

**CHILDREN  
ABUSED  
THROUGH  
SEXUAL  
EXPLOITATION**

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Multi-Agency  
Guidance

2009



Camden Safeguarding  
Children Board

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## **PART 1 GENERAL INFORMATION**

### **1 INTRODUCTION**

For years the vulnerability of children to abuse through sexual exploitation has, at best, been viewed as an issue of absence of parental control and at worst, not identified. This has resulted in a failure to understand the real nature of the problem, and consequently a failure to intervene effectively.

Part of the issue is that the language traditionally used to define the problem has been couched in the language of commercialization, such as prostitution, rather than through the language of exploitation. This may lead to a view that the child is a willing participant in a commercial transaction rather than a victim.

The sexual exploitation of children is a form of child sexual abuse and using the term sexual exploitation allows professionals to encourage children towards an understanding of their abuse. In addition, 'sexual exploitation' defines a broader context of abuse than 'prostitution', as it includes participation in pornography and abuse through the internet.

Since Camden launched the protocol in 1999, there have been significant legal developments and a rising awareness, requiring the protocol to be updated as agencies learn from experience what works in addressing the issues. The protocol aims to help professionals:

- recognise the problem
- treat the child primarily as a victim of abuse

To date very few referrals have been made in respect of boys. Clearly, this does not reflect the true extent of male sexual exploitation, but rather the extent of the work needed to identify it.

- safeguard children and promote their welfare
- ensure joint working to prevent abuse and provide children with opportunities and strategies to recover from their sexual exploitation
- investigate and prosecute those who groom, coerce and abuse children through sexual exploitation.

### **2 NATURE OF THE PROBLEM**

In Camden it is still not known exactly how many children are being sexually exploited, but evidence shows that it is happening. Sexually exploited children are rarely visible on the streets and therefore it is difficult to gather meaningful data. However, street based sexual exploitation involving young people provides only a small, though visible part of the bigger picture of sexual exploitation of young people by adults.

There are significant numbers of young people who talk about exchanging sex for accommodation, drugs and goods etc. The Swan & Balding study on the implementation of the guidance on Safeguarding Children Involved in Prostitution (2002) found that on average, there are 19 girls and 3 boys involved in sexual exploitation in an area of the country at any given time. This is believed to be only the tip of the iceberg.

Identification and practice in Camden since then has shown that sexual exploitation is affecting children under 16 years of age, across all cultures and including looked after children. The exploitation of these children is taking place in flats and drug premises in and outside the borough. A further feature of exploitation for this age group is a significant link to substance misuse. Children who are abused through sexual exploitation come from many different backgrounds and environments. They may be living at home; they may be looked after by Safeguarding and Social Care (SSC), they may be street homeless or living in hostels.

Research has indicated that, whilst a significant proportion has been in residential or foster care, many have not. Many come from families with severe problems, may have experienced abuse,

Practice and research has shown that children, particularly girls who are being sexually exploited, have frequently been coerced into this by an older man, who poses as, and whom they view as their boyfriend. They are, therefore, physically and emotionally dependent upon him, and this may be reinforced by the use of alcohol and drugs. Over time, access to friends and family becomes curtailed and the child becomes alienated from statutory services.

### 3 LEGAL FRAMEWORK

#### 3.1 Definitions

*“Working together to safeguard children”* defines sexual exploitation as “forcing or enticing a child or young person to take part in sexual activities”. This includes prostitution and covers activities that may or may not involve physical contact. It also covers the involvement of children in the production or viewing of pornographic material in any medium.

Sexual exploitation normally occurs in an exploitative situation or relationship where the child or young person receives for example food, accommodation, drugs or alcohol, gifts and money, for taking part in sexual activities. The essential element is coercion rather than choice, and takes place against a background of imbalances of power between the exploited child and the adult.

For the purposes of this protocol, a child is defined as any child or young person under the age of 18. Generally, the term child is used throughout this protocol.

#### 3.2 Policy and guidance

The DCSF guidance *“Safeguarding children and young people from sexual exploitation”* sets out the key strategies for Local Safeguarding Children Boards in

but this is not always the case. The most common factors are vulnerability and low self-esteem. In some cases children may be drawn into sexual exploitation by peers who are already involved.

dealing with sexual exploitation. The main purpose of strategies should be:

- preventing children at risk from becoming involved in sexual exploitation through diversion and support
- identifying those children at risk of sexual exploitation
- taking action to safeguard and promote the welfare of children involved in sexual exploitation
- taking action against perpetrators.

#### 3.3 Criminal offences against children

Sexual offences against children are set out in the **Sexual Offences Act 2003** which provides the legal framework regarding the ages at which consent to sexual activity can be given and the circumstances where any consent given by the child will be considered void because it has been obtained through duress or coercion. In all cases, consideration should be given as to whether an offence has been committed against the child, and the Police should carry out a criminal investigation to decide on what action may be taken against the perpetrator.

The main points of the Act are:

- Children under 13 do not have the legal capacity to consent to sexual activity under any circumstances, and any sexual activity will be considered an offence.
- Generally, young people aged between 13 and 15 cannot consent to sexual activity, although it is recognized that teenagers of a similar age may mutually agree to sexual activity. The key question is a matter of whether consent was obtained through coercion within an exploitative context, and where

this is the case, any consent given by the child will be disregarded.

- Young people aged 16 and 17 can consent to sexual activity, but an offence will be committed where there is an imbalance of power due to a disparity in ages, where there is an element of duress, abuse or exploitation or where there is an abuse of a position of trust.
- An adult who has been in contact with a child under the age of 16 more than twice and who arranges to meet the child with the intention of carrying out a sexual offence will be guilty of grooming even if no sexual activity has taken place.
- Any adult who is involved in the sexual exploitation of children under the age of 18, including involvement in prostitution or the production of pornographic materials, will be guilty of an offence.
- It is an offence to arrange or facilitate the commission of any sexual offence against a child under the age of 18, including any child who is brought to the UK for these purposes (trafficked children).

### 3.4 Child protection procedures

Sexual exploitation is a form of child sexual abuse and can result in the child suffering significant harm. Sexually exploited children will also be vulnerable to physical and emotional abuse and neglect. Where child protection thresholds are reached, and the child's situation requires a response under children protection procedures, the following guidance will be used:

- Working together to safeguard children
- London Safeguarding Children Board child protection procedures

- London Safeguarding Children Board guidance on working with sexually active young people
- London Safeguarding Children Board procedure for safeguarding sexually exploited children.

### 3.5 Trafficked children

Practitioners need to be aware that some children who come to their attention as being either involved in or at risk of involvement in sexual exploitation may have been trafficked into the UK for the specific purpose of working in the sex industry.

Trafficking is defined as the illegal movement of people across international borders, normally under coercion or deception, for the purposes of exploiting that person for commercial gain in the country of destination. Trafficked children will not have given informed consent to being taken to the UK, or the consent may have been given by their families on their behalf.

Trafficked children may enter the UK either with an adult purporting to be their parent or relative, or as an unaccompanied minor. Often they have little contact with the UK authorities, and disappear shortly after their arrival. For this reason it can be difficult to identify trafficked children as they will continue to be heavily controlled by those seeking to exploit them.

Practitioners should refer to the following documents for further information on trafficked children:

- Safeguarding children who may have been trafficked (DCSF)

[http://publications.everychildmatters.gov.uk/eOrderingDownload/DCSF\\_Child%20Trafficking.pdf](http://publications.everychildmatters.gov.uk/eOrderingDownload/DCSF_Child%20Trafficking.pdf)

- Safeguarding trafficked and exploited children (London SCB)

[London Safeguarding Children Board](#)

Further information on identifying trafficked children can be found in Part 2: section 3 of this protocol.

## 4 PRINCIPLES OF THE CATSE PROTOCOL

### 4.1 Integrated working

- Camden Safeguarding Children Board (CSCB) is committed to tackling the issue of sexual exploitation of children through co-ordinated inter-agency work. This will be overseen by a multi agency steering group which will co-ordinate agency responses and ensure that this protocol is made available to all staff in all agencies.
- It is recognised that in order to successfully protect sexually exploited children there must be a robust, multi agency approach to the identification of risk, intervention, planning and prosecution. Camden's protocol is a multi agency document underpinned by a multi agency commitment to provide protection, support and services for sexually exploited children and their families.
- In order to facilitate this, lead officers will be nominated from the key agencies as members of the CATSE steering group and their role will be to:
  - Attend CATSE meetings or strategy meetings as key agency representatives when there are concerns that a child is being sexually exploited;
  - provide advice to members of their own agency and other professionals in the area;
- CSCB will have an overview of all work carried out by the steering group and all agencies in the borough under this protocol.

### 4.2 Child centred responses that support families

- All children involved in sexual exploitation have been and are being sexually exploited and are sexually, physically and emotionally at risk of significant harm, both in the short and long term. These children do not make informed choices to enter or remain in sexual exploitation, but do so from coercion, enticement, manipulation or desperation, because they can see no alternative.
- All sexually exploited children are children in need of services under the Children Act 1989 and will initially be dealt with as such on referral to SSC. Interventions taken by SSC will be designed to support the child and their family and ensure that the child is able to achieve the 5 *Every Child Matters* outcomes, as well as implementing diversionary or support plans developed under the CATSE protocol.
- Children who are in need of protection will be subject to Camden's child protection procedures. Normally, however, use of the formal child protection procedures will not be appropriate, unless:
  - the child is at immediate risk of significant harm and has other additional vulnerabilities;
  - there is concern that the sexual exploitation is being facilitated by the child's parent/carer;
  - there is concern that the sexual exploitation is facilitated by the child's parent failing to protect;
  - there is concern that a related or unrelated adult in a position of trust or responsibility to the child is

organizing or encouraging the sexual exploitation.

- The younger the child, the more likely it is that the use of child protection procedures will be appropriate.
- Any response must address each child's individual circumstances, including consideration of issues of gender, race, culture, religion, sexuality and sexual orientation. Many children abused through sexual exploitation have difficulty distinguishing between their own choices around sex and sexuality and the sexual activities they are coerced into. This potential confusion needs to be understood by agencies delivering support services and handled with care and sensitivity accordingly.
- Developing the trust necessary to enable services to be provided to sexually exploited children and assist their recovery has proven to be complex and to take considerable time and perseverance. National research and practice in Camden has shown that this work is best undertaken by non-statutory agencies with the support of statutory agencies. Camden is in the fortunate position of having strong links with Barnardo's Young Women's Project (BYWP) a specialist project which works with 12-17 year old sexually exploited young women.

#### 4.3 Responsibility for criminal acts

- Children under sixteen cannot consent to sexual activity, whether "voluntary" or not. The law should treat these children as victims of abuse, not as offenders. Children under sixteen will always be dealt with as actual or potential victims. From sixteen to eighteen, consideration may be given, in very limited circumstances and

where all other options have failed, to the use of criminal justice action.

- The primary law enforcement effort must be against adult coercers (so called "pimps") and adult sex abusers (so called "punters/clients")
- Given the complexity of this type of risk and abuse, and the coercion, rewards, secrecy and fear on which it thrives, creative and proactive interventions are key to protecting the children and apprehending the abusers.

#### 4.4 Prevention

- CSCB and the CATSE steering group will look at what preventative strategies can be put in place to limit the risks to children in Camden from sexual exploitation such as action to raise awareness of the issues, educating children to the risks and targeting those children who are particularly vulnerable.

## 5 MULTI-AGENCY WORKING

### 5.1 Legal framework

The Children Act 2004 emphasizes the duty of all agencies to co-operate in safeguarding and promoting the welfare of children in order to improve the early identification of those children requiring extra services and support, including those children in need of protection. The *Every Child Matters* agenda for children's services defines safety and welfare in terms of a set of 5 outcomes that all children should be able to achieve;

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- achieving economic well-being.

Multi-agency working involves the integration of working practices so that agencies are able to share information

effectively, develop robust referral pathways, and carry out joint assessments so that interventions and services can be delivered jointly.

Multi-agency working requires a good understanding of the role of all partner agencies in safeguarding children, and a high level of contact between agencies. Where children are involved or at risk of becoming involved in sexual exploitation, it is vital that agencies work together and share information to identify these children and intervene in a timely manner to divert children away from sexual exploitation or protect and support those children who are being sexually exploited and enable them to consider exit strategies and recovery.

Sharing information will also be an important part of gathering evidence in order to take action against perpetrators and develop preventative strategies by focussing on areas of vulnerability. For example, intelligence gathered by the network may show evidence that particular groups of children are being targeted for sexual exploitation by specific individuals.

Joint working practices should include the routine sharing of assessments and inclusion of all agencies working with the child in any planning or review meetings which monitor the impact of services and treatments. Where a child is subject to a child protection plan, it is essential that professionals working directly with the child attend child protection conferences and core group meetings.

## **5.2 The Common Assessment Framework (CAF)**

The CAF is a shared assessment tool based on the Assessment Framework which enables all professionals working with children and their families to use the same criteria for assessing their needs. This makes it easier for agencies to identify children who need extra services in order to achieve the *5 Every Child Matters* outcomes.

The CAF supports multi-agency working by providing a standardized framework of assessment on which to base decisions for referring children on for services, and should also be used as the referral record between agencies. Details of referral procedures to SSC can be found in Part 3: section 2 of this protocol.

## **5.3 The lead professional**

The lead professional is a worker from a child's professional network who is responsible for co-ordinating multi-agency responses and service delivery where the child has a number of complex problems requiring integrated services from a number of agencies.

Normally, when a child receives a service from SSC, their social worker will be the lead professional, providing a point of contact for parents and the rest of the professional network. However due to the nature of sexual exploitation, it may be more effective if the lead professional role is shared with a worker from the voluntary sector with whom the child has built a trusting relationship.

## **6 CONFIDENTIALITY AND INFORMATION SHARING**

Confidentiality is an important principle of any service delivery and maintaining a high level of confidentiality is especially important to ensure children engage with services. The nature of sexual exploitation can raise problems regarding engagement as children are concerned that information may be passed on to other agencies.

They may not have insight into the exploitative nature of their relationships or may be under pressure not to discuss their situation and to avoid contact with statutory agencies. For this reason, sexually exploited children are more likely to engage with voluntary agencies such as Barnardos.

However, confidentiality is not an absolute principle, and professionals need to be aware of the circumstances under which

confidentiality cannot be guaranteed, for example, relevant information must be shared with other agencies where children may be at risk of significant harm. The Children Act 1989 states that the welfare of the child is paramount, and this needs to be made clear to children from the outset.

All agencies should refer to the *Every Child Matters* "Information sharing guide for practitioners and managers" for further guidance on when confidential information can be lawfully shared with third parties.

The guidance is available at:

<http://www.everychildmatters.gov.uk/files/116ABBC875E8FEE7BC1E03F534A1EFAA.pdf>

Generally, the subject's permission should be sought before any information about them is disclosed to a third party.

Exceptions may be made if the situation is urgent, and any objections overridden if there is a possibility that maintaining confidentiality may result in significant harm to a child.

A child aged 16 years or over is capable of giving consent to disclosure of information about them to other agencies on their own behalf. Children aged under 16 can give their consent if they have the capacity to understand the nature of information sharing and can make their own decisions. If the child is too young or not considered of sufficient understanding to give their own consent, parents or anyone else who holds parental responsibility for the child must be asked to provide consent on their behalf.

All agencies should have their own written policies on confidentiality, so that service users are clear about what information can and cannot remain confidential while they are using that agency's services. Agencies should work together towards establishing a mutual understanding of this issue, including an exchange of each agency's relevant guidelines and, where applicable, by working to agreed procedures set out in this protocol.

The limits and boundaries of confidentiality should be discussed and

clarified with children and parents as a matter of course. When it is necessary to breach confidentiality, the agency should tell the child that it has occurred, together with the reasons for it. Any decision to share information should be recorded on the child's case record.

## 7 CONFIDENTIALITY AND CHILD PROTECTION

There are two situations where confidentiality may need to be breached in order to protect children:

i) If any agency has reasonable cause to believe that a child may be at risk of suffering significant harm, they have a duty to make a referral to SSC. Concerns may arise from a specific incident or a more general view that the child is or will suffer significant harm as a result of their being sexually exploited;

ii) Alternatively, if SSC or the Police approach another agency for information as part of a child protection investigation, that agency has a duty to provide the relevant information. It may be the case that an agency will have positive as well as concerning information, and it is important that this is shared, in order to achieve a balanced view and make informed decisions regarding the child's safety.

## 8 EQUAL OPPORTUNITIES AND ANTI-DISCRIMINATORY PRACTICE

This guidance is applicable in all situations, irrespective of the race, gender, age, sexuality, class, culture and disability of the service user. All agencies should work to promote equality and social inclusion for service users by tackling inequality and ensuring equal access to services, regardless of race, religion, gender, disability, age or sexual orientation. Equality should be integrated into all agencies' working practices and should be inclusive, welcoming, non-judgmental and empowering.

Agencies should consult with children and where appropriate their parents regarding any concerns, and provide a clear understanding of what is expected of them and what they can expect from services. Parents should be fully consulted on any action to be taken and given a full explanation of procedures. Children and parents should also be enabled to participate in assessment and planning for all services provided.

Assessment Framework for referring children on to other agencies.

## **9 SUPERVISION**

It is crucial that all agencies establish a clear framework for supervision of staff. Workers in all agencies should have adequate supervision, and know when and how to make appropriate referrals and report child protection concerns. All agencies should have written child protection procedures that provide staff with guidance on taking advice from designated child protection officers and information on referral pathways to SSC.

## **10 TRAINING**

This guidance must be integrated into all training, both departmental and inter-agency. SSC, and Barnardos will deliver specific training around children who are sexually exploited for SSC social workers and the multi-agency network on behalf of the CSCB.

All professionals who work with children who may be involved in or at risk of sexual exploitation should receive safeguarding training at level B so that they are aware of their own role and responsibilities and the role of SSC.

Voluntary organisations have an important role to play in offering services to sexually exploited children so it is essential that workers from these settings and other specialist services are included in multi-agency training courses on safeguarding and child protection.

Professionals from all agencies working with sexually exploited children should receive training in the use of the Common

## PART 2 IDENTIFICATION

### 1 VULNERABILITY TO SEXUAL EXPLOITATION

Sexual relationships are generally a personal matter, but where a child under 16 is sexually active this may be a matter of concern for professionals. Although the sexual relationship may appear to be based on consent, it may occur against a background of exploitation. Even where the child can legally consent to sex, they are still vulnerable to exploitation, and professionals need to be aware of the indicators.

Research shows that young people are more vulnerable to sexual exploitation where any of the following factors are present:

- experience of child sexual abuse
- domestic violence within the family
- family breakdown
- family involvement in sexual exploitation
- children of parents with a high level of vulnerabilities (drug/alcohol, mental health etc)
- children with substance misuse or mental health issues
- experience of physical abuse and emotional deprivation
- experience of being bullied in school
- excluded from school
- looked after children in residential care
- going missing regularly/frequently.

### 2 CATEGORIES OF RISK

The framework for assessing risk is based on the recognition of factors and indicators that point to the child's level of involvement in sexual exploitation and the consequent harm they may face as a result. These stages, the indicators for which are illustrated in the diagrams below, can be used as a working guide in

identifying risk and deciding on possible types of intervention.

CATEGORY OF RISK	LEVEL OF CHILD'S INVOLVEMENT	LEVEL OF INTERVENTION
Category 1 (low risk)	A vulnerable child who is at risk of being groomed for sexual exploitation	Intervention may be based on preventative diversionary work.
Category 2 (medium risk)	A child who is targeted for opportunistic abuse through the exchange of sex for drugs, accommodation (overnight stays) and goods etc. The likelihood of coercion and control is significant.	Statutory intervention may be needed to protect the child and a support package arranged to help them with exist strategies and recovery.
Category 3 (high risk)	A child whose sexual exploitation is habitual, often self defined and where coercion/control is implicit.	Statutory intervention may be required to protect the child and a support package arranged to help them with exist strategies and recovery.

Professionals should be aware that a child's involvement in sexual exploitation may not be static, and they may move within levels of risk over time.

## CATEGORY OF RISK/ INDICATORS OF RISK

### Emotional Health

- Poor self image
- Expressions of despair – internal
- Cutting
- Overdosing
- Eating disorder
- Sexualised risk taking

### Rewards

- Unaccounted for monies and/or goods.

### Coercion/Control

- Reduced contact with family/friends.

### Category 1 (Low Risk)

A vulnerable child or child who is at risk of being groomed for sexual exploitation

### Sexual Health

- STIs

### Sexualised risk taking

- Overt sexualised dress/attire
- Getting into men's car's
- Meeting adults through the internet.

### Education

- Truanting from school.

### Contact with abusive adults and/or risky environments

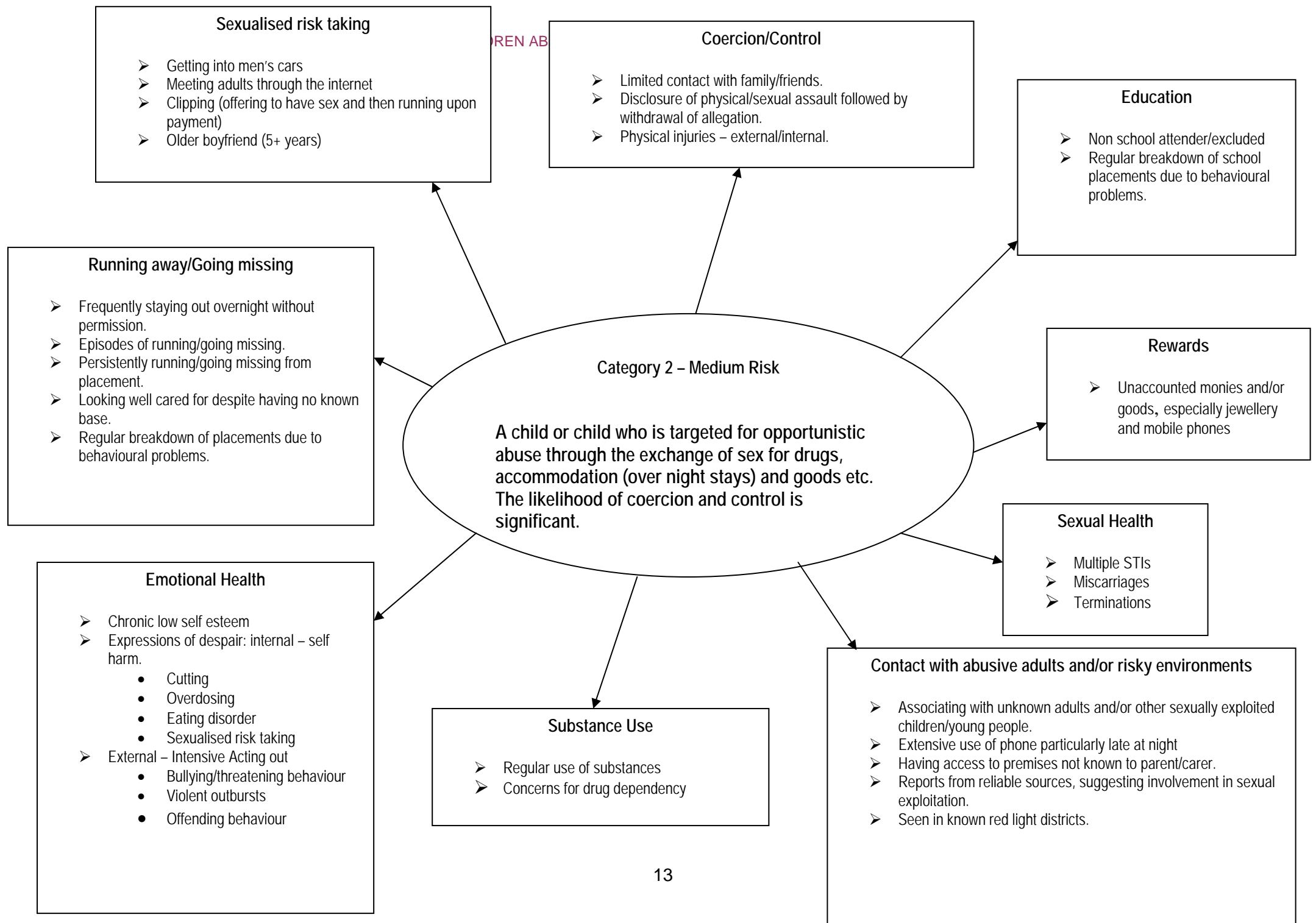
- Associating with unknown adults and/or other sexually exploited children.

### Substance use

- Experimenting with alcohol/drugs.

### Running away/Going Missing

- Regularly coming home late.
- Absent without permission and returning late.



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### Coercion/Control

- Disclosure of physical/sexual assault followed by withdrawal of allegation.
- Abduction and forced imprisonment (described by young people as 'locked in').
- No contact with family/friends.
- Disappear from system (no contact with support systems)
- Physical injuries – external/internal.

### Running away/Going missing

- Persistently running away/going missing from placement.
- Pattern of street homelessness.

### Education

- Non school attender/excluded
- Regular breakdown of school placements due to behavioural problems.

### Sexual Health

- Multiple STIs
- Miscarriages
- Terminations

### Rewards

- Unaccounted for monies and/or goods.

### Substance Use

- Chronic drug dependency (particularly crack/heroin).

### Category 3 – High Risk

A child or child whose sexual exploitation is habitual, often self denied and where coercion/control is implicit.

### Emotional Health

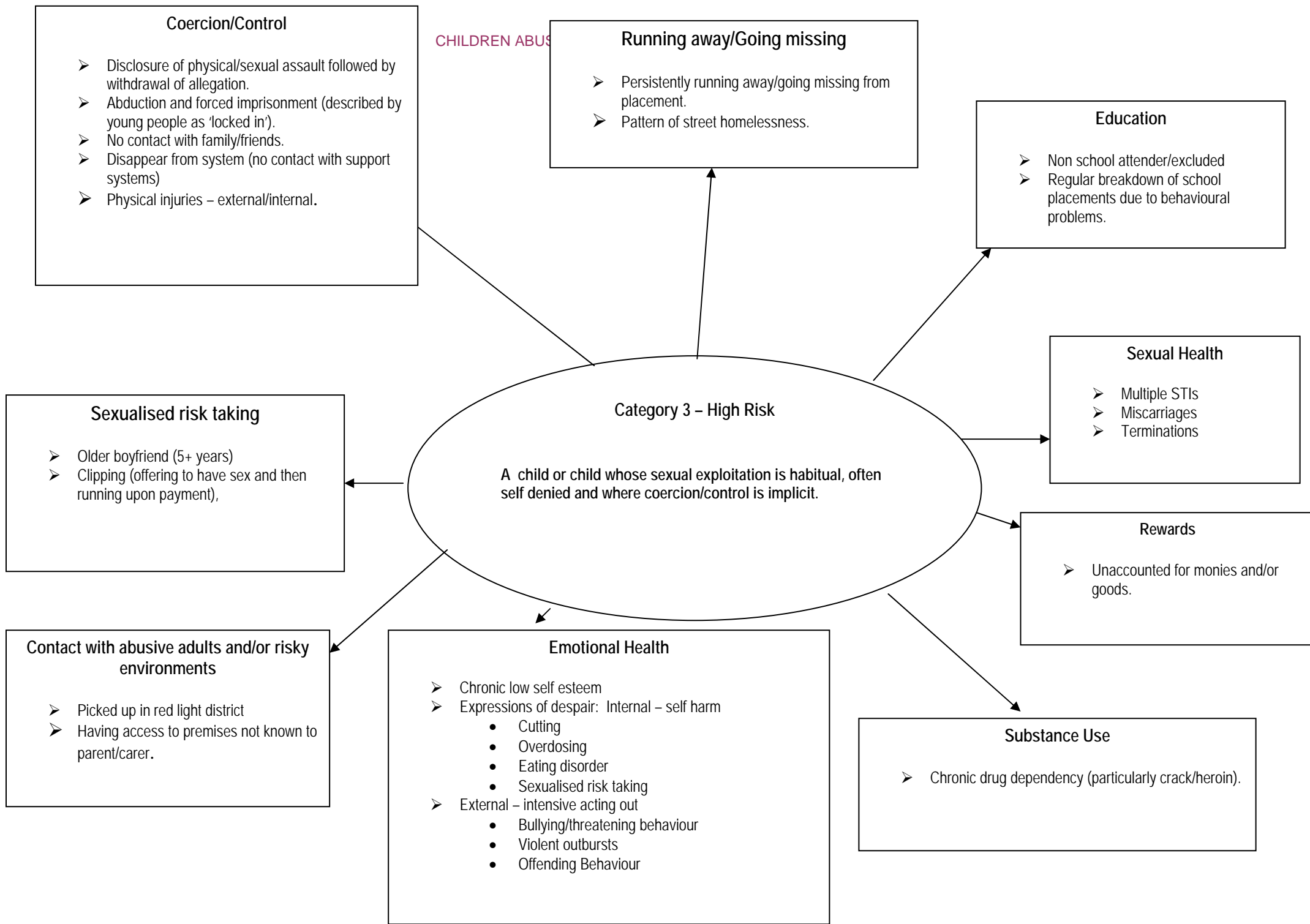
- Chronic low self esteem
- Expressions of despair: Internal – self harm
  - Cutting
  - Overdosing
  - Eating disorder
  - Sexualised risk taking
- External – intensive acting out
  - Bullying/threatening behaviour
  - Violent outbursts
  - Offending Behaviour

### Sexualised risk taking

- Older boyfriend (5+ years)
- Clipping (offering to have sex and then running upon payment),

### Contact with abusive adults and/or risky environments

- Picked up in red light district
- Having access to premises not known to parent/carer.



### 3 INDICATORS OF TRAFFICKING

Young people may be trafficked into the UK specifically to work in the sex industry and indicators for this will be the same as for all sexually exploited young people. However, specific indicators that may suggest a child has been trafficked are:

- exhibiting self-assurance, maturity and self-confidence not expected in a child of that age
- a prepared story similar to those that other trafficked children have given
- a history with missing links and unexplained moves
- required to earn a minimum amount of money each day
- limited freedom of movement
- malnourishment
- cared for by adults who are not their parents and the quality of the relationship is not good
- one of a number of unrelated children found at one address
- not registered with universal services, ie: school, GP
- has to pay off a large debt
- avoids all contact with authorities and excessively afraid of deportation.

### 4 OUTCOMES FOR SEXUALLY EXPLOITED YOUNG PEOPLE

Sexual exploitation has an impact on the child's safety and welfare under all 5 *Every Child Matters* outcomes:

**Being healthy** Sexual exploitation increases the level of risk for sexually transmitted infections and unwanted pregnancies. Children who are deeply immersed in sexual exploitation may be unable to seek medical help when needed

due to high levels of control. They are also at risk of substance misuse as a means of control, and are likely to develop mental health problems and experience difficulties in forming relationships.

**Staying safe** Sexual exploitation is a form of sexual abuse and will place the child in high risk environments. Sexually exploited young people are also at risk of physical and emotional abuse and neglect.

**Enjoying and achieving** A high number of children who are involved or at risk of involvement in sexual exploitation are known to be non-school attendees or are excluded, and non-engagement with education is regarded as a factor that makes children particularly vulnerable to becoming involved in sexual exploitation.

**Making a positive contribution** As well as being a victim of crime, sexually exploited children may become involved in other criminal activities, such as drugs, pornography and grooming of other children.

**Achieving economic wellbeing** Exiting from sexual exploitation is difficult and requires a great deal of support from agencies so that the child can recover and regain control of their lives.

Many young people also lose contact with their family, and this is particularly prevalent where the family has chosen to break contact in order to protect younger siblings or have experienced threats and aggression from perpetrators. Loss of contact with family members may also be encouraged by perpetrators as a means of gaining control over the child. Often, parents feel powerless to stop their child's involvement and the experience can be deeply distressing for families.

## PART 3 DEALING WITH CATSE CASES

### 1 IDENTIFICATION

Professionals working with children need to be aware of the indicators of sexual exploitation and note any changes in behaviour that suggests that the child may be involved in or at risk of involvement in sexual exploitation.

In the early stages especially, professionals need to take note of children who may be being groomed, and should be aware of children in sexual relationships that they present as consensual but which may be exploitative. Importantly, professionals must share information with others in the child's network, as often it is only when all information is available that a true picture of the child's situation comes to light.

Professionals should discuss any concerns with the nominated lead officer for child protection in their agency to decide what action to take. **All young people who are thought to be at risk of sexual exploitation are considered to be children in need under the Children Act 1989 and a referral must be made to SSC in the first instance.** SSC will then carry out an assessment and decide whether or not to deal with the young person under the CATSE protocol.

### 2 REFERRAL TO FAMILY SERVICES & SOCIAL WORK

Professionals who have concerns about a child should contact the relevant duty and assessment team according to the child's address (see appendix 2 for contact details) to establish whether or not the child is known to SSC.

**If the child is not known to SSC**, the referrer should carry out a Common Assessment Framework (CAF) assessment, including a risk assessment based on the indicators set out in this protocol before making a referral. Urgent

child protection referrals where the child is at immediate and serious risk will be accepted by telephone, but must be confirmed in writing within 48 hours using the CAF.

The purpose of the CAF is to establish whether the child has any additional needs and meets criteria for the receipt of services from SSC, including child protection services. SSC will then carry out an initial assessment which will be completed within 7 days of the referral. Following an assessment, the duty manager or senior will decide on what action to take, including whether the child should be dealt with under the CATSE procedures. Referrers will be notified of the outcome of all referrals within 24 hours. Please see Part 4 of this protocol for full details of the role of SSC.

**If the child is already known to SSC**, the referrer will be put in touch with the child's allocated social worker to discuss the matter and to obtain relevant details before consulting with their manager and the CPO for CATSE and decide on whether to refer under CATSE procedures.

**Professionals should note that interventions under CATSE procedures will run parallel with any action taken by SSC to safeguard and promote the child's welfare. All actions and decisions taken in CATSE meetings will be incorporated into SSC plans.**

### 3 REFERRAL AND INTERVENTION UNDER THE CATSE PROTOCOL

#### 3.1 Referral

Referral under the CATSE protocol should only be carried out by the allocated SSC social worker. Following assessment or discussion with a team manager and a CPO, if the decision is that the child should be referred under CATSE procedures, the social worker should make a formal referral to the CPO for CATSE using the referral form via the CATSE referral on Framework i.

The CPO will make a decision on whether the child should be dealt with under CATSE procedures within 24 hours of receiving the referral. If the referral is accepted, the CPO will decide on what category of risk the child can be placed on and take appropriate action depending on the category of risk identified, as shown below.

### 3.2 Category 1: Diversion plan

Category 1 will apply where there are concerns that the child is at risk of sexual exploitation, for example where there is evidence that they are being groomed or associate with children who are known to be already involved in sexual exploitation.

The purpose of interventions at this level should be preventative in order to interrupt future abuse and support the child through diversionary plans. It is important that at this stage, agencies share information so that a suitable plan can be put in place to support the child and stop them from becoming further involved in exploitation.

Where indicators place the child at category 1, the CPO will agree a diversion plan with the social worker which should be incorporated into the child's Children in Need plan and reviewed within the Children in Need framework as part of the mainstream work being carried out with the family by SSC.

Diversion plans must always consider the child's needs and how they can be met, focussing on the 5 *Every Child Matters* outcomes, and appropriate referrals made to other agencies for services and support. In particular, the plan should address:

**Health** There should be consideration of the child's general health including their sexual and emotional health and any possible substance misuse issues.

**Safety** There should be consideration of the ability of parents to protect their child and the child's own ability to keep themselves safe. There should be an agreed plan for further intervention by

SSC, including use of child protection procedures, in the event that the child becomes more at risk. This should include the need for agencies to pass on information to SSC if indicators suggest that the child has moved into Category 2/3.

**Education** Many children who are vulnerable to sexual exploitation are not in full-time education; the plan should address the child's school attendance and achievement and address how to engage the child in education, especially if the child is not currently in full time education.

#### Links with other vulnerable children

The CPO and social worker should also take an overview of any other children known to the child who may be vulnerable or known to be sexually exploited to see if a pattern of targeting can be detected. This information could be vital to any police investigation and may help CSCB to take preventative measures at a community level.

**Offending behaviour** As sexually exploited children are vulnerable to becoming involved in a variety of related crimes, it is important that this issue is addressed if there are concerns about a child's potential offending behaviour.

It is important that all professionals working with the child are made aware of the concerns and receive copies of the diversionary plan, so that they are aware of their own role in its implementation.

It is the responsibility of the child's allocated social worker, as the lead professional, to ensure that the professional network receive copies of plans and that appropriate referrals for services and support are made.

### 3.3 Category 2 & 3: CATSE meetings

In these cases, there will be evidence from assessment that the child is at risk of significant harm because of sexual exploitation. The CPO should convene a CATSE meeting to be held within 15 working days of this decision.

If the subject of the meeting is a Looked After Child, a member of SSC Access to Resources team must be invited, and the outcome of the meeting discussed with child's Independent Reviewing Officer.

A Child Protection Officer, a SSC manager, or the CPO for CATSE will chair CATSE meetings. The chair should always inform the CPO for CATSE that a meeting is taking place. The allocated social worker should prepare a report to be distributed at the meeting, available in the CATSE workflow on Framework i.

#### **Membership of the meeting:**

- the referrer, if a professional
- parents and the child (see section 4 for guidance)
- representatives from Education and Health
- a health professional who is working with the child
- a worker from Barnardo's Young Women's Project
- allocated social worker
- any other relevant person e.g., fostering link worker, residential key worker/manager YOS worker, voluntary agency worker, GP

#### **Police attendance**

Prior to the CATSE meeting, social workers **must** request a police check on the young person, their family and any other significant adults as Police attendance at the CATSE meeting will depend on the outcome of checks.

Police will normally attend CATSE meetings where there is a current investigation underway:

- 1 Police CAIT where there is an investigation into child abuse by a member of the family
- 2 Police Sapphire team where there is an investigation into a sexual crime involving a child or adult by someone who is not a family member

- 3 Missing Persons where the child has gone missing
- 4 Clubs and Vice where the child is entrenched in the sex industry and the exploitation is organised.

#### **Purpose of the meeting:**

- share and clarify information
- establish the exact nature of concerns
- establish the risk for any other children
- consider the likelihood of prosecution of relevant adults
- agree on action and make recommendations to address concerns
- provide a support plan for the child and their parent/carer
- work towards an exit strategy
- consider any factors that make the child particularly vulnerable

#### **The outcome of meeting may be that:**

- there is no need to proceed further at this point
- there is a need to invoke child protection procedures
- the child is a child in need and there is a need for further assessment and intervention by SSC
- there is a possibility of criminal action against an adult
- counselling is required to divert the child from involvement
- there is justification for criminal action against the child
- there is insufficient information at this stage, but concerns remain, and further work is required to clarify them
- a referral is made to a voluntary project/organisation.
- a referral is made for a Family Group Conference

#### **Further action**

- Any action plan must specify each point of action and who is

responsible for undertaking the work, including timescales and desired outcomes. Agreed action from CATSE meetings must be incorporated into any SSC plan for the child by the allocated social worker.

- Unless no further action is agreed, or child protection procedures are invoked, a date for a review meeting will be agreed, to take place no later than three months after the initial meeting
- The meeting must consider what information to give parents at this point, and who should provide this. Parents should usually be notified of concerns regarding their children, and what action is being considered in response. Any exception to this must be recorded, and reasons for this decision noted.
- The meeting should strive to work by consensus. Any disagreements should be noted, and if they cannot be resolved, should be raised within the relevant management structures.
- Where possible, meetings should be minuted using the template available on Framework i. Minutes should be circulated to all attending, who must ensure that they are held securely within their agencies. A copy of all minutes must be sent to the CPO for CATSE.

## **4 INVOLVING CHILDREN, PARENTS AND CARERS**

### **4.1 General information**

Children and their parents/carers have the right to attend CATSE meetings in accordance with Article 8 of the Human Rights Act. However, given the particular nature of sexual exploitation and the potential for criminal investigation, family

attendance must be carefully assessed according to the following criteria:

- the child's age and level of maturity taking into account learning difficulties
- patterns and frequency of any behaviour causing concern
- identity and role of adults involved
- role of parents/carers and other significant adults in the child's life
- age and level of maturity of any other participant
- nature of the sexual activity: could it be considered age appropriate
- who is controlling the sexual activity; where it is taking place
- the child's perception and interpretation of their involvement
- the actual and potential physical and emotional effects
- whether any physical injuries have been caused
- existence of any drugs, alcohol or substance misuse and their significance for the child's behaviour
- child's previous experience of abuse
- likely reaction of parents
- likely reaction of other agencies
- likely reaction of peers.

Attendance must only be agreed if it will not compromise the child/child's safety, or the progress of any investigation. The final decision regarding attendance should be taken by the chair of the CATSE meeting and this decision should be clearly recorded on the child's file.

It is likely that at the very beginning of the CATSE process where little is known about the child's situation or the parent's possible involvement, and where information is still being gathered by agencies, the first CATSE meeting is treated as a strategy meeting to be attended by involved agencies and for the purposes of sharing information and assessing the situation.

For any CATSE meeting where the child or parent does not attend, the meeting should record what action will be taken

and by whom in order to inform the child and their parent of the outcome of the meeting.

#### 4.2 Children

Due to the nature of sexual exploitation, it may be hard to engage children if they are in denial about their exploitation or worried about their parents knowing about their situation. In these cases, the input of voluntary organisations such as Barnados may be important in keeping the child engaged in the process and working with them to protect themselves. It is important that children are encouraged to involve their parents unless this is not consistent with their general welfare or that they are possibly involved in the exploitation.

#### 4.2 Parents

Generally, parents have a right to be informed of any concerns regarding their child. Many may be well aware of the problems but feel powerless to protect or support their child without the help of agencies.

The Children Act 1989 stresses the importance of working in partnership with parents, unless this is not consistent with the child's welfare. Where the child under 16, and they request that their parents should not be informed, practitioners should give careful consideration to whether there are clear reasons why parents need not be informed.

If the child is under 13, parents **must** be informed unless it is clearly not consistent with the child's welfare. The child and their parents/carers should be made aware of any concerns and should be involved in developing diversionary and support plans. However, engaging the child and family and alerting them to the risks should be approached with a high level of sensitivity to avoid alienation.

## PART 4 ROLES AND RESPONSIBILITIES OF AGENCIES

### 1 FAMILY SERVICES & SOCIAL WORK

#### 1.1 General duty and eligibility for services

FS&SW are responsible for safeguarding and promoting the welfare of all children living in Camden and have a duty under the Children Act 1989 to provide services and interventions in order to ensure that all children are able to achieve the 5 *ECM* outcomes. Services provided and actions and interventions taken are based on the child's needs as identified through assessment and depending on the level of need. Details of FS&SW eligibility criteria, including indicators and responses, can be found in appendix 3.

Decisions to refer a child under CATSE procedures will only be taken following assessment of the child's needs by SSC. Where a child is subject to CATSE procedures, FS&SW will continue to discharge their duty towards the child under the Children Act and take any necessary action to safeguard and promote the child's welfare. However decisions on what action to take under the CATSE procedures such as diversion planning should only be taken following discussion within a CATSE meeting.

#### 1.2 Referral and assessment

**Where a child is not known to FS&SW**, referrals will be dealt with by the duty and assessment team who will carry out an initial assessment within 7 days of the date of referral to ascertain the risk to the child and decide what action needs to be taken. Where there is evidence that the child is or may be at risk of sexual exploitation, the allocated social worker should make a referral under the CATSE procedures to the CPO for CATSE. Please see Part 3 of this protocol for details of CATSE procedures.

If the child's needs are complex, a core assessment should be carried out and the case transferred to a Children in Need team.

**If the child is known to FS&SW**, the allocated social worker should discuss the matter with their manager and where possible the CPO for CATSE to decide what action needs to be taken, including whether to invoke child protection procedures and/or make a referral under the CATSE procedures.

When a case is already allocated, concerns may be presented by another professional, but may also be identified directly by the social worker. In a situation like this, a great deal of information may already be known and a core assessment already completed but this will require re-evaluation in the light of the concerns being presented. A discussion should be held with the relevant Team Manager and Child Protection Officer and consideration given to updating the core assessment.

Any assessment must consider what resources may be appropriate in order to meet the child's identified needs. This may include:

- placing the child in care
- application to court for a Care or Supervision Order
- application for Secure Order
- provision of counselling and health services
- provision of advice, support and mentoring opportunity to access leisure, education, employment and housing
- direct provision of family support services.

It is important that information gathered in assessments and at CATSE meetings is shared so that a full picture of the child's situation can be obtained and an informed decision made regarding what action to take. The outcome of any assessment should be discussed in

CATSE meetings, and any support plan agreed at the CATSE meeting should be incorporated into the child's plan.

It has to be recognised that devising an effective CATSE support plan and 'recovery strategy' for the child is not an easy task, and may require professionals to be extremely persistent in continuing to offer support and services. It may be that a non-FS&SW professional is providing the direct service. However, the case should remain allocated to a social worker, who will be the lead professional, whilst a support plan is in place, in order to act as a point of contact for the child, family and professionals, and to co-ordinate implementation of the plan.

### 1.3 Children Looked After

Social workers should be aware that Looked After young people are more vulnerable to sexual exploitation, which may be evidenced by:

- frequent unauthorised absences from placements or running away from placements
- unknown adults contacting or visiting the child at the placement or waiting around outside the placement
- challenging behaviour and other behavioural changes
- possible involvement of other young people in the placement.

When a referral is received regarding a Looked After Child, the allocated social worker must inform their team manager, the child's IRO and the CPO for CATSE. A CATSE meeting should be considered, in accordance with the procedures set out in Part 3 of this protocol. In addition, the following factors will be considered:

- risks to any other children in the placement;
- whether the child should remain in their present placement;
- the feasibility of controlling the child's movements, and the likely effects of doing so.

As above, a support plan should be drawn up, which will form part of the overall care plan for the child. The meeting should consider the appropriateness and method of informing the child's parents. If children are accommodated, parent(s) must be informed of the CATSE referral and what action is being taken. When a child is subject to a care order, generally parents should be informed unless there are clear reasons for not doing so. Any decision otherwise should be recorded on the child's file giving reasons for the decision.

Following the CATSE meeting, the child's social worker should develop a strategy for managing the situation, in conjunction with the child's carers. This should be written down and a copy held by the social worker and the carer. A balance has to be found between the need for assertive action and the need not to unduly increase the likelihood of the child running away, in response to the action being taken, and possibly placing themselves at even greater risk. **Any consideration of restriction of liberty, or confiscation of property needs to be agreed by the Principal Officer for LAC.**

Active work should be undertaken with the child to address issues of self-esteem, relationships, sexuality, sexual relationships and health. Behaviour of other children in the placement should be monitored, to identify if extortion, discrimination or bullying is causing, or reinforcing the child's behaviour.

If the child is in a residential unit, the staff should be asked to take positive action to clarify suspicions and minimise the child's involvement in sexual exploitation, if suspicions are confirmed. These steps may include any of the following:

- Monitoring phone calls and letters by preventing the child from receiving some incoming calls, being present when phone calls are made, confiscating a mobile phone which is being used inappropriately, opening some letters in the presence of the child and withholding letters if

- necessary, recording in the care plan why and which letters and calls are being intercepted;
- Monitoring callers to the home, or adults collecting children by car. This may involve turning visitors away, or passing information directly to the police, monitoring any suspicious activity in the vicinity of the home and informing the police;
  - Offering advice about appropriate clothing;
  - Making every effort to dissuade the child from leaving to engage in sexual exploitation by talking to them, involving them in alternative activities, and ensuring they have the resources to attend, including escorting where necessary;
  - Using physical control where appropriate, in accordance with SSC guidance, to prevent the child leaving home to engage in sexual exploitation;
  - Where these efforts fail, and the child leaves, staff need to decide whether to follow them and continue to encourage them to return;
  - If they will not return, staff should inform the local police and pass on information, such as descriptions and car registration numbers;
  - Liaising with outreach agencies, so they can look out for a child who has gone missing;
- Offering sensitive and welcoming responses to children returning home;
  - Ensuring that the child is aware of the legal issues involved, including advice that staff cannot safeguard money, which is reasonably suspected to have been gained through sexual exploitation. When staff do acquire such money, they must retain it and seek legal advice;
  - Treating the child as a victim of exploitation, not a criminal;
  - Ensuring that relevant information and decisions are recorded in the child's care plan, along with clear directions for action.

If the child is in foster care, the social worker and supervising social worker should meet with the foster carer to decide which of the above steps could reasonably be taken by the foster carer. This needs to take place in consultation with the fostering Team Manager.

Involvement of children in sexual exploitation can evoke strong feelings in carers and staff, which can include anger and revulsion. They must avoid any rejection of the child, or use of sexual insults or innuendo.

The child's behaviour and attitude may be extremely challenging, and carers and staff will require ongoing support, advice and training in knowing how to respond. These needs must be considered and resources identified, either by the manager of the residential unit, or the supervising social worker. Staff and carers should be aware of their own position in relation to the child, e.g., male carers or staff may be viewed with suspicion or contempt.

#### 1.4 Involvement of groups of children looked after

Where there is knowledge or strong suspicion that children are involved together, or are being controlled by the same person, particularly when that person is a child, there will need to be additional planning, including serious consideration of the use of child protection and/or organised abuse procedures.

If a strategy meeting is not appropriate a CATSE meeting should be convened, as above. This will need to ensure that there are no inconsistencies between individual children's care plans. Where the placement is in another authority, or children from other authorities are involved, that authority's Child Protection Co-ordinator (or equivalent) must be contacted, to discuss which authority is to take overall responsibility for convening the meeting and co-ordinating the response.

#### 1.5 Leaving care/aftercare

CATSE meetings, as part of the planning, prevention and protection process for all children up to 18 years, should be convened for young people in the 16+ service if risk indicators are identified in categories 2 & 3. The Pathway Plan for any child where there are concerns about sexual exploitation should address their particular vulnerability to sexual exploitation, and address factors known to minimise successful recovery from sexual exploitation, e.g., homelessness, poverty, lack of educational and employment opportunities, lack of supportive social contacts.

#### 1.6 Child Protection Officer for CATSE

The CPO has a co-ordinating role and oversight of the implementation of this protocol. The CPO will make decisions on all referrals under CATSE procedures to establish whether there is evidence of risk

of sexual exploitation in each case and what category of risk the child falls into.

The CPO will also monitor referrals and gather intelligence on any emerging patterns of abuse in the borough and link with other agencies to help develop Camden's borough-wide response for prevention and efficient intervention in cases of sexual exploitation.

## 2 CAMDEN SAFEGUARDING CHILDREN BOARD

CSCB will play a key role in co-ordinating work across the children's workforce in Camden and ensuring that this protocol is implemented. CSCB's responsibilities include:

- assessing needs for services and planning and commissioning these services to tackle sexual exploitation in Camden
- co-ordinating preventative measures with stakeholders to promote community safety
- providing policy, guidance and training to members of the children's workforce in Camden so that professionals have clear guidance on identification, referral, assessment and responses to sexual exploitation of children
- monitoring and assessing information on patterns of sexual exploitation and the perpetrators and taking any legal action available
- raising public awareness of the issue
- ensuring joint working and co-operation between agencies dealing with children who are sexually exploited.

### 3 THE POLICE

The Police play a leading role in the detection and investigation of crime around the abuse of children through sexual exploitation and have the main responsibility for taking action against perpetrators. This role must be undertaken in accordance with the principle of multi-agency co-operation outlined in this protocol and in line with London Safeguarding Children Board procedures.

Police may become aware of children being involved in sexual exploitation through normal police work on the streets and in other criminal investigations. Initial response to the discovery of a child who is engaging in, or is at immediate risk of engaging in sexual exploitation, must be to remove them from the source of harm, and ensure that any necessary evidence is secured. This must be followed by referral to SSC if further emergency action is required. Following this, a CATSE meeting will be convened.

If there are suspicions that a child is involved in sexual exploitation, but there is no immediate or direct evidence, the police officer noting the concern should refer to the Camden Police CAIT who may contact SSC to consider holding a CATSE meeting.

Criminal action in respect of the child will not be instigated until the matter has been discussed within a CATSE meeting, and then only in very limited circumstances, when it is established that all attempts at diversion have failed. Particular attention should be paid to the following:

- the age and vulnerability of the child;
- the return to sexual exploitation must be considered genuinely voluntary, with no evidence of physical, mental or emotional coercion;

- the child has been told, and understands, that criminal proceedings may take place, and the implications of this for them now and in the future.

The police may have access to further guidance from the Home Office, regarding what action is available. If the matter reaches the point of referral to the Youth Offending Service, this provides a further opportunity for positive intervention.

All interviews with the child as an actual or potential victim should be conducted, as far as possible, in accordance with the Best Evidence Interview. However, flexibility needs to be applied, as it may take a number of interviews before the child is able to make, or complete a statement. If the child has made a statement and/or is a potential witness, careful consideration must be given, as early as possible, to the need for witness protection and witness support.

The police have a major role in ensuring that all agencies involved with children who are abused through sexual exploitation gather evidence and information about perpetrators and pass this on so that it can be collated in order to identify offenders. Any local intelligence should be passed on to national intelligence centres such as the Child Exploitation Online Protection Centre (CEOP) & the United Kingdom Human Trafficking Centre (UKHTC).

The police may also provide information to agencies working closely with sexually active young people under the London Safeguarding Children Board protocol by providing information on young people's sexual partners where professionals have concerns that the relationship may be exploitative.

## **4 EXTENDED COMMUNITY SERVICES FOR CHILDREN AND YOUNG PEOPLE (FORMERLY PLAY SERVICE)**

The role of ECSC&YP staff in relation to children abused through sexual exploitation is in the prevention, recognition and referral stages. Where play workers have immediate concerns, they must act in accordance with the ECSC&YP (Play Service) Child Protection Procedures, and also inform the Lead Officer for ECSC&YP. Where the concerns are not immediate, or are unclear, they should contact the Lead Officer to discuss concerns and decide whether to make a referral to SSC.

## **5 CULTURE AND ENVIRONMENT**

Activities relating to sexual exploitation often occur in public spaces provided by Camden such as parks. In the case of street activity, staff must receive training to enable them to identify such activity and what action to take. Where a child is at immediate risk, staff must contact the local police. Staff may also play a vital part in providing intelligence on locations and possible perpetrators, and this information should be collated and shared with SSC and the police.

## **6 HOUSING**

Housing officers are likely to have information relating to locations and addresses in Camden where sexual exploitation of children takes place and may have information about perpetrators that needs to be shared with the multi-agency network and the Police. They also have a role in identifying children who may be at risk of sexual exploitation, and should receive training that enables them to identify indicators and make appropriate referrals.

Housing Support Officers engaged on the Housing Pathways project and working directly with young people in supported

accommodation are likely to become aware of those young people who may be at risk of sexual exploitation or who are already involved in exploitation. They should make a referral to SSC under the SSC/Housing protocol, and are likely to be involved in the implementation of any diversionary plan.

## **7 YOUTH OFFENDING SERVICES AND CONNEXIONS**

Connexions staff and youth offending workers are likely to have high levels of contact with children that is characterised by a strong trusting relationship. This means they are in a key position to identify indicators that a child is at risk of sexual exploitation. Although they need to maintain their relationship with the child and keep the child's trust, staff must make a referral to SSC if the child is at risk of being sexually exploited. Staff will also play a key role in delivering any diversionary support plan for the child.

Youth Offending workers will also have information regarding children who are at the highest risk of offending and a number of the children who are referred to the service may be involved in sexual exploitation.

## **8 SCHOOLS**

The role of school staff in relation to children abused through sexual exploitation is in the prevention, recognition and referral stages, and supporting recovery, as part of their function of safeguarding and promoting the welfare of children. School staff may also seek advice from the school-based social work team.

### **8.1 Prevention**

Schools are concerned with the personal and social development of pupils, and provide opportunities in which pupils can develop their personal and social skills, make informed choices, develop a healthy

lifestyle and learn to keep themselves and others safe.

Most schools have a Personal, Social and Health Education programme for pupils, taught by teachers. These cover topics such as sex education, drug education, safety, food and nutrition, mental health and health-related exercise. Although there is no statutory curriculum, sensitive subjects, such as sexual exploitation and abuse, may be raised within the PHSE curriculum, and resource information be made available.

## 8.2 Recognition

It is important that school staff are able to identify specific indicators for sexual exploitation and what action to take in the event that they have concerns about a child. Training should be made available to staff that can help them be alert to children who may be at risk of grooming or sexual exploitation, including via the internet.

Education welfare officers, in their assessment and ongoing work with young people and their families, can help to identify specific areas of concern. This can also take place during their regular consultation with school staff.

The exchange of information with other agencies can build a wider picture of what may be happening to a child. Effective record keeping will assist information given out, as well as information received, and will be key for Education staff to contribute to this area of child protection/support planning work. For school staff, the child protection/children in need monitoring forms can be used.

## 8.3 Referral

In cases where there are cumulative concerns, school staff should discuss concerns with the school's designated teacher for child protection, who will refer on to the CPO for CATSE for discussion. This would be appropriate in cases of cumulative concerns over time. Please refer to contact details in appendix 1.

In cases of immediate safety needs, or substantial evidence of a child being involved in sexual exploitation, the designated teacher should refer to SSC via the school based social care team, who are able to advise schools on this issue.

## 8.4 Attendance at CATSE meetings

The designated teacher, or other relevant member of staff will be expected to attend the CATSE meetings held with SSC, and contribute relevant information. Where the child is already known to an Education welfare officer, s/he would also be expected to attend the CATSE meetings and contribute to protection/support planning, as necessary.

Schools staff will be required to liaise with other agencies, monitor the situation for the child following referral, and carry out specific aspects of the child's plan, as agreed at the CATSE meeting.

# 9 HEALTH SERVICE STAFF

The Home Office/Department of Health Guidance on Children involved in Prostitution, notes:

*“Because of the universal nature of most health provision, health professionals may often be the first to be aware that a child may be involved, or be at risk of becoming involved, in sexual exploitation. Children involved in sexual exploitation are likely to need a range of services, including advice and counselling for harm minimisation, health promotion, advice on sexually transmitted diseases and HIV”.*

## 9.1 Identification and referral

Health professionals have a crucial role in identifying those children who they suspect may be involved in sexual exploitation, and in providing holistic support for the physical and mental health of these children. The role of the health professional in relation to children abused

through sexual exploitation is in the *prevention, recognition and referral* stages.

In particular, health staff who regularly come into contact with sexually active young people seeking advice on contraceptives, sexually transmitted infections or unwanted pregnancy should be aware of the nature of the sexual relationship the young person is involved in and whether it is potentially abusive or exploitative. School nurses and LAC nurses are also in a position to identify children who are at risk of sexual exploitation.

When providing advice and treatment to children under 16 for contraceptives, sexually transmitted infections and pregnancy, health staff should be aware of the Fraser Guidelines and appropriate sections of the Sexual Offences Act 2003 that can assist professional judgment on whether or not the child is competent to consent. Concerns about issues of confidentiality that arise in relation to children should be discussed with the CATSE CPO.

For further information and advice, please ring the Named Nurse for Child Protection, or Child Protection Adviser within your organisation, or the Designated Nurse for the Primary Care Trust on 020 7530 3202/3.

## 9.2 Attendance at CATSE meetings

The following health professionals should be invited to CATSE meetings:

- All current health professionals involved with the child, including school nurses, the LAC nurse, GP's, practice nurses, health workers involved with outreach clinics, sexual health and family planning resources.
- Any previously involved health professionals (recent past) who would have a useful contribution to make

to the meeting (i.e. most recent health reports and knowledge of child while at school).

- Health professionals involved in any screening or medicals involving the child who is the subject of the meeting, i.e. clinical medical officer, GP.
- When no other health person is involved, current or past, the child protection specialist for the Borough in question can be approached. This can result in their attendance at the meeting to ensure a health viewpoint or advice can be given to the social worker about an alternative person to approach. The child protection specialist does not assume an ongoing keyworker role, so ongoing work will be completed by an identified health representative with keyworker responsibilities.

## 10 PRIVATE, VOLUNTARY AND INDEPENDENT SERVICES AND OUTREACH AGENCIES

### 10.1 Introduction

The Home Office guidelines on young people involved in sexual exploitation emphasise the importance of a multi-agency approach, which includes outreach and non-statutory agencies:

*“The child may seek to avoid statutory services. They are more likely to respond to informal contact, for example, with health outreach workers, or local non-statutory agencies. The primary concern of all those involved must be the welfare of the child, and decisions on the sharing of concerns about a child’s safety must form part of local protocols*

*between police, social services, health and education authorities and non-statutory agencies". (4.7 Home Office/Department of Health: Guidance on Children Involved in Prostitution).*

The aim of this section is to set out guidelines, which will cover the work carried out by voluntary services and outreach agencies in relation to children involved in sexual exploitation in Camden. There is a wide range of voluntary agencies and outreach services working in the local area. These include agencies which provide services around drugs, HIV prevention, homelessness, counselling and advice.

Having both Kings Cross and Camden Town in the borough, the first a well known area for drugs and sexual exploitation, the latter with high levels of street homeless people, means there is a greater concentration of outreach agencies than in other areas, who may well come into contact with children/young people involved in sexual exploitation.

## 10.2 Principles

Although each agency will have its own local policies and good practice guidelines, the advantages of a shared approach and consistent policy on children involved in sexual exploitation would lead to greater protection of children, and greater support for staff working in those agencies.

There are a number of reasons why it is essential that these agencies are included in the protocol:

- Outreach agencies are often the first point of contact with young people when they are in risky situations;
- The agencies are often able to build up relationships of trust with the children/young people involved, since they are perceived as being

separate from other more formal types of 'authorities';

- The contact the agencies may have with the young people may provide an opportunity for carrying out vital health/harm minimisation/risk reduction work;
- The agencies can maintain a link to the child if they become 'lost' to statutory services, for example, if they persistently abscond or reappear at the place of risk;
- The agencies can provide expertise around the issues to CATSE meetings, and give updates on any local developments affecting sexual exploitation in the area;
- The involvement of the agencies in CATSE meetings will enable information to be shared and ensure support for staff in both statutory and non-statutory/outreach agencies.

Many voluntary and outreach agencies will be aware of the complex issues surrounding young people and sexual exploitation, and will work to ensure that these are taken into consideration, following any initiation of child protection procedures.

It is recognised that effective interventions to support young people who have been involved in sexual exploitation may need to be long-term, include in-depth self-esteem work and may have implications for other resources, for example, accommodation, education etc.

Confidentiality is potentially the most difficult area to include in a shared policy. However, the principle of sharing information between outreach agencies

and the statutory sector will be agreed when it is in the best interests of the child.

Outreach and voluntary agencies normally have a confidentiality policy, which is explained to clients after initial contact. Traditional policies would state simply that 'all information given to the agency by clients is shared amongst the staff team, but will not go outside of the agency without the permission of the client' (with certain exceptions, for example, where safety of other siblings/clients is at risk, or serious illegal activities). In the recent past, moves have been made towards much more sharing of information

It is essential that agencies are not 'secretive' or 'protective' about their work with young people. Often, one of the main aims of the work is to provide their clients with access to other services, and to act as advocates on their behalf. Setting up links with SSC/other agencies can become part of this strategy.

As far as possible, sharing information with other agencies will be done with the child's permission. However, there may be circumstances when the need to inform the police or SSC in order to protect the child will take precedence over obtaining their permission.

Ideally, initiating contact with SSC in cases where there is no immediate risk should be done with the child's consent. It can be explained to them that they have a right to be protected, looked after, or accommodated, and that by pursuing a referral to SSC, the agency can help them gain these rights.

The existence of agreed procedures must ensure that agencies minimise the risk of losing contact with children/young people involved in sexual exploitation, since their main aim will be to provide services to people who are out of touch with mainstream agencies.

Often, outreach agencies have a comprehensive picture of the scale and nature of sexual exploitation in the local area. The sharing of information about young people who are

involved will lead to greater knowledge and understanding in the statutory sector.

When considering referring a child to a CATSE meeting, it is important to take into account the varied nature of the contact that outreach and voluntary agencies may have with young people. For example, agencies often work in the evening, may have very brief contact with clients on the street, may be unsure initially, of the activities a client is involved in, or may wish to build up trust with the client, as the best way of ensuring that they access services.

### 10.3 Procedures

- If an agency comes into contact with a child who is involved in sexual exploitation, or is at risk of becoming involved, discussion between project workers and team managers should take place, regarding referral to SSC and the use of CATSE procedures.
- Wherever possible, the child will be informed that they are considered to be at risk, and that the agency will work with them to ensure their safety is restored. They will be told this means that other agencies will be involved, and it is important that they do not see this as a punitive measure.
- All cases of concern will be reported to the CPO for CATSE, and will be logged, regardless of whether further action is taken. Even when a full referral is not possible, the concern should still be reported, in order to build up a picture of how many young people there are at possible risk.
- Where there is sufficient information, the link person in the outreach agency will contact the relevant duty and assessment team in order to find out if the child is known to them, or to discuss further action.

- If an agency is aware that the child is known to SSC outside the local area, they will make contact with the social worker, and also inform and liaise with the designated Lead Officer in Camden. Future liaison may then be taken up by SSC.
- Where there is not sufficient information, for example, no full name, the agency will endeavour to increase contact with the child, in order to be able to start the procedures. The case will be reported to SSC and logged.
- Where the risk is immediate, the agency will inform the police, so that the child can be removed from the risky situation.

#### **10.4 Involvement of agencies in CATSE meetings**

- When a CATSE meeting is convened, outreach agencies will attend as appropriate
- In order to ensure the best possible protection for the child/child, the agencies will share all relevant information in the meeting.
- Where appropriate, outreach agencies may agree to provide on-going support as part of a future support plan for the child involved.

Where an outreach agency is called to a CATSE meeting to provide knowledge or expertise, the agency will report any information concerning a known child who is considered to be at risk, for example, who may be reported missing

## APPENDIX 1

### LEAD OFFICERS IN KEY AGENCIES

<b>Agency</b>	<b>Designation</b>	<b>Contact details</b>
Safeguarding & Social Care	Child Protection Officer	156 West End Lane London NW6 1SD  020 7974 1040
Police CAIT/Sapphire/Clubs & Vice	Responsible detective inspector	Holborn Police Station, 10 Lambs Conduit Street
CSF	CP co-ordinator	
Health	Designated cp nurse advisor	
Playservices	Quality & Community Development Officer	Crowndale Centre 218 Eversholt Street London NW1 1BD  020 7974 1686
Barnados Young Women's Project	Project manager	PO Box 34727 London N7 8YQ  020 7700 2253

## APPENDIX 2

### SOCIAL WORK SERVICE DUTY AND ASSESSMENT TEAMS

#### Social Work Service North (West End Lane office):

**Duty and assessment team:** 156 West End Lane  
London NW6 1SD  
Tele: 020 7974 6600/1125  
Fax: 020 7974 6605

**Manager:** Tel: 020 7974 6589

**Senior practitioners:** 020 7974 6617/6598

**Wards covered:** Adelaide, Belsize, Fitzjohns, Fortune Green, Frogna1, Gospel Oak, Grafton, Hampstead Town, Highgate, Kilburn, Priory, South End, Swiss Cottage, St Johns, West End.

#### Social Work Service South (Crowndale Centre office):

**Duty and assessment team:** Crowndale Centre  
218 Eversholt Street  
London NW1 1BD  
Tele: 020 7974 4094/4446  
Fax: 020 7974 1557

**Manager:** Tel: 020 7974 1553

**Senior practitioners:** Tel: 020 7974 4018/4178

**Wards covered:** Bloomsbury, Brunswick, Camden, Castlehaven, Caversham, Chalk Farm, Holborn, Kings Cross, Regents Park, Somers Town, St Pancras.

## APPENDIX 3

Level of need	Indicators	Responses
<p>Universal (ISA level U): children with no additional needs whose developmental needs are being met and are receiving universal services</p>	<ul style="list-style-type: none"> <li>• Children in good physical health whose general development is age appropriate</li> <li>• Stable families where parents are able to meet all the child's needs</li> </ul>	<p>All children should receive universal services such as health care and education, and may also be able to access Sure Start programmes, Play services and Youth and Connexions services</p>
<p>Low risk (ISA level 1): children requiring extra support from a single agency in order to promote their health and development.</p>	<ul style="list-style-type: none"> <li>• Children with minor health or behavioural problems requiring extra support</li> <li>• Children affected by difficult family relationships, bullying or harassment</li> <li>• Children identified by schools as requiring extra educational support</li> <li>• Children starting to have unauthorised absences from school</li> <li>• Families affected by low incomes, ie; families seeking asylum</li> </ul>	<p>Professionals should talk to the family about carrying out a CAF in order to identify appropriate services that could enhance the child's well-being. Where more than one agency is involved, a lead professional should be identified.</p> <p>Although Safeguarding and Social Care may not necessarily complete a full assessment, it can provide information and advice on appropriate and available services.</p>
<p>Medium risk (ISA level 2): children with high levels of complex need requiring a multi-agency response, and whose parents are unable to meet the child's needs. Parents may also have a history of non-engagement with services or show little capacity for change.</p> <p>Children at this level of need would be eligible for a children in need service from Safeguarding and Social Care as they are likely to require services to enable them to meet a reasonable level of health and development and to achieve the 5 ECM outcomes.</p> <p>Services at this level focus on prevention and family support in order to avoid more rigorous intervention at a later stage.</p>	<ul style="list-style-type: none"> <li>• Children with disabilities or chronic ill health</li> <li>• Children living with domestic violence</li> <li>• Young carers</li> <li>• Children beyond parental control</li> <li>• Children involved in criminal activity</li> <li>• Children with significant behavioural problems</li> <li>• Pregnant women whose lifestyle may be affecting the development of the unborn child</li> <li>• Families who are intentionally homeless</li> <li>• Children involved in substance misuse</li> <li>• Children whose parents are unable to meet their needs due to physical or mental illness or drug and alcohol use</li> <li>• Families experiencing crisis or breakdown in family relationships</li> <li>• Children who take on a significant caring role</li> </ul>	<p>As these children are at risk of moving to a high level of risk, early intervention by Safeguarding and Social Care is crucial.</p> <p>Agencies should discuss the matter with parents and carry out a CAF before making a referral to Safeguarding and Social Care.</p> <p>An initial assessment and risk assessment will then be carried out to assess the child's developmental needs and appropriate services provided, including referral on to other appropriate services.</p> <p>The allocated social worker will be the child's lead professional.</p>

	<p>due to parental illness or other incapacity</p> <ul style="list-style-type: none"> <li>• Children required to stay in hospital for over 12 weeks (section 85)</li> <li>• Children of prisoners</li> </ul>	
<p>High risk (ISA level 3): children experiencing significant harm and whose needs are complex and enduring, requiring statutory intervention.</p> <p>Children at this level of need would require statutory intervention such as child protection or legal intervention in order to safeguard and promote their welfare. The child may also need to be accommodated by the local authority either on a voluntary basis or by way of Court order.</p>	<ul style="list-style-type: none"> <li>• Children whose parents are unable to care for them</li> <li>• Children who have no parent or carer and unaccompanied minors</li> <li>• Children whose behaviour puts them at serious risk</li> <li>• Children living with high levels of domestic violence that places them at risk</li> <li>• Children whom it is suspected are being physically, emotionally or sexually abuse or neglected</li> <li>• Children for whom it is suspected may be being trafficked or involved in commercial exploitation</li> <li>• Children who are the subject of emergency protection orders or who are in police protection</li> <li>• Where a pre-birth assessment has shown the unborn child to be at serious risk of significant harm</li> </ul>	<p>As these children are at the highest level of risk, agencies carry out a CAF before making a referral to Safeguarding and Social Care.</p> <p>Agencies should discuss matters with parents prior to making a referral, unless it is thought that this would place the child at further risk.</p> <p>An initial assessment and risk assessment will then be carried out to assess the level of risk to the child and a decision taken on the appropriate action needed to safeguard the child.</p> <p>The allocated social worker will always be the lead professional for any child receiving a statutory service.</p>