

Child Sexual Exploitation Policy

Underpinning legislation:

The Children's Home (England) Regulations 2015

Children's Act 1989

The United Nations Convention on the Rights of the Child

Sexual Offences Act 2003

Sexual Offences Act 1967

Outcome: to ensure effective practice around CSE to safeguard young people in our care.

Policy background

This policy identifies risks posed to young people from CSE and the policies and practice guidelines which guide interventions.

This policy has been written with reference to national policy and guidance including 'Working Together 2013', the government guidance on child sexual exploitation is Safeguarding children and young people from sexual exploitation: supplementary guidance to Working together to safeguard children (PDF) (DCSF, 2009). This policy is in line with the Leicester, Leicestershire and Rutland safeguarding board Child sexual exploitation practice guidance 2011* and the policy denotes references to annex's in this policy and CSE risk assessment.

"The sexual exploitation of children and young people has been identified throughout the UK, in both rural and urban areas, and in all parts of the world. It affects boys and young men as well as girls and young women. It robs children of their childhood and can have a serious long-term impact on every aspect of their lives, health and education. Children who are sexually exploited are the victims of sexual abuse and should be safeguarded from further harm. Sexually exploited children should not be regarded as criminals and the primary law enforcement response must be directed at perpetrators who groom children for sexual exploitation." (Working Together 2013)

Staff at East Midlands Vocational Academy should be vigilant about the risks and sign of CSE. Staff should always view the young person as a victim and in line with Working Together and the DFE guidance on Child Sexual Exploitation. Action should be focused on the child's needs, including consideration of children with particular needs or sensitivities, and that children and young people do not always acknowledge what may be an exploitative and/or abusive situation.

Our approach at EMVA is one of prevention and early intervention around any concerns that a young person in our care may be at risk of CSE. Staff should familiarise themselves with the signs of CSE and be alert to any grooming behaviour. (See appendix at the end of the policy).

How we will help to support Young people against the risks of child sexual exploitation.

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Young people in our care should be made aware of the potential risks of CSE and key workers should address this in an age appropriate way in key worker sessions. Educational leaflets will be on available at the provision. Young people from the age of eight can be helped to discuss an understanding of acceptable and unacceptable relationships and sexual behaviour and to gain a sense of self-worth and respect for others.

Staff should support young people to understand specific safeguarding risks and be made aware of how to seek help. This can include national sources of help such as CEOP (www.thinkuknow.co.uk), Child Line and local projects and agencies including of course the statutory services. The Leicester, Leicestershire and Rutland safeguarding board practice guidance on CSE identifies a range of local support agencies.

In all situations where a staff member feels they may be a risk of a young person becoming involved in CSE then the staff member should immediately report this to a senior member of staff. It is very important that detailed information is collected about any concerns or risks and that this is documented including nicknames, car registration etc. and any contact details of alleged or suspected perpetrators. See Annex from LLR safeguarding board practice document for collecting information. The LLR safeguarding board CSE risk assessment form should be completed and a copy sent to social care if risk identified.

Young people's risk assessments should be reviewed if any concerns are noted regarding concerning relationships and possible CSE. Concerns should always be communicated with the young person's social worker.

Staff should be clear that the identification of a child or young person who is being sexually exploited, or at risk of being sexually exploited, should always trigger the agreed LSCB procedures to ensure the child's safety and welfare, and to enable the police to gather evidence about abusers and coercers. Reference-

Safeguarding Children and Young People from Sexual Exploitation 2013

"Where there is reasonable cause to suspect that significant harm to a child has occurred or might occur, there would be a presumption that the case is reported to children's social care and a strategy discussion should be held to discuss appropriate next steps. Again, all cases should be carefully documented including where a decision is taken not to share information."

Staff should work within the local safeguarding policies (see file) and ensure that any immediate risks are reported without delay to social care and the Police.

If staff have any queries about the legality of sexual behaviours, consent and offences they should refer to the DFE Safeguarding young people against child sexual exploitation (copy held on file).

Staff should assess the use of Internet, mobile phones and other communication methods the young person has access to and may reduce access to some methods of communication in line with the DFE CSE guidance if a young person is deemed at risk. If staff have concerns

that a young person may be being groomed or sexually exploited, support from the police should be sought regarding gaining information and evidence from young people's mobiles, computers etc.

It is important for staff to work as collaboratively as possible with the young person but be very clear as to duties of care, safeguarding procedures and the need to share information. Young people involved in CSE are often initially not able to recognise the risk that an individual poses to them. The following information from the LLR safeguarding board practice guidance should be considered. :

A young person who has been subject to a complex pattern of life experiences including, sophisticated grooming and priming processes that have brought them to a point where they are at risk of, or are abused through, sexual exploitation, are often not able to recognise the exploitative relationships and situations they are in. They may even present as being in control. CSE involves a process of grooming, control, force and coercion. Children and young people do not volunteer to be sexually exploited and they cannot consent to their own abuse. This applies equally to young people aged 16 and 17 years, it should not be assumed that they are safe from CSE.

Children and young people are increasingly using computers and mobile phones to access the Internet for social networking or to visit potentially risky websites such as dating services. This opens up further opportunities for perpetrators to make contact and to groom children and young people for sexual exploitation. The fact that online users often lie about their true identity means that young people can be more easily groomed and coerced into meeting up with potential perpetrators. (For more information, contact CEOP or visit their website)

Careful consideration needs to be given to the following risk factors in determining in a young person's relationship may involve grooming and risk of CSE.

- Relationship involves aggression or power imbalance;
- or bribery;
- child sex offences;
- Differences in the presentation or behaviour of the young person –
- In the child i.e. withdrawn, anxious;
- misuse of substances as a disinhibitor;
- The child's own behaviour, because of the misuse of substances, places him/her at risk of harm so that he/she is unable to make an informed choice about any activity;
- Attempts to secure secrecy have been made by the sexual partner, beyond what would be considered usual in a teenage relationship;
- The child denies, minimises or accepts concerns; the methods used are consistent with grooming; and the sexual partner/s is known by one of the agencies.

Staffs should familiarises themselves with the following risk factors

- Having money, mobile phones, clothes, jewellery or other items not given by parents/carers.
- Changing physical appearance - new clothes, more make-up.
- Being defensive about where they have been and what they've been doing.
- Having increasing health-related problems.
- Staying out late and/or going missing.
- Returning home after long intervals but appearing to be well cared for.
- Becoming disruptive or using abusive language.
- Getting involved in petty crime.
- Volatile behaviour.
- Having marks or scars on their body which they try to conceal by refusing to undress or uncover parts of their body.
- Having multiple mobile phones or use of a mobile phone that causes concern;
- Multiple callers and/or more text messages than usual.
- Expressions of despair (self-harm, overdose, eating disorder, challenging behaviour,
- Aggression, appearing drunk or under the influence of drugs, suicidal tendencies,
- Looking tired or ill, sleeping during the day.)
- Disclosure of sexual or physical assault followed by withdrawal of allegation.
- Sexually transmitted infections/become pregnant.
- Peers involved in clipping (receiving payment in exchange for agreement to perform
- Use of the Internet that causes concern.
- Isolated from peers and social networks; not mixing with their usual friends.
- Lack of positive relationship with a protective, nurturing adult.
- Exclusion and/or unexplained absences from school or not engaged in education or

Significant risk indicators

- Periods of going missing overnight or longer.
- Older 'boyfriend/girlfriend' or relationship with a controlling adult.
- Physical or emotional abuse by that 'boyfriend/girlfriend' or controlling adult.
- Entering and/or leaving vehicles driven by unknown adults.
- Unexplained amounts of money, expensive clothing or other items.
- Physical injury without plausible explanation.
- Frequenting areas known for sex work.

At the EMVA staff will follow the guidance below as outlined in the LLR CSE practice guidance:

- Treat the child as a victim, not a troublemaker or a criminal;
- Ensure that all relevant information is recorded in the child's care plan and file – concerning adults and identifying information e.g. appearance, street names, cars registration details etc., telephone activity, the child's patterns of missing behaviour etc. – together with decisions and clear directions for action;

- Making every effort to dissuade the child from leaving to engage in CSE by talking to them, involving them in alternative activities, and ensuring they have the resources to attend those activities, including escorting where necessary;
- Ensuring that the child is aware of the legal issues involved, for example that those exploiting them are committing a range of offences;
- Monitoring telephone calls, text messages and letters and being present when phone calls are made, opening some letters in the presence of the child and withholding letters if necessary; reasons for intercepting letters and calls (for example, that they relate to a dangerous adult) should be included in the care plan;
- 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;

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- Using appropriate methods, in accordance with relevant guidance, to prevent the child leaving home to engage in sexual exploitation (these should be recorded in the care plan);
- 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 that the child is missing and pass on all relevant information
- 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 and consider future preventative intervention in order to reduce further missing episodes.

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