. Four-fifths (83%; n=25) of London boroughs reported having a set of vulnerability factors that they used to proactively identify children at risk of CSE within their area. These were drawn from a range of sources including the Office of the Children's Commissioner (n=11), the 2009 DCSF Guidance (n=9), the pan-London protocol (n=3), the LSCB toolkit (n=3) and Barnardo's (n=2).

9.4 Asked if any of the vulnerabilities identified within these lists were particular pertinent in their area, respondents identified three particular issues: looked after children/care leavers (64%; n=16), missing (64%; n=16) and gangs (32%; n=8).[12] These mirror the issues identified within the problem profiles outlined in section 5, but as can been seen by the numbers cited here, on a much wider scale; although given previous answers in the survey it appears likely that these are 'perceptions' rather than evidence-based assertions.

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[12] Calculated from the 25 cases who reported having a set of vulnerability factors used to identify risk of CSE.

<u>Identification of concerns by profession</u>

9.5 Asked to identify the top three sources of referrals for concerns about children who are at risk of, or vulnerable to, CSE, the professions most frequently cited by the 26 boroughs who responded to this question were children's services (96%; n=25), police (81%; n=22) and education (50%; n=13). One in four boroughs identified issues with sectors not referring in concerns, but the specific sectors referenced varied across boroughs. This is, however, something that merits further attention at a local level.

Figure 3: Sources of referrals of children at risk of/vulnerable to CSE
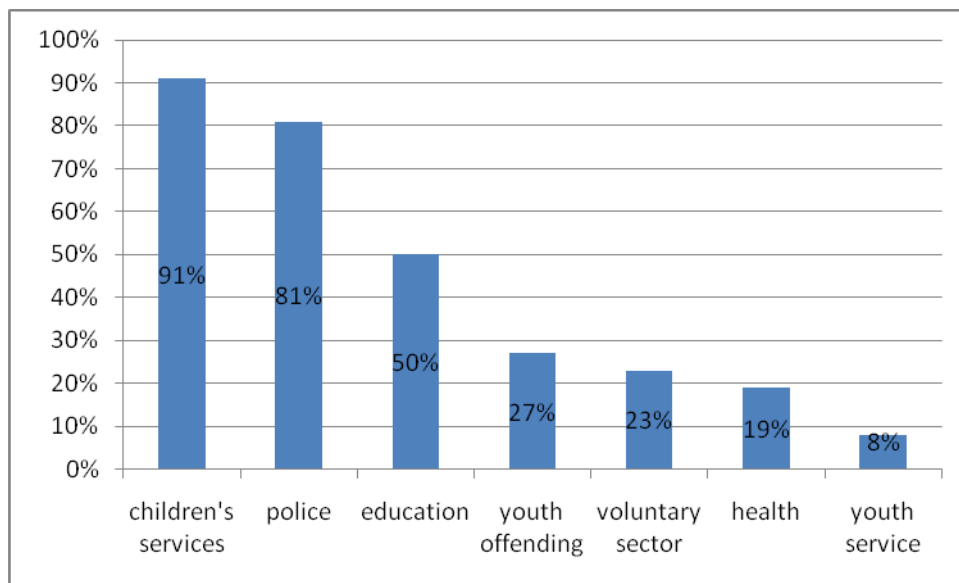
<u>Assessing and responding to risk</u>

9.6 Just under three-quarters (70%; n=21) of London boroughs reported having a common risk assessment tool in use across agencies for assessing children who are at risk of CSE. Five other boroughs reported this to be in development whilst two had no such model and two did not provide any answer. Just under two-thirds (62%; n=13) of the London boroughs who had a common CSE risk assessment tool reported this to be a pan-London version; the remaining eight boroughs used a locally developed risk assessment tool.

9.7 In terms of responding to identified risk, three-quarters (76%; n=22) of London boroughs said that they had a multi-agency operational forum in which cases of children at risk of CSE are discussed; six more reported such a system to be in development.[13] Just under three-quarters (72%; n=18) of these multi-agency operational forums[14] had a sole focus on CSE; CSE was addressed alongside other concerns in the remaining 28%.

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[13] One said there was no such system and one did not provide any answer.
[14] Based on 25 cases (22 in existence; 6 in development)

9.8 As can be seen from Figure four below, there was high level representation from children's services, police, education, health and youth offending across these multi-agency operational forums. Youth service representatives were engaged in just over half of the London boroughs, as were voluntary sector providers.

Figure 4: Agencies represented on multi-agency operational forum
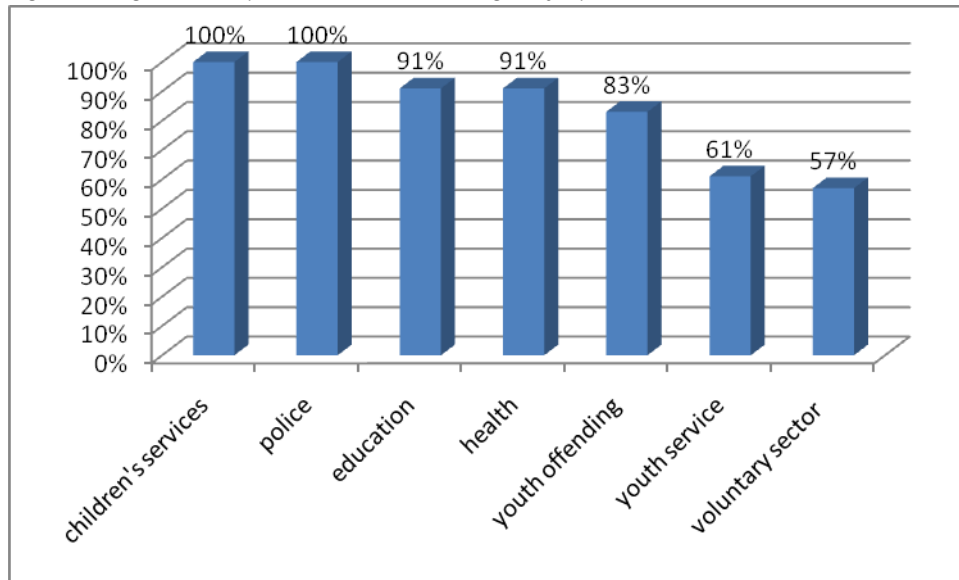

Support available post identification of risk

9.9 Survey respondents were provided with a list of options and asked to identify all of those that were available when concerns were identified about a child being at risk of CSE (see Figure five).[15]

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[15] Percentages calculated from the 27 surveys in which these questions about available support were answered.

Figure 5: Support available post identification of concerns about CSE
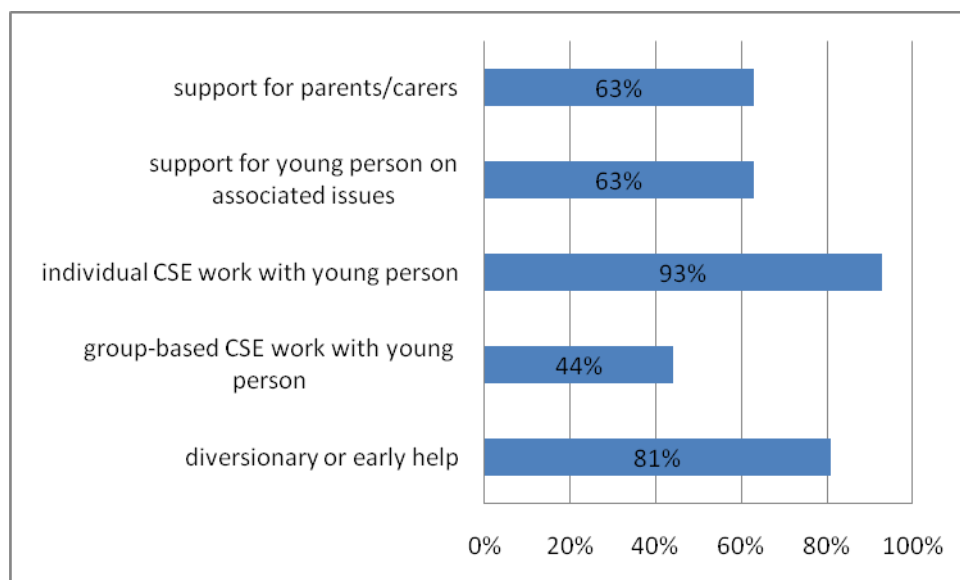
9.10 As can be seen from Figure five above, diversionary or early help was reported to be available within four out of five (81%; n=22) London boroughs. The 14 boroughs who provided information on the source of such support variably noted a combination of children's services, youth services, multi-agency teams, voluntary sector providers, police and youth offending. Some interviewees provided concrete examples of targeted early intervention. One such example is the provision of a targeted sexual health worker focusing on schools in known areas of particular concern in relation to teenage pregnancy, delivering targeted group work education to build resilience amongst young people and promote understanding of consent, and including reference to CSE in this conversation.

9.11 CSE focused individual work with young people was reported to be available in virtually all London boroughs (93%; n=25), whilst group-based CSE work was available in just under half (44%; n=12). The vast majority of both individual and group-based CSE work was delivered by voluntary sector providers, but individual work was also noted to be delivered by CAMHS and children's social care. Support for associated issues, available in just under two-thirds (63%; n=17) of boroughs, was more likely to be provided by statutory services including children's services, youth services and CAMHS, although voluntary sector providers were noted to deliver this in five boroughs.

9.12 Support for parents/carers was noted to be available in just under two-thirds of boroughs (63%; n=17). As with support for associated issues, this was primarily delivered by statutory services although three boroughs did report utilising voluntary sector providers to deliver this support.

<u>Good practice and required improvements in relation to early intervention</u>

9.13 Thirteen boroughs availed of the 'free text' opportunity to identify areas of good practice in relation to early intervention within their local areas. The following issues were highlighted by two or more boroughs:

- The role of multi-agency working (n=5);
- The contribution of the voluntary sector (n=3);
- Work on missing/runaways (n=2);
- Work with schools (n=2);
- Work with families (n=2);

9.14 Asked to identify any particular areas where they felt early intervention could be improved, thirteen boroughs also responded (ten the same as above; three different). The issues most frequently highlighted by these respondents were:

- Better professional awareness and identification (n=4)
- Work with schools (n=4)
- Support options available when concerns are identified (n=3)
- Awareness raising work with parents/carers (n=2)
- Data collection/profiling (n=2)

10. RESPONDING TO SUSPECTED/CONFIRMED CSE CASES

10.1 In addition to the vital preventative work previously outlined, there is an evidenced need for targeted intervention with and specialist ongoing support for young people who are suspected of, or known to be, experiencing abuse through CSE. Protecting children who are being sexually exploited, both from the current abuse and potential future revictimsation, requires enduring support and partnership (Scott and Skidmore 2006; Harris and Robinson 2007; Beckett 2011). Once a victim has been identified as being sexually exploited agencies need to ensure that they collectively:

- Ascertain the nature of exploitation and the risk that needs to be addressed within this context;
- Protect that child from on-going abuse and exploitation;
- Disrupt and prosecute perpetrators and prevent the abuse from occurring again (of that child or any other child); and
- Address the impact that the exploitation has had on the child and address the potential for re-victimisation.

Thresholds for statutory intervention

10.2 Seventy per cent (n=21) of London boroughs stated that they have a standard assessment tool used to identify thresholds for statutory intervention in CSE cases. A further four boroughs noted this to be in development; two had no such common template, one did not know and two did not provide any answer. The risk assessment tools used to identify thresholds for statutory intervention in CSE cases were primarily generic child protection tools such as CAF or Section 47 assessments (n=15), but six boroughs did report using CSE specific assessments.

10.3 Interviewees (both statutory and voluntary sector) raised a number of concerns about the risk assessment processes currently being utilised in terms of (a) consistency of thresholds for intervention across boroughs; (b) potential for over-reliance on an assessment tool in isolation from the exercise of professional judgement and (c) different interpretations of risk across agencies and the potential for de-escalation on the part of one agency to affect provision of services by another. As with other interviewee contributions, these concerns merit further investigation to determine the degree to which they apply across other areas.

Management of CSE cases

10.4 As would be expected, children's social care were identified as holding primary responsibility for managing CSE cases within each of the 27 London boroughs who provided information on who held operational responsibility, and responsibility for reviewing progress and closing cases. Police were also identified as holding responsibility for one or more of these elements in 23 boroughs, as were health, education and the youth service in 15 boroughs, youth offending in 17 boroughs and the voluntary sector in 12 boroughs.

10.5 Just over three-quarters (77%; n=23) of London boroughs currently use multi-agency planning (MAP) meetings to manage CSE cases. A further four boroughs note this to be in development. [16] Other multi-agency forums noted as being used to manage CSE cases across the London boroughs include:

- MASE meetings (n=7)
- Child protection conferences (n=7)
- MASH (n=5)
- Multi-agency strategy meetings (n=4)
- Missing panels/groups (n=3)
- Section 47 meetings (n=3)
- LAC reviews (n=2)

10.6 Interviewees from both the statutory and voluntary sectors welcomed multi-agency groups, in particular the use of MASE and MAP meetings to have strategic overview and manage CSE cases across a partnership, and noted significant progress in this regard so long as the composition of the group was appropriate both in terms of agency representation and understanding of, and commitment to, the issue of CSE. Whilst voluntary sector partners were keen to be appropriately involved in these forums, some did exercise caution about over-reliance on their role in the absence of the concurrent statutory leadership, investment and accountability.

Support for victims of CSE

10.7 Table six below shows the percentage of London boroughs in which different forms of support for victims of CSE were reported to be available. [17] As can be seen from columns one and two of the Table the forms of support most frequently available across the boroughs were individual therapeutic support (93%; n=25), sexual health/relationship education (89%; n=24) and drug/alcohol support (89%; n=24).

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[16] One did not know, one did not answer and one did not use these.

[17] Proportions are calculated from the 27 boroughs who provided responses to these questions.

Table 6: London boroughs offering different forms of support for victims of CSE

	Available	Not available	Don't know
Individual therapeutic work	93%	7%	0%
Group based therapeutic work	37%	55%	7%
Family counselling	59%	41%	0%
Youth work support	70%	30%	0%
Education/training/employment	55%	33%	11%
Sexual health/relationship education	89%	11%	0%
Drug/alcohol support	89%	11%	0%
Supported placements	67%	30%	3%

10.8 The two most frequent sources of therapeutic support were CAMHS (n=14) and voluntary sector providers (n=12). Voluntary sector providers were the main provider of group-based therapeutic work, whilst CAMHS were the main providers of family counselling. Sexual health and relationship education were delivered via a range of sources including health services (n=10), schools (n=9), the voluntary sector (n=6) and the youth service (n=3). Drug and alcohol support were provided by both statutory and voluntary sector providers.

10.9 Respondents were asked to provide additional information about time-limits and upper age limits for support, but the low levels of response to these questions do not facilitate further comment on these aspects.

Use of local authority care, out of area placements and/or secure accommodation

10.10 Half (50%; n=15) of the survey respondents said that their borough had secured a young person on welfare grounds as a result of concerns about CSE since 2009; eight had not, three did not know and four did not provide an answer. Three-fifths (60%; n=18) had placed a young person in care as a result of concerns about CSE since 2009; three had not, four did not know and five did not provide an answer. Two-thirds (67%; n=20) had moved a young person out of area as a result of concerns about CSE during the same time period; one had not, three did not know and six did not provide any answer. Table 7 below provides an overview of the numbers of times boroughs reported implementing these measures, and the age range of children they were instigated in relation to.

Table 7: Number of boroughs utilising local authority care, out of area placements and/or secure accommodation

	Secured on welfare groups because of concerns about CSE	Placed in care because of concerns about CSE	Moved out of area because of concerns about CSE
Once	5	3	4
Twice	4	0	2
Three times	2	2	4
Four times	1	2	0
Five times	0	1	1
Six times	1	1	2
Seven times	0	1	1
Eight times	0	0	1[18]
Nine times	0	0	0
Ten times	0	1[19]	1
Total number of reported occasions	*29 times across 13 boroughs*	*45 times across 11 boroughs*	*66 times across 16 boroughs*
Cannot specify exact number	1	4	1
Did not provide any answer re prevalence	1	3	3
Age-range of children[20]	12-17 years	10-18 years	10-18 years

10.11 While moving a child away from their home authority may the only way in which they can be protected, some interviewees raised concern about the message this gave a child and the potential for support for the child to cease once they left the borough within which the support had been commissioned. On a more positive note, one voluntary sector provider did share an example of a local authority continuing to fund them to support a young person outside of the London area after such a move had happened.

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[18] Actually reported as 5-10 times, but average of 8 counted for purposes of calculation
[19] Actually reported as 8-12 times but average of 10 counted for purposes of calculation.
[20] The manner in which this was reported does not allow any further breakdown of these figures.

10.12 Survey respondents were asked to provide information on the number of times that they have received notification of, or conducted, a serious case review (SCR) since 2009 with (a) CSE as the primary reason and/or (b) where CSE was a feature. No borough had undertaken an SCR with CSE as the primary reason; two had undertaken such a review where CSE was a feature.[21]

Challenges supporting victims

10.13 Survey respondents were asked to reflect on the challenges their area faced in terms of supporting victims of CSE. A total of 25 respondents provided a response to this free text question. The key challenges identified within their responses reflect those identified in other research and include:

- Identifying victims (n=9);
- Resources (n=9);
- Young people not seeing themselves as a victim (n=7);
- Not knowing the scale of the issue (n=3);
- Cross-borough working (n=3);
- Getting young people to access support and/or remain engaged in services (n=3); and
- Identifying perpetrators (n=2).

10.14 Interviewees identified similar challenges, in particular the need to improve cross-borough working and develop pan-London resourcing of services. The identification and disruption of perpetrators was also raised as an issue of concern in most interviews. Interviewees were concerned that while they were focusing on supporting sexually exploited children there was, in some areas, little activity undertaken to identify and disrupt perpetrators.

Identification and pursuit of perpetrators

10.15 Service responses to CSE cannot, of course, be solely focused on young people. Effective protection of children and young people from CSE must also entail proactive identification and pursuit of perpetrators (Jago and Pearce 2009; Jago et al 2011; Beckett 2011; Berelowitz et al 2013).

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[21] One borough initially reported having undertaken an SCR with CSE as the primary reason but when this was explored further in a follow-up interview it transpired that the survey had been incorrectly. It transpired that CSE had been identified as an issue of concern in one of these four SCRs, but had only done so post commencement of the process, which was actually initiated in relation to concerns about the young woman's child. Readers using the preliminary findings presentation shared in Dec 2013 should note this change in data.

10.16 Three-fifths (60%; n=18) of London boroughs reported having a specialist police response as part of their CSE case management system.[22] Fourteen provided information as to the nature of this response, which included:

- Identified police CSE leads (n=5)
- Managed through MASE panel or equivalent (n=5)
- Use of the pan-London protocol (n=4)
- Specialist police unit (n-3)

10.17 Asked to describe the police pathway for CSE cases within their borough, ten boroughs (including the four above) reported this to be that outlined within the pan-London protocol. The remaining fourteen respondents who provided information in response to this question identified a range of specific procedures including referral to MASH or equivalent, referral to Child Abuse Investigation Teams (CAIT), referrals to children's social care and management through police missing procedures.

10.18 Some survey respondents and interviewees identified a degree of confusion about the difference between borough and pan-London policing and relative responsibilities within this. They were, however, conscious that the new CSE operating protocol was due to be implemented and hoped that this would make a difference in areas where the felt the policing response to be less developed.

Identification of perpetrators

10.19 Asked what initiatives had been undertaken to identify potential perpetrators within their local area, 21 boroughs provided information on actions taken in this regard (two boroughs did not provide any answer and seven more noted in the free text that this was an area of work in which they struggled and/or responses were in their infancy).

10.20 The following initiatives were most frequently identified by the 21 boroughs that highlighted initiatives focused on identifying potential perpetrators:

- Sharing of information/intelligence (n=6);
- Some degree of problem profiling or perpetrator identification (n=5);
- Considered through CSE multi-agency meetings (n=5);
- Addressed through offender management structures (n=3).

10.21 Asked if they had identified any particular patterns in relation to who was perpetrating CSE within their area, 18 boroughs provided a response. The issues identified within these were:

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[22] Six stated they did not have such a system, four did not know and two did not answer.

- Peer on peer exploitation (n=10) ;
- Gang-associated sexual violence and exploitation (n=6) ;
- CSE by organised crime groups (n=2);
- Internet-based CSE (n=1);
- 'Older boyfriend' model (n=1);
- Links between CSE and drug dealing (n=1).

<u>Responding to perpetrators</u>

10.22 All respondents who provided such information identified the police as leading the response to identified perpetrators. Sixteen noted the police to do so exclusively; 11 noted them to do so in partnership with probation services, offender management panels, children's social care and/or youth offending services.

10.23 Asked what activity had then been taken to prevent potential perpetrators from exploiting children in their area, only half of survey respondents provided any answer. Eight boroughs reported use of police disruption techniques and two reported arrests. One stated that they used existing offender management structures to respond to this, one responded with intelligence gathering, one with the establishment of an operational panel and one noted early intervention via a multi-agency team (but did not clarify the focus of this work).

10.24 Specifically asked if they had ever used any of the following techniques to disrupt suspected perpetrators, half (n=15) reported use of at least one.[23] Nine boroughs reported use of child abduction notices and five pursued prosecutions for other (non-sexual) illegal activities. Three reported use of harassment notices and the same number reported using licensing arrangements as a means of disrupted suspected perpetrator activity. One borough also noted use of offender management systems as a means of disruption and control.

10.25 Just over half (57%; n=17) of respondents reported one or more criminal investigations in relation to CSE within their borough. Three noted such an investigation to be in development; two reported no such investigations, six did not know and two did not provide any answer. The nature of the cases identified within this included both group-based CSE and individual perpetrator cases, and cases perpetrated by peers and/or adults.

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[23] Four did not provide any answer and the remaining 11 did not report use of any of these.

10.26 Eight boroughs reported having had prosecutions for CSE within their area.[24] Five specified that these had resulted in convictions; the outcome was not specified in the remaining three cases.

Challenges in identifying, disrupting and prosecuting suspected perpetrators

10.27 The identification, disruption and prosecution of suspected perpetrators was a consistently identified source of frustration across the majority of survey respondents and interviewees. Asked to identify what the particular challenges were in relation to this, 22 respondents provided a response. The nature of the challenges identified varied somewhat but common themes within these included:

- Reluctance of victims to report/identify perpetrators (n=18);
- Evidential challenges (n=7);
- Multi-agency working and information sharing (n=6);
- Resourcing (n=5); and
- Professional awareness and understanding (n=3).

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[24] Ten reported no such prosecutions, ten did not know and two did not provide an answer.

11. OVERALL SELF-ASSESSMENT

11. 1 The final section of the survey asked respondents to consider the information they had provided thus far and reflect on:

- The three most effective aspects of their current response to CSE;
- The three most pressing challenges they face in responding to CSE within their borough;
- The three next steps they would like to implement in responding to CSE within their area.

Most effective aspects of current response

11.2 Twenty eight respondents identified what they believed to be the three most effective aspects of their current response to CSE. A number of common themes emerged within this:

- Training/awareness raising amongst professionals (n=17);
- Leadership and direction provided by LSCB and/or LSCB CSE sub-group (n=13);
- CSE specific multi-agency forums (n=6);
- Other multi-agency safeguarding forums (n=13);
- Multi-agency working (n=11);
- CSE strategy (n=5).

Most pressing challenges

11.3 Chapters six and ten have already highlighted some of the specific challenges associated with implementing CSE policies and procedures into practice, protecting victims and pursuing perpetrators. Considering the issue of challenges from a more holistic perspective, six significant themes emerged amongst the 28 respondents who provided answers to the question of the three most pressing challenges impacting upon their ability to effectively respond to the issue of CSE at this time. These inter-related issues were:

- Capacity/resources (n=15)
- Identification, disruption and prosecution of perpetrators (n=10)
- Identifying victims (n=8)
- Support for victims (n=8)
- Lack of knowledge about nature/extent of issue in area (n=7)
- Community engagement (n=6)
- Multi-agency working (n=5)

<u>Next three steps</u>

11.4 Recognising the challenges and developments outlined above, survey respondents were asked to identify the three next steps they would like to see implemented in order to improve responses to CSE within their borough. The degree of specificity provided within the answers varied considerably but the following common themes emerged within them:

- Develop awareness raising initiatives beyond existing focus on professionals (n=16)
- Local mapping of issue and/or data collection (n=16)
- Embed strategies into practice (n=8)
- Further develop MASH, MASE and other multi-agency panels (n=8)
- Develop support for young people at risk of/affected by CSE (n=7)
- Identify and embed CSE leads across agencies (n=4)
- Evaluate existing initiatives/develop outcomes monitoring framework (n=3)
- Develop cross-borough working (n=3)

12. CONCLUSIONS AND AREAS FOR FURTHER WORK

12.1 This report has provided a snapshot of current responses to CSE across London. Although there is clearly further progress required, the findings encouragingly demonstrate that responding to CSE is clearly on the agenda across the London boroughs and, indeed, significantly progressed within some.

12.2 The last few years have witnessed significant developments across many London boroughs in terms of their recognition of, and response to, CSE. Progress is clearly observable at a strategic level in terms of the development of policies and procedures, investment in professional training and the establishment of multi-agency groups. Most areas are providing or commissioning some form of support for those at risk of and/or those experiencing CSE with increased recognition of the contribution the community and voluntary sectors can offer in this regard. There is also increased recognition of the need to focus on those perpetrating this abuse and a number of areas have instigated successful investigations and disruption strategies in this regard. Clear illustrations of observable progress include:

- The numbers of boroughs producing strategies, protocol and action plans, and establishing multi-agency working groups on CSE within the last 12 to 18 months.
- Identified CSE focused partnerships with voluntary sector providers in just under three-quarters of all London boroughs;
- Four out of five LSCBs offering bespoke CSE training for professionals and a stated commitment on the part of many boroughs to expand the focus of their CSE awareness raising to include children and young people, parents/carers and the wider community in the coming year;
- Eight reported CSE related prosecutions in recent years; and
- The increasing establishment of multi-agency forums at both strategic and operational level.

12.3 Whilst these developments are without doubt encouraging, significant scope for improvement still remains and boroughs themselves recognise this. Both survey respondents and interviewees identified ongoing challenges, and the need for further progress, with regard to a range of issues including:

- Evidence-based knowledge about the nature and extent of the issue in their local area in the absence of completed problem profiles;
- Cross-borough working and protection/support of children in out of area placements;
- Translating policies and guidance into practice and evaluation of their impact;
- Capacity/resources, both in terms of finance and capacity of personnel;
- Alternative forms of CSE, such as peer on peer abuse;
- Vulnerability of specific groups, including looked after children;

- Preventative initiatives, specifically engaging schools and the wider community;
- Consistent identification of victims and assessment of risk, vulnerability and resilience;
- Provision of (ongoing) support for victims;
- Identification and disruption of perpetrators;
- Achieving successful prosecutions;
- Community engagement; and
- Sustainable leadership and co-ordination of multi-agency working.

<u>Critical issues for pan-London service planning and policy work</u>

12.4 Engagement in this study has presented boroughs with the opportunity to map and review their current strategic and operational response to CSE and their recognition of required improvements within this is to be welcomed. Moving forward, it is hoped that each borough will reflect on their individual survey response in light of the composite findings of this report to clarify areas for future development and evaluate their progress in relation to this. It is also hoped that the findings of this study will provide those with a pan-London remit with useful baseline data from which to promote and facilitate more consistent levels of protection for all of London's children.

12.5 In order to address some of the gaps identified by this study, and build on the progress that has already been made by individual boroughs, we would suggest that the following critical issues are given further consideration:

- Problem profiling remains a significant gap in many London boroughs. Those who have developed problem profiles highlight the benefits this has for intelligent commissioning of support services, targeted early help for vulnerable children, and protection for those who have been abused. It is therefore imperative that every LSCB works with statutory and voluntary sector partners to build a comprehensive and up to date local CSE problem profile. Having completed this exercise, the London Safeguarding Children Board and Metropolitan Police Service should consider collating the learning from all local problem profiles to create a Pan-London CSE problem profile to inform cross-borough police operations, safe out-of-area placements, and pan-London commissioning.

- While professionals across a large number of boroughs are concerned about gang-associated and other forms of peer-to-peer sexual exploitation, and identify these to be emerging issues of concern, few are confident in how to respond to this particular form of abuse. It is important that Trident and the Sexual Offences, Exploitation and Child Abuse team within the Metropolitan Police Service consider developing supplementary guidance to the MPS CSE protocol for responding to cases of gang-associated sexual exploitation. This guidance could be integrated into local training and communicated to boroughs, and have its impact monitored.

- Assessment of risk, vulnerability and resilience was a challenge raised by a number of boroughs who took part in this study. Surveys suggested that many boroughs were using standardised tools, whereas interviews implied confusion about which tool, if any, were most appropriate. Some boroughs have begun to develop their own CSE specific assessment tools in response, but other areas are concerned about taking a siloed approach to CSE and are instead attempting to improve their response to 'vulnerable adolescents' more broadly. In order to address this inconsistency, the London Safeguarding Children Board and the London Association of Directors of Children's Services should consider clarifying the overlap in guidance and assessments for young people experiencing sexual exploitation, gang-related violence, teenage relationship abuse, and those who go missing, and communicate findings and recommendations to all boroughs.

- The size of London and the vast array of pan-London and local voluntary sector service providers who support sexually exploited children present a challenge for commissioners. The difficulty of short-term interventions and the benefits of building trusting relationships with children were echoed in interviews by statutory and voluntary services alike. It is clear that at a local level some local authorities have built successful and trusting partnerships with voluntary sector providers; it is important that such relationships are mirrored across London to assist cross-borough working and to ensure consistent levels of protection for all of London's children. As pan-London funders, The Mayor's Office of Policing and Crime, London Councils, and the London Safeguarding Children Board should consider meeting with independent funders to discuss pan-London, and sub-regional, funding options for London's CSE services, and develop a funding strategy which avoids duplication and maximises reach and impact over coming years.

- Participants in this study consistently stated the need to do more to prevent the sexual exploitation of children. Schools were identified as a service that needed to be more proactively involved in preventative activity. However, other promising practice was demonstrated by youth service provision, sexual health, and other targeted and universal early help for teenagers. Interviews and surveys suggested that while the need for this work had been acknowledged, its delivery was disjointed and limited. To begin to address this issue, every LSCB should consider mapping where preventative work has been delivered within their local area (across schools, sexual health, youth service) and use this process to identify gaps. Such a process would assist commissioners and service providers in prioritising further preventative work, and would avoid duplication.

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The University of Bedfordshire has won the Queen's Anniversary Prize for Higher and Further Education for its pioneering research into child sexual exploitation.The prestigious prize is the highest form of national recognition open to higher and further education institutions in the UK and the award enhances the university's widely-acknowledged reputation for its work in raising awareness of child sexual exploitation (CSE).