



Child Protection/Safeguarding in Specific Circumstances - Child Sexual Exploitation

SUMMARY SHEET

SAFEGUARDING IN SPECIFIC CIRCUMSTANCES – CHILD SEXUAL EXPLOITATION

Title:	SBNI Child Protection/Safeguarding in Specific Circumstances – Child Sexual Exploitation (CSE)		
Purpose:	The purpose of this document is to better protect and safeguard children and young people at risk of or who have suffered child sexual exploitation by enhancing the skills and knowledge of Agencies in relation to CSE and outlining what staff/volunteers should do. ¹		
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¹ This document replaces the policy and procedures outlined in Chapter 9 of the Regional Child Protection Policy and Procedures April 2005, paragraph 9.72 to 9.92 and the Interim Guidance on Child Sexual Exploitation issued by the Health and Social Care Board in October 2014. The document also complements and is informed by the Guidance document entitled 'Child Sexual Exploitation: Information for Professionals', SBNI 2014, written in conjunction with CSE Knowledge Transfer Partnership NI. Staff/professionals/volunteers concerned about Child Sexual Exploitation are expected to follow these Policy and procedures.

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1. Child Sexual Exploitation

- 1.1 Child Sexual Exploitation (CSE) is a form of Child Sexual Abuse. Children and young people who are abused through CSE face significant risks to their physical, emotional and psychological health and well-being.
- 1.2 Agencies, to which these policy and procedures apply, need to work together, combining their knowledge and skills, to prevent children and young people becoming at risk of CSE and to identify and ensure protection for those who are at risk of, or who have suffered, child sexual exploitation.
- 1.3 These policy and procedures refer to children and young people who have not reached their 18th birthday. Young people, who are over 18, are subject to the provisions under the Children (Leaving Care) Act 2012 and The Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003.
- 1.4 CSE can be difficult to identify. Many children, young people, staff, parents and carers, can misinterpret such experiences as consensual and fail to recognise the exploitation involved. This can contribute to misplaced feelings of loyalty or shame on the part of victims, many of whom will consequently not self-disclose. This can lead to a potential failure in identifying abusive situations on the part of staff. However, the fact that all such scenarios are typified by a power imbalance in favour of those perpetrating the abuse and/or some form of vulnerability or limited availability of choice on the part of the young person clearly delineates/distinguishes the experiences as abusive.

2. Definition

2.1 **'Child sexual exploitation is a form of sexual abuse in which a person(s) exploits, coerces and/or manipulates a child or young person into engaging in some form of sexual activity in return for something the child needs or desires and/or for the gain of the person(s) perpetrating or facilitating the abuse.'** (SBNI 2014, adopted from CSE Knowledge Transfer Partnership NI).

2.2 The 'something' received by the child or young person can include both tangible items and/or more intangible 'rewards' OR 'benefits' such as perceived affection, protection or a sense of value or belonging. Fear of what might happen if they do not comply can also be a significant influencing factor. The gain for those perpetrating or facilitating the abuse can include financial benefit, status or control.

2.3 CSE can take a variety of different forms. It can take place in person, or on-line and involve both contact and non-contact sexual activities, including the production and distribution of sexual images or exposure to such images. CSE is not a specific criminal offence in itself; however it is the context within which a range of sexual offences and other forms of serious criminal misconduct take place against children and young people.

2.4 Any child or young person under the age of eighteen, male or female, can be a victim of CSE regardless of their family background or other circumstances, including those who have reached the legal age of consent.

2.5 Sexual exploitation results in children and young people suffering harm, and causes significant damage to their physical and mental health. It can also have profound and damaging consequences for the child's

family. Parents and carers are often traumatised and under severe stress. Siblings can feel alienated and their self-esteem may be affected. Family members can themselves suffer serious threats of abuse, intimidation and assault at the hands of perpetrators.

2.6 The abuse most frequently, but not exclusively, impacts upon those of a post-primary age² and can be perpetrated by adults or peers, on an individual or group basis.

2.7 Alleged perpetrators are often well organised and use sophisticated tactics. UK research would indicate that they target areas where children and young people gather without much adult supervision, e.g. for example party-houses, parks or shopping centres or sites on the Internet, hostels, food outlets, taxi ranks, outside schools. CSE can affect children and young people living at home and those living away from home. Going missing from their home or care can render a young person particularly vulnerable to CSE.

3. The Legislative Context

3.1 The Sexual Offences (NI) Order 2008

(<http://www.legislation.gov.uk/2008?title=sexual%20offences%20order>)

provides for a number of offences that relate to CSE. These are categorised by the age of the victim and include:

- Rape and other offences against children under 13 (articles 12-15). The Order clearly stipulates with reference to these offences that a child under 13 can never be argued to have consented to sexual activity, nor is there any defence of believing the child was of an older age.

² Not a world away' The sexual exploitation of children and young people in Northern Ireland October 2011 and the CSE Knowledge Transfer Partnership

- Offences against children under 16 (articles 16-22). These include:
 - Sexual activity with a child;
 - Causing or inciting a child to engage in sexual activity;
 - Engaging in sexual activity in the presence of a child;
 - Causing a child to watch a sexual act;
 - Arranging or facilitating commission of a sex offence against a child; and
 - Meeting a child following sexual grooming.
 - Article 20 specifically considers child sex offences committed by other children or young persons, of use in cases of peer on peer abuse.
 - Offences against all children under 18 (articles 23-42), recognising the continued vulnerability of 16/17 year olds in certain situations these offences cover:
 - Abuse of position of trust;
 - Familial sexual offences;
 - Indecent photographs.
 - Abuse through “prostitution or pornography” applies to all under 18s
 - Non-consensual sex is rape, whatever the age.
- 3.2 The law also provides for a number of civil remedies that could potentially be used in cases of CSE including Sexual Offences Prevention Orders (available post-conviction of an offence) and Risk of Sexual Harm Orders (that do not require a prior conviction) in accordance with set criteria. The Children (NI) Order 1995 and the Child Abduction (NI) Order 1985 can also be used in cases where children are going missing as part of the exploitation.
- 3.3 There is a link between trafficked children and CSE. Children are known to be trafficked for sexual exploitation and this can occur anywhere within the UK and Ireland, within and across local Police, Health and Social Care Trusts, and Council boundaries and across International

Borders. This includes for example, the movement of a child from one location to another within Northern Ireland for the purposes of sexual exploitation. The Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015³ also provides remedies in relation to sexual exploitation. For example, it has introduced slavery and trafficking prevention orders.

3.4 For further information, refer to:

- **Working Arrangements for the Welfare and Safeguarding of Child Victims of Human Trafficking”, DHSSPS, 2011**([http://www.bing.com/search?q=Working+Arrangements+for+the+Welfare+and+Safeguarding+of+Child+Victims+of+Human+Traffickingpdf"%2C+DHSSPS&src=IESearchBox&FORM=IE8SRC&adlt=strict](http://www.bing.com/search?q=Working+Arrangements+for+the+Welfare+and+Safeguarding+of+Child+Victims+of+Human+Traffickingpdf))
- **Pathway for Safeguarding and Promoting the Welfare of Separated/Unaccompanied Children Arriving in Northern Ireland: Regional Operating Guidance 2013** (http://www.dhsspsni.gov.uk/oss_working_arrangements_for_the_welfare_safeguarding_of_child_victims_of_human_trafficking.pdf)
- **‘Child Sexual Exploitation: Information for Professionals’, SBNI 2014, produced in conjunction with CSE Knowledge Transfer Partnership NI** (http://www.safeguardingni.org/sites/default/files/sites/default/files/imce/CSE_professional_definition_and_guidance.pdf).

4. **Principles**

4.1 The principles underpinning a multi-agency response to the sexual exploitation of children and young people in Northern Ireland include:

³ www.legislation.gov.uk/nia/2015/2/pdfs/nia_20150002_en.pdf

- Sexually exploited children and young people should be treated as victims of abuse and not as offenders.
- Sexual exploitation includes sexual, physical and emotional abuse and in some cases, neglect.
- Children and young people do not make informed choices to enter, or remain in, sexual exploitation, but do so from coercion, ignorance, enticement, manipulation or desperation.
- Children and young people who are, or at risk of being sexually exploited will have varying levels of needs. They may have multiple vulnerabilities and, as children in need of services as prescribed in the Children (NI) Order 1995, require an appropriate multi-agency response. Good coordination is essential.
- Coercers and abusers, usually from outside the family circle, are often adults, but may also be the child's peers. Staff must be aware that these peers may also be victims of child abuse themselves and as such are children in need of services under the Children (Northern Ireland) Order 1995.
- Equal importance must be given to prevention, protection and prosecution.

4.2 Professional resilience is key to working with children who are, or may be vulnerable to, or victims of CSE. It is important that professionals take a pro-active approach to this work.

4.3 Children and young people who experience CSE are unlikely to self-disclose. There are some groups of children and young people who are particularly less likely to disclose, for example boys, children with disabilities, those whose first language is not English, and certain religious groups.

4.4 As a consequence, agencies must work together to:

- Identify those who may be at risk of being sexually exploited. Identifying the vulnerabilities and indicators associated with CSE is therefore vital in enabling early intervention in order to prevent, safeguard and protect children and young people. Staff/volunteers must understand the many barriers that children face to disclose and ensure that they take the necessary pro-active steps to identify abusive situations and CSE.
- Practitioners and their managers should be aware of the potential signs that a person is being groomed for sexual exploitation and be able to identify these. (For further information on the grooming process please refer to Appendix 2).

4.5 Information should be shared proactively across agencies to improve the protection of children. Agencies should:

- Work collaboratively to ensure the safeguarding and welfare of children and young people who are being, or may be at risk of being, sexually exploited.
- Apply proactive problem solving to address the risks associated with victims, alleged perpetrators and locations to safeguard and protect children and young people who may be at risk of suffering are, or who are suffering, from CSE.
- Take action against those, intent on abusing and exploiting children and young people in this way.
- Raise awareness and provide preventative education for the welfare of children and young people who are or may be sexually exploited.
- Provide timely and effective interventions with children and families to safeguard those vulnerable to sexual exploitation and those who are victims of sexual exploitation.
- For those children who have particular vulnerabilities such as communication difficulties ensure that their needs are addressed for example in the provision of interpreting/translation services,

communication support services and having information available in appropriate alternative formats.

- Share information between agencies in a timely fashion; recognising that sometimes this may need to be immediate (Please refer to Information Sharing Agreement).
- Identify the vulnerabilities and indicators associated with CSE, as this is vital in enabling early intervention in order to safeguard and protect children and young people.

5. How do children and young people become vulnerable to CSE?

5.1 Children and young people can become vulnerable to CSE due to varied and complex factors which can include prior adversity such as neglect, physical or sexual abuse and/or unmet emotional needs. The majority of children and young people at risk and/or experiencing CSE live at home. However there are a wide range of factors which may heighten their vulnerability to this form of abuse. The following are some of the vulnerabilities which may make any child or young person more vulnerable to being subjected to child sexual exploitation. This list is not an exhaustive:

- Breakdown of family relationships/social isolation;
- Low self-esteem;
- Being in a state of poverty or financial hardship;
- Living in difficult domestic circumstances, being homeless, living away from home, such as in Residential Care, Foster Care/Kinship Care;
- Children with Disabilities - in general they are at greater risk of all forms of abuse and are particularly vulnerable to CSE;
- Having learning or behavioural difficulties, or Attention Deficit Hyperactivity disorder (ADHD);
- Substance misuse, addiction or misuse of alcohol and drugs, including legal highs;

- Being a victim of, neglect, sexual, physical or emotional abuse, or witnessed serious or prolonged domestic violence;
- Recent bereavement/family breakdown;
- Experience of being bullied;
- Disengagement from education, poor school attendance;
- Involvement in crime;
- 'On-line' vulnerability and lack of recognition of risk in the 'on-line' world;
- Links with other young people who are being sexually exploited;
- Going missing from home or Care;
- Displaying sexualised behaviour;
- Experiencing mental or physical ill health or those who have or are currently self-harming or attempting suicide⁴;
- Confusion around personal sexual development and/or orientation;
- Individuals from the Lesbian, Gay, Bi-sexual and Transgender Community (LGBT);
- Attachment issues; and
- Eating Disorders.

6. Potential Indicators of CSE

6.1 The Professional Information Child Sexual Exploitation: Information for Professionals', SBNI 2014, highlights the following:

- Acquisition of money, clothes, mobile phone etc., without plausible explanation;
- Leaving home/care without permission;
- Persistently going missing or returning late;
- Receiving lots of texts/phone calls prior to leaving;
- Agitated/stressed prior to leaving home/care;
- Returning distraught/dishevelled or under the influence of substances;
- Requesting the morning after pill upon return;

⁴ CEOP Threat Assessment of Child Sexual Exploitation and Abuse, June 2013

- Truancing from school;
- Inappropriate sexualised behaviour for age;
- Physical symptoms or infections e.g. bruising, bite marks, sexually transmitted infections;
- Concerning use of the internet;
- Entering or leaving cars driven by unknown adults or by taxis;
- New peer groups;
- Significantly older 'boyfriend' or 'girlfriend';
- Increasing secretiveness around behaviours;
- Low self-esteem;
- Change in personal hygiene (greater attention or less);
- Self-harm and other expressions of despair;
- Evidence or suspicion of substance misuse.

6.2 As stated in the Professional Guidance, whilst these indicators can be used to identify potential risk, it is important to note that their presence does not necessarily mean that CSE is occurring. More importantly, nor does their absence, mean that it is not.

6.3 The risk assessment tool for CSE categorises the vulnerabilities and indicators listed above into moderate and significant risk indicators.

6.4 ****For further information regarding indicators of CSE, please refer to the 'Child Sexual Exploitation Risk Assessment'.***

7. CSE 'On-Line' and the Internet

7.1 Technology such as mobile phones or social networking sites can play a part in CSE, for example, through recording abuse and sharing it with other like-minded individuals or as a medium to access children and young people in order to groom and exercise power over them.

7.2 In general, children and young people do not consider the 'on-line' world in the same way as they would in a 'real' situation. Thus, children and young people do not perceive the risk they face to be as 'real' as that which they face in normal life. Children and young people are more exposed to the risk of CSE through their 'on-line' activity in the following ways:

- Posting sexualised profile pictures on social networking sites;
- Sending sexualised images (sexting);
- Having relaxed security settings on on-line profiles;
- Pretending to be older than they are for example, early teens pretending to be in their mid-teens;
- Accepting friend requests from people that they do not know in real life.

7.3 The method used by those perpetrating 'on-line' child sexual exploitation, has evolved in recent years and such conduct can lead to a range of offending outcomes. These can take the form of deceiving children into producing indecent images of themselves or engaging in sexual chat or sexual activity over a webcam or can lead for example, to the child or young person being blackmailed by individuals or as part of organised crime, with the threat of circulating these images on-line for some form of gain. 'On-line' CSE can also lead to 'off-line' offending such as meetings between an alleged perpetrator and a child for sexual purposes.

7.4 The practice of self-generation of indecent imagery by children and young people raises the issue of criminal offending by children. The Sexual Offences (NI) Order 2008 has raised the age limit (under the Protection of Children NI Order 1978) from under 16 to under 18 years of age. It is a criminal offence to take, make, permit to take, distribute, show, possess, possess with intent to distribute, or to advertise indecent photographs or pseudo-photographs of any person below the age of 18.

- 7.5 Where it is suspected, of anyone accessing or creating indecent images of children, this must be referred to the Police and Social Services in line with procedures set out in SBNI Regional Policy and Procedures.
- 7.6 Where there are concerns about a child being groomed or exposed to pornographic material on-line via the Internet or other information technologies for example a mobile phone, referrals should be made to the Police and to Social Services in line with procedures set out in the SBNI Regional Child Protection Policy and Procedures for further investigation.
- 7.7 It is acknowledged that there are cases of non-abusive sexual activity where, even though it is a criminal offence, prosecuting the child in such circumstances would be damaging to them in terms of their emotional health and well-being, and would be highly unlikely, to be in the public interest. However, there are also occasions where, for example, it has transpired an imbalance of power has been present; grooming has been used; or the image distributed to others. Hence an investigation in all such cases is required.

8. Children and Young People's Reluctance to Report

- 8.1 Most children and young people do not recognise the coercive nature of the relationship with their abuser and do not see themselves as victims of sexual exploitation, as they consider they have acted voluntarily. The reality is their behaviour is not voluntary or consenting. It is important to remember that a child or young person cannot consent to his or her own abuse. Staff therefore, need to be clear about what consent really means. Consent is where a person 'agrees by choice' and has freedom and capacity to make that choice. This would therefore not include situations where the person has been asleep, intoxicated through alcohol or drugs, coerced, threatened or exploited. The child's ability to

understand their situation can also be influenced by their developmental stage or developmental delay.

8.2 Children and young people who experience CSE are therefore less likely to self-disclose. There are some groups of children and young people who are particularly less likely to disclose, for example boys, LGBT including children who are confused about their sexuality,⁵ children with disabilities, those whose first language is not English, and certain religious groups. The child or young person may be still living with the alleged perpetrator.

9. **Common Characteristics Experienced by Children and Young People**

- Lack of awareness/understanding in recognising what they have experienced is abusive and that they are victims of CSE;
- Not knowing who to tell and/or feeling that there is nothing left for them;
- Believing they are to blame for their abuse;
- Fear of not being believed, or being judged by friends; relatives or carers, of staff within Agencies;
- Worried that images of their abuse, if taken, may be distributed to others;
- Fear of reprisals by alleged perpetrators;
- A sense of loyalty to an alleged perpetrator;
- Misplaced shame;
- Issues in relation to communication may make disclosure more difficult, for example for children with a disability, children from ethnic minorities – migrants, asylum seekers or whose first language is not English;

⁵ Barnardo's (2014) Hidden in Plain Sight. A scoping study into the sexual exploitation of boys and young men in the UK. Policy Briefing London: Barnardo's, UCL and Natcen

- Boys are particularly reticent to report for a number of reasons such as perceived social norms of masculinity;
- Children whose culture and religious beliefs may make a disclosure very difficult;
- The lack of a 'safe space' for young people who are from the LGBT community or who are confused about their sexual development and sexual orientation to explore and talk about their sexuality can make them more vulnerable to and at risk of CSE. This can be due a fear of discrimination.

10. Multi-Agency Roles in relation to CSE

10.1 Staff and Volunteers in all agencies need to be aware of the indicators of CSE so that they can be alert to the possibility and recognise when a children and young people is vulnerable to, at risk of or is being sexually exploited. Anyone who has regular contact with children and young people are in a good position to notice changes in behaviour and physical signs which may indicate being at risk of, or subject to, sexual exploitation. For example Specialist Looked After Children Nurses, Community Children's Nurses and Health Visitors. They may hear and/or observe a child and young person's relationship with an older male/female.

10.2 Those Agencies that work with adults for example, adults who already pose risks to children and/or adults who have alcohol or drug problems are in a position to identify whether the parent/carer may have problems in fulfilling their parenting role and as a consequence a child in their care may be exposed to CSE. CSE can take place within the child and young person's family setting, for example party houses. A parent/carer may approach a trusted person or professional with information which raises concerns about their child in relation to CSE.

10.3 Teachers and wider school staff, social workers, doctors, school nurses, specialist children in care nurses, sexual health practitioners and youth workers are particularly well placed to recognise and identify if a child and young person are at risk of or experiencing CSE.

10.4 Other staff employed in sports/leisure centres, parks, libraries, environmental services that visit premises and service registration officers may be in a position to observe activities of concern.

10.5 Given the risks of CSE in such settings as takeaways, pubs, taxi companies and open park areas, staff who visit and approve these premises, need to be aware of signs of CSE activity so that information can be passed on.

11. Procedure - Identification and Initial Response:

Concerns relating to a specific child or young person

11.1 The procedure for the management of concerns that a child has suffered or is likely to suffer significant harm is set out in SBNI Regional Policy and Procedures which must be followed by staff to whom these procedures apply. Staff should address their concerns in accordance with their agencies child protection/safeguarding policy and procedures to make an assessment as to the risk of harm to the children or young people.

11.2 Where a child or young person is deemed to be at risk of CSE by any agency, a referral should be phoned through immediately to the local the HSC Trust or Police. If the child is already known to Social Services this should be to the child's social worker and if not known, directly to the Gateway Team and followed up in writing by the completion of a Understanding the Needs of Children and Young People In Northern

Ireland (UNOCINI) Referral. If the child or young person is already known to Social Services UNOCINI is not required.

11.3 In an emergency, the matter should be referred directly to the Police Service of Northern Ireland (PSNI) or Regional Emergency Social Work Service (Telephone 028 95049999), and the child and young person's social worker informed.

11.4 Contact can also be made to the NSPCC Helpline 24 hour Child Protection Helpline through help@nspcc.org.uk or 0808 800 5000. If the matter is referred using the NSPCC Help-line or the PSNI, a UNOCINI is not required to be completed by the referrer.

11.5 The concept of consent to sharing information must be considered at the time of making the referral. The issue of consent can be set aside when there is a pressing need to share information to safeguard a vulnerable children and young people. The application of the Seven Golden Rules of Information Sharing can assist staff in relation to consent. (Please refer to Appendix 3). (Click here to access the Information Sharing Agreement).

11.6 The staff member should discuss the risk with the Designated Officer in their agency first, provided this would not lead to unreasonable delay. There should be agreement reached between the professional and Designated Officer about who should make the referral, as per their agency guidelines.

11.7 A preliminary discussion with the Gateway Team can take place regarding the concerns, prior to the making of a referral. This will depend however on the urgency of the situation.

- 11.8 If a member of staff is trained to do so and provided it does not cause undue delay a 'Child Sexual Exploitation Risk Assessment' can be completed by the referrer, in liaison with relevant agencies involved with the child and young person, and accompany the referral or it can be completed in conjunction with HSCT staff. For additional guidance on the completion of the Risk Assessment Tool (See Appendix 4).
- 11.9 If following a referral to Social Services or Police it is felt that significant harm has not been met for further intervention, yet the staff member who referred the matter is still concerned about the welfare of a child and young person and is of the opinion that the child and young person is suffering significant harm or at risk of significant harm, the referrer should escalate their concern to their line manager for further discussion who may then liaise with Social Services/PSNI. Staff within agencies can also consider making a request for a Child Protection Case Conference to be held in respect of the child or young person.
- 11.10 If there is a concern about a child or young person and the level of concern has not yet reached the stage where a referral needs to be made to Social Services or the Police, or the referral has not been accepted by Social Services, the holistic needs of the child and young person should be taken account of and considered. This might include for example, a referral to Voluntary/Community Services through the Family Support Hub or services could be provided through the Education Sector in relation to Pastoral Care support. It will be important to monitor and review the child's situation on an on-going basis in the context of CSE by those services involved with the child or young person. This could then lead to a referral being made to Social Services or Police. It is important to note that the risk of CSE can escalate very quickly.

Preservation of evidence

11.11 Where it is suspected that a child and young person is at risk of or the victim of CSE it is important where possible to preserve evidence. The following should be considered:

- As soon as it has been established that the child and young person is safe, do not handle or tamper with any potential evidence, for example, any computers or mobile phones they own or have had access to until you have spoken with Police.
- Likewise do not wash any clothes they may have been wearing during their time away. Instead securely store these items, if possible, until the police have spoken to you.
- The child and young person should not be questioned unless the nature of what s/he is saying is unclear. Leading questions should be avoided. The child and young person should be offered support.
- If the child and young person makes a spontaneous disclosure, this should be recorded verbatim, dated and timed. Observations of not could include, dates, times, locations, appearance and contexts in which the incident occurred or suspicion was aroused, together with any other relevant information should be recorded.

12. General Concerns Relating to CSE Activity

12.1 If concerns do not relate to a named/specific child but instead relate to suspicious activity, potential perpetrators or locations that may be used to exploit children and young people then staff/professionals must contact the Police on '101'. This will allow the police to carry out an assessment and deploy the most appropriate response.

13. Role of the Family and Child Care Social Work staff within HSCT's Children's Services

13.1 Once a referral is made on a child or young person, the referral should be acknowledged in writing within 5 working days. An initial UNOCINI assessment or updated Assessment will be undertaken by the appropriate Gateway Service or by the Social Worker already involved with the child and young person in consultation with relevant colleagues, carer/parent, any relevant others, and professional judgement applied to ascertain the level of risk. If a specific risk(s) of abuse through CSE is suspected or identified, the Social Worker will complete the CSE Risk Assessment (if not already completed previously), and complete the 'Young People at Risk of CSE' proforma capturing significant incidents and events to support the concerns (See Appendix 4). The Risk Assessment Tool should be completed in consultation with the referrer, relevant colleagues, residential key worker, parent or carer, or any relevant others, and professional judgement applied to ascertain the level of potential or actual risk.

13.2 The concept of consent to sharing information must be considered. The issue of consent can be set aside when there is a pressing need to share information to safeguard a vulnerable child and young person. The application of the Seven Golden Rules of Information Sharing can assist staff in relation to consent. (Please refer to Appendix 3).

13.3 Where there is a risk of CSE or confirmed CSE this should evoke close liaison with multi-agency partners to get a comprehensive picture as to the risks and needs of the child and young person.

13.4 Written feedback to the Agency/individual who made the referral should be given in relation to the outcome of the referral.

Referral to the Child Abuse Investigation Unit

13.5 If there is a reason to suspect a criminal offence may have been committed against a child and young person the Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse – Northern Ireland, should be evoked.

<http://www.hscboard.hscni.net/publications/Policies/261%20Joint%20investigation%20of%20Alleged%20and%20Suspected%20Cases%20of%20Abuse%20of%20Vulnerable%20Adults%20%20July%202009.pdf>.

13.6 The development of a detailed Safety Plan should also be considered and include consultation with the relevant Agencies, the child and young person and their parents/carers unless to do so would place the child and young person at further risk.

13.7 The matter should then be managed as appropriate within the Child Protection, Family Support Pathway or Looked After Pathway and reviewed under these processes taking into consideration the ‘Protecting Looked After Children Guidance’.

13.8 A child and young person may be unwilling or unable to support a criminal investigation. In cases such as these the focus from the outset should be on gathering evidence that does not rely on the victim’s account, and ensuring that the child and any other potential victim is protected from any suspected offender/alleged perpetrator.

13.9 Intervention should also include multi-agency cooperation in disruption strategies (For example use of any those outlined in Section 3) and supporting the child to exit the relationship.

13.10 On some occasions this may necessitate a case being declared ‘organised or complex’ which will require a planned and coordinated response as set out in Chapter 6 of the ‘Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse by Social Worker and Police Officers - Northern Ireland’. It may also necessitate the use of the no complaint process outlined in Appendix F”.

13.11 Consideration should be given to Social Services and Police, linking in with the Rowan Centre – SARC, where support and information will be made available to the child and young person. The welfare of a victim is paramount and, in the case of any suspected case of CSE, consideration should be given, to utilising the full therapeutic services of The Rowan to address any health issues and to promote recovery and wellbeing. This may help to facilitate a disclosure and the evoking of criminal proceedings.

13.12 The Missing Children Protocol (Runaway and Missing from Home and Care) 2015, places additional duties on HSC Trusts and Police where CSE is a concern. Within the protocol for example ‘Safe and checks’ in relation to the needs of the children and young people and ‘Independent Return Interviews’ following a missing episode with the children and young people must be offered with someone chosen by the child/young person, when a Looked After Child or a child reported as missing from the community is found.⁶

13.13 Police and Social Services should use these missing episodes to effectively protect the child and young person and to gather information to inform future work. This is an opportunity to gain an independent insight into what is happening for the child and young person and the risk they may experience when missing from home.

⁶ The Missing Children Protocol (Runaway and Missing from Home and Care (RMFHC) Protocol December 2015

13.14 Children’s Residential Homes must also ensure compliance with the statutory regulations governing their service provision and notify the Regulation, Quality and Improvement Authority of events as per Schedule 5:

C2 - Child Protection Enquiry – Instigation and outcome of any child protection involving a child accommodated in the home”

“C4 - Sexual Exploitation – Involvement or suspected involvement of a child accommodated in the home in sexual exploitation”.

14. Operational & Strategic Interagency Arrangements

14.1 The Regional Missing Children Protocol (Runaway and Missing from Home and Care (RMFHC) 2015 provides a useful framework for interagency working. This Protocol requires an Operational Liaison Group to be established which meets monthly to share information, and analyse data, identify patterns of risk, develop preventative strategies and implement and monitor action plans. The Protocol also requires a Strategic Partnership Group meet at least 6 monthly basis to identify and resolve any barriers to effective joint working.

15. Record Keeping

15.1 Accurate and timely record keeping is essential. Good quality record keeping enhances service provision and the outcomes for those children, young people and family members who become involved in investigative processes. It is an essential monitoring tool for managers. Investigations are also highly likely to be subjected to some level of review, judicial or otherwise.

15.2 Record keeping will include accurate details of the following:

- Referral information to both Social Services and Police including completion of appropriate pro-forma;
- Communications between Police, Social Services or others pertaining to the investigation;
- Strategy discussions including grounds for decisions, identified actions and timeframes;
- Contacts with children including Pre-interview Assessment relating to the first meeting with the child prior to an ABE interview undertaken in accordance with the Protocol for Joint Investigation by Police and Social Services;
- Interviews with witnesses including children and medical examinations;
- It is important that concerns in relation to young people are recorded. Relevant information such as the car registration plates, colour, make and model of the car should be recorded on the young person's case records and reported to the Police. Information related to known associates or individuals of concern should also be detailed on the child and young person's records and also passed to Police.

16. Other Supplementary Guidance/Legislation/Resources

- The Children (NI) Order 1995 and associated Guidance and Regulation;
- Cooperating to Safeguard Children (2003);
- The Sexual Offences (Northern Ireland) Order 2008;
<http://www.legislation.gov.uk/nisi/2008/1769/contents>
- PSNI website on sexual offences/consent
<http://www.psni.police.uk/index/advice-and-legislation/the-law-on-sex-in-ni.htm>
- SBNI CSE definition and Professional Guidance;
([http://www.safeguardingni.org/sites/default/files/sites/default/files/mce/CSE professional definition and guidance.pdf](http://www.safeguardingni.org/sites/default/files/sites/default/files/mce/CSE%20professional%20definition%20and%20guidance.pdf))

- The Regional Missing Children Protocol (Runaway and Missing from Home and Care (RMFHC) 2015 – soon to be made available;
- ‘The Protocol for Joint Investigation by Police Officers and Social Workers of Alleged and Suspected Cases of Child Abuse – Northern Ireland’ (2013);
<http://www.hscboard.hscni.net/publications/Policies/261%20Joint%20Investigation%20of%20Alleged%20and%20Suspected%20Cases%20of%20Abuse%20of%20Vulnerable%20Adults%20-%20July%202009.pdf>
- ‘Meeting the Accommodation and Support Needs on 16-21 year olds, Regional Good Practice Guidance.’ (http://www.dhsspsni.gov.uk/standards_for_young_adults_supported_accommodation_projects_in_northern_ireland_september_2012.pdf)
- Every Child Matters;
(<https://www.gov.uk/government/publications/every-child-matters>)
- Draft-Domestic Violence and Sexual Abuse Strategy;
(www.dhsspsni.gov.uk/tackling_violence_strategy.pdf)
- Protecting Looked After Children Guidance;
(http://www.dhsspsni.gov.uk/guidance_on_protecting_and_safeguarding_looked_after_children)
- Regional Residential Childcare Policies (2012) child sexual exploitation page 29 – page 34.
- CEOP Threat Assessment of Child Sexual Exploitation and Abuse, June 2013.
(http://ceop.police.uk/Documents/ceopdocs/CEOP_TACSEA2013_240613_FINAL.pdf)
- http://www.dhsspsni.gov.uk/joint_communique_under_the_auspices_of_the_north_south_ministerial_council_on_safeguarding_child_protection.pdf
- http://www.barnardos.org.uk/13932_not_a_world_away_full_report.pdf (click here)
- www.ofsted.gov.uk/resources/140175

- The Marshall Report www.dhsspsni.gov.uk/csereport181114.pdf
- SBNI Leaflets;
- https://www.nspcc.org.uk/Inform/resourcesforprofessionals/sexualabuse/cse-homepage_wda97456.html
- DENI-Pastoral Care in School Policy; www.deni.gov.uk/dc1999-10-5.pdf
- www.legislation.gov.uk/nia/2015/2/pdfs/nia_20150002_en.pdf

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Appendix 1

Multi-agency Roles

Role of Police

The purpose of the PSNI is to make Northern Ireland safer for everyone, by working with communities and partners. Section 32(1) of the Police (Northern Ireland) Act 2000, sets out the duties of the PSNI as follows:

- To protect life and property;
- To preserve order;
- To prevent the commission of offences;
- Where an offence has been committed, to take measures to bring the offender to justice.

In terms of child safeguarding, the PSNI plays an important role in both preventing harm and in investigating harm caused to children and young people. This includes effective identification and targeting of offenders, including potential offenders, and robust offender management.

The PSNI works closely with HSCTs to investigate crimes against children and young people and to assist HSCTs and other organisations to protect them. Close working and appropriate information sharing between PSNI and HSCTs is vital to ensure safeguarding and other decisions are in the best interests of a child or young person.

Role of The Health and Social Care Trusts Children's Social Work Services

The Health and Social Care Trusts (HSCT) are responsible for:

- Providing statutory social work services to children/young people and their families. Social Workers will work with children and young

people who have been assessed as being a child in need or at risk of or suffering significant harm.

Also HSCT Children's Social Work Services should:

- Share information on CSE and refer any child or young person who is believed to be at risk due to CSE to Police;
- Support Police in joint child protection investigations and in supporting the victims;
- Support the police in their efforts designed to disrupt CSE activities, including assisting with the collation of information for example on areas where CSE activity takes place and where the young person is over the age of consent.

Role of the NSPCC

The NSPCC offer a number of specific services around preventing and tackling CSE including a range of therapeutic services and a Face to Face (immediate response service) which can empower children and young People in the examination of their risk taking behaviour and relationships which may place them at risk. Advice and input from the Child Trafficking Advice Centre (CTAC) and the 24 hour Child Protection Helpline. Both are UK wide services and can be contacted through help@nspcc.org.uk or 0808 800 5000.

Role of the Education Sector

Schools and other educational facilities have a key role to play and need to be aware of any signs of CSE activity. Teachers, support staff, school counsellors, and Education Welfare Officers are often in key positions to hear concerns throughout the school community about particular children/young people. Youth services providing community outreach and counselling services are in a unique position to gather information in regard to young people and need to be especially vigilant and aware of the issues.

The Education Training Inspectorate identified that the most vulnerable groups are young people who are not in school and unknown to Social Services - who receive home tuition; who have a poor attendance record at school but have not yet reached the threshold for action; and young people frequently suspended or expelled from school. Most of these young people identified as vulnerable by youth workers will not be known to social services.

Schools and educational facilities are involved in:

- Delivering the preventative agenda by providing information to young people about sexual exploitation that raises their awareness of the issue;
- Identifying young people who are vulnerable to or at risk of sexual exploitation and who need services and interventions to keep them safe and making appropriate referrals for help;
- Providing individual support to young people around sexual exploitation, for example through mentoring;
- Passing on any information about CSE issues affecting the school, for example concerns about suspicious persons loitering raising concerns around the school.
- Liaising with HSCTs to cross reference information on children who are missing from education with risk assessments undertaken for individual children and young people in relation to CSE.

CSE responses in schools should be co-ordinated by the designated child protection teacher, who should be the first point of contact within the school for any concerns held about a pupil in relation to CSE⁷.

⁷ DENI-Pastoral Care in School Policy www.deni.gov.uk/dc1999-10-5.pdf

Role of Health Service Staff

Health services have an important role in prevention by providing children and young people with advice on safe sex and healthy relationships in a variety of health settings.

Provide education for all health professionals working with children on indicators of CSE, communicating with/listening to vulnerable young people and information on the support services available.

Front line health professionals, such as GP's, Emergency Department workers, gynaecological clinics and especially those working in sexual health clinics, public health staff offering services to children and young people such as 'One-stop' services, and school nurses are most likely to be the first professional to become aware of a child/young person who is being sexually exploited. A child/young person may request contraceptives, present with sexually transmitted infections, be pregnant, have bruising and/or bite marks. The child and young person may also provide information about their sexual activity or their partner that is concerning. It is important that these staff/professionals observe and record indicators and report concerns to Police and/or Social Services in a timely manner in accordance with the Information Sharing Agreement.

Role of Child and Mental Health (CAMHS) Services and Alcohol and Drugs Services

Many of the common features which may lead a child or young person to being sexually exploited may also mean that they are availing of a service from CAMHS. Therefore, CAMHS staff, need to remain alert to the risks of CSE, suspected CSE or actual CSE. CSE often involves the exploitation of a young person's desire/need for drug and alcohol or other substances; therefore it is important that CAMHS or the Alcohol and Drug Services make enquiries into how a young person accesses substances. If information is

given that raises concerns about CSE in respect of a child and young person then they need to refer the matter to Social Services/Police.

Often children and young people at risk of or experiencing CSE will have a number of vulnerabilities one of which may be mental health the difficulties and as such will come to the attention of CAMHS Services. Staff who work in this area therefore need to be able to recognise the indicators of CSE and report concerns to Social Services. They should also be aware that the issues with which the child and young person presents can often be the result of the abuse they are experiencing.

Role of the Housing Sector

Housing sector staff may be aware of possible locations and addresses that give rise to concerns associated with CSE, either for the targeting or grooming of young people or where exploitation takes place. Housing staff often work with or support children who are homeless, 'sofa surfing' and or have experienced family breakdown/isolation. The HIHE offer Unregulated Placements along with HSC Trusts for young people aged 16 plus, including some LAC, such as supported accommodation projects.

If information is given that raises concerns about CSE in respect of a child and young person then they need to refer the matter to Social Services/Police.

The responsibilities as laid out in the Guidance document –'Meeting the Accommodation and Support Needs on 16-21 year olds, Regional Good Practice Guidance' agreed by NIHE and HSCT's.

Role of Police and Community Safety Partnerships

The Community Safety Partnerships have a statutory duty to reduce crime and anti-social behaviour and have a key role in responding to CSE.

Community warden patrols may identify CSE activity in areas where young people are targeted by perpetrators or where there is evidence of grooming or exploitation. If information is given that raises concerns about CSE in respect of a child and young person then they must refer the matter to Social Services and/or Police.

Role of the Youth Justice Agency (YJA)

This agency can:

- Provide information and advice to young people on CSE;
- Identify and refer individual young people they work with where there are concerns about CSE to the appropriate agencies and organisations for help;
- Provide services to support individual young people who are vulnerable to the risk of CSE or are the victim of CSE;
- Provide information to the Police about CSE.

Role of the Probation Service (PBNI)

This agency can help provide information about offenders with whom they are in contact and information on areas where CSE activity is known. If information is given that raises concerns about CSE in respect of a child and young person then they must refer the matter to Social Services and or Police.

Role of Barnardo's NI - Safe Choices

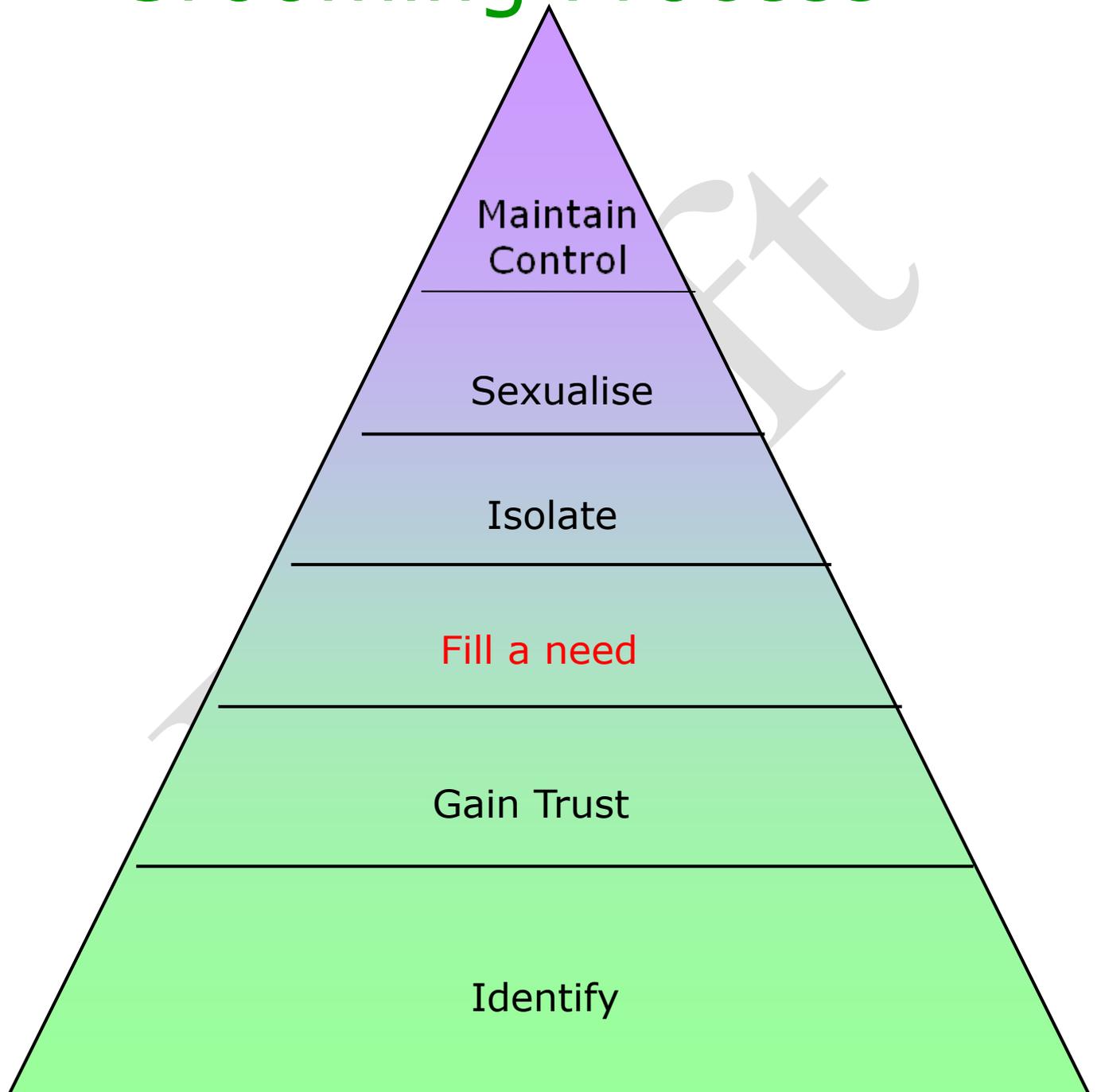
Safe Choices is a designated service providing direct work with children and young people in relation to CSE; training for professionals and carers; and consultations to professionals. They are therefore in a key position to raise awareness, identify those children vulnerable to CSE and those suffering CSE.

Services provided by Other Voluntary/Community Groups including Early Intervention Family Support Services

These agencies can be involved directly with the child and young person and their families and either directly observe concerns or be given information which raises concerns about CSE. They will carry out preventative work, providing services and support to a child or young person who is vulnerable to CSE. They should refer a child or young person whom they work with to Social Services and /or Police where there are concerns about CSE. They may continue to work with the child and young person after a referral is made to in partnership with statutory agencies.

Appendix 2

Grooming Process



Adapted from Dr Michael Welner and referenced in The Real Story Child Sexual Exploitation & Sexual Health Resource Pack (Barnardo's NI, PHA & SEHSCT).

Appendix 3

The Seven Golden Rules for Information Sharing

The 'Seven Golden Rules for Information Sharing' are as follows:

1. **Remember that the Data protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, **and** seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. **Consider safety and well-being:** Base your information sharing decisions on the safety and well-being of **the** person and others who may be affected by their actions.
6. **Necessary, proportionate⁸, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for

⁸ Lord Bingham of Cornhill in *Huang v Secretary of State for the Home Department, Kashmiri v Same*

which you are sharing it, proportionate to the situation based on the concern being shared, (proportionate is set out in case law as follows (i) the legitimate aim in question must be sufficiently important to justify the interference, (ii) the measures taken to achieve the legitimate aim must be rationally connected to it, (iii) the means used to impair the right must be no more than is necessary to accomplish the objective, and (iv) a fair balance must be struck between the rights of the individual and the interests of the community - this requires a careful assessment of the severity and consequences of the interference), is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared accurately.

7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If **you** decide to share, then record what you have shared, with whom and for what purpose.

[2007] UKHL 11, [2007] 2 AC 167, para [19]

Appendix 4 Assessment Tools

Child Sexual Exploitation Risk Assessment (Appendix 1a)

Name of Child	Date of Birth	Gender M / F
Name of Worker Completing Assessment	Date of Assessment:	
Parent / Guardian Details	Legal Status:	

For Information only – has sexual exploitation ever previously been identified as an issue for this child?

1. Yes – confirmed Yes – suspected No

Does the child have a pattern of going Missing?

2. Yes (please select one box from 2b & note where this information is detailed e.g. Missing Report)

2b. occasionally frequent and short episodes frequent and prolonged episodes

—

How to complete the form.

Vulnerability –

Please tick ALL vulnerability factors that apply, whether known or suspected. Please only leave boxes blank where the risk indicator does not apply.

Moderate Risk Factors –

Please tick the box if the risk indicator is present now OR if it has been present at any time during the last 6 months. Tick ALL indicators that apply. Factors that may inform decision making have been added in as bullet points. Additional information relating to them may be provided on the ‘Follow on Information Sheet’.

Significant Risk Indicators –

If the risk indicator is not present and has not been present at any time in the last 12 months, leave both columns blank

If the risk indicator is present now, or has been present at any time during the last 6 months (but not in the 6 months preceding that tick the first column only)

If the risk indicator has not been present in the last 6 months, but was present between 6 and 12 months ago, tick only the second column.

If the risk indicator has been present in the last 6 months AND in the 6 months prior to that, please tick both columns so we are aware of the prolonged nature of the risk.

Underlying Vulnerabilities (please tick all that apply)

Vulnerabilities	Tick if present now or at any time in past (score = 1 per tick)	Vulnerabilities	Tick if present now or at any time in past (score = 1 per tick)
Emotional neglect by parent/carer/family member		Family history of domestic abuse	
Physical abuse by parent/carer/family member		Family history of substance misuse	
Sexual abuse (known or suspected)		Family history of mental health difficulties	

Breakdown of family relationships/ isolation		Low self esteem	
		Learning Disability	
Unsuitable /inappropriate accommodation/ placement		Isolated from peers/ social networks	

Moderate Risk Indicators

Moderate Risk Indicators	Tick if present now or at any time in last 6 months (score = 1 per risk ticked)	Moderate Risk Indicators	Tick if present now or at any time in last 6 months (score = 1 per risk ticked)
Staying out late <ul style="list-style-type: none"> • Frequency • With who • When • Issues on return • Appearance • Demeanour 		Concerns around Sexual Health	
Multiple callers (unknown adults/ older young people)		Peers/ Siblings who have been sexually exploited (known or suspected)	
Use of mobile phone that causes concern <ul style="list-style-type: none"> • Calls • Multiple Sims / phones • Time & Frequency of calls • Behaviour post call 		Drugs Misuse <ul style="list-style-type: none"> • Type of Drug • Legal Highs 	
Expressions of despair (self-harm, overdose, eating disorder, challenging behaviour, aggression, loss of interest in appearance)		Alcohol Misuse <ul style="list-style-type: none"> • Frequency of use 	
Exclusion, or unexplained absences, from school or not engaged in school/college/training/ work		Substance Misuse <ul style="list-style-type: none"> • Aerosols • Solvents 	
Disclosure of sexual/physical assault, followed by withdrawal of allegation		Use of internet that causes concern Prolonged / Inappropriate use of social media	
Living independently and failing to respond to attempts by worker to keep in touch. Accommodation type Duration of stay Issues arising		<u>Comments/ Professional judgement</u>	

Significant Risk Indicators (please tick appropriate column based on when indicator was present – tick both columns if present in both time periods)

Significant Risk Indicators	Tick if present now or during the last 6 months (score = 5 per risk ticked)	Tick if present between 6 and 12 months ago (score = 1 per risk ticked)
Periods of going missing overnight or longer		
Older and /or controlling 'boy/girlfriend'		
Physical abuse by that older 'boy/girlfriend'/ Physical injury without plausible explanation		
Emotional abuse by that older 'boy/girlfriend'		
Entering /leaving vehicles driven by unknown adults		

Unexplained acquisition of money, clothes, drugs/alcohol or other items		
Frequenting 'party houses' operated by adults / peers		

<u>Comments / Professional Judgement</u>	
---	--

Total Score
 0-5 = No Risk
 6-10 = Mild Risk
 11-15 = Moderate Risk
 16 or over = Significant Risk

Current Risk Score

Current Risk Level

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CHILD SEXUAL EXPLOITATION JOINT RISK ASSESSMENT

PRACTITIONER GUIDANCE NOTES

(Appendix 1b)

About the Joint Risk Assessment

The Child Sexual Exploitation joint risk assessment is an adaptation of the Barnardo's Northern Ireland Sexual Exploitation Risk Assessment which in turn was developed out of the SERAF model developed by Cymru (Wales). The CSE Joint Risk Assessment is to be used as an interim multi agency risk assessment tool whilst a more comprehensive Northern Ireland specific tool is in development.

The following Guidance provides a brief outline as to how the Risk Assessment should be used by social care practitioners. For Practitioners who have used the Barnardo's Risk Assessment there will be very little change in how the Joint Risk Assessment is completed. The scoring mechanism remains the same and any additions have been introduced to assist in informing decision making and not to add another level of bureaucracy.

These are presented in 3 different sections – underlying vulnerabilities; moderate risk factors and significant risk factors – each of which have an accompanying score (see section D as to how to calculate risk score)

Definition of child sexual exploitation

Child sexual exploitation is a form of sexual abuse in which a person(s) exploits, coerces and/or manipulates a child or young person into engaging in some form of sexual activity in return for something the child needs or desires and/or for the gain of the person(s) perpetrating or facilitating the abuse.'
(SBNI 2014, adopted from CSE Knowledge Transfer Partnership NI).

Section A: Underlying Vulnerabilities

This section of the risk assessment form includes factors that we know may render children and young people vulnerable to being targeted for child sexual exploitation. You should tick the box if the vulnerability is present now OR if it has been present at any time in the young person's life.

Please tick ALL vulnerability factors that apply, whether known or suspected. Please only leave boxes blank where the risk indicator does not apply.

Section B: Moderate Risk Indicators

This section of the risk assessment form includes indicators that are associated with risk of/potential indication of abuse through sexual exploitation. You should tick the

box if the risk indicator is present now OR if it has been present at any time during the last 6 months. As above, please tick ALL indicators that apply.

Section C: Significant Risk Indicators

These risk indicators are very prevalent in cases where children and young people are at risk of or are being abused through sexual exploitation.

This section is a little more complicated - there are four possible ways to record an answer in this section:

1. If the risk indicator is not present, and has not been present at any time in the last 12 months, leave both columns blank.
2. If the risk indicator is present now, or has been present at any time during the last 6 months (but not in the 6 months preceding that) tick only the first column.
3. If the risk indicator has not been present in the last 6 months, but was present between 6 and 12 months ago, tick only the second column.
4. If the risk indicator has been present in the last 6 months AND in the 6 months prior to that, please tick both columns so we are aware of the prolonged nature of the risk.

The different columns have different scores, so it is important that you record this accurately.

Section D: Calculating the Risk Score

For each underlying vulnerability and moderate risk indicator that is present, score 1.

For each significant risk indicator that is present in column 1 score 5. For each present in column 2 score 1. If present in both columns, score a total of 6 for that indicator.

Calculate total score. The categorization of scores is as follows:

- 0-5 No current risk
- 6-10 mild risk
- 11-15 moderate risk
- 16 or over significant risk.

See table on next page for explanation of risk levels and suggested associated actions.

Please note, the risk assessment tool only measures **current risk** at the point of assessment. Risk may increase or decrease as circumstances change, often significantly within a short period of time. For this reason, we recommend regular review of the level of risk, through completion of the risk assessment tool.

CATEGORY OF RISK	DESCRIPTION	ASSOCIATED ACTIONS
Category 1 No Current Risk (score of 0-5)	A child or young person who may be 'in need' but who is not currently at particular risk of being groomed for sexual exploitation	<ul style="list-style-type: none"> Educate to stay safe Review risk following any significant change in circumstances
Category 2 Mild Risk (score of 6-10)	A vulnerable child or young person who may be at risk of being groomed for sexual exploitation	<ul style="list-style-type: none"> Undertake preventative work with young person on risk awareness and staying safe Review risk following any significant change in circumstances
Category 3 Moderate Risk (score of 11-15)	A child or young person who may be targeted for opportunistic abuse through exchange of sex for drugs, accommodation (overnight stays) and goods etc.	<ul style="list-style-type: none"> Refer to ACPC Regional Policy and Procedures and Co-operating to Safeguard Children May 2003 Convene a multi-agency meeting to share information and formulate a protection plan, with agreed actions for all relevant partners Schedule a review meeting and review risk following any significant change in circumstances Prioritise work with the child a/young person around risk reduction and keeping safe
Category 4 Significant Risk (score of 16 plus)	Clear indication that a child or young person is at significant risk of, or is already being, sexually exploited. At this stage, sexual exploitation is likely to be habitual and often self-denied. Coercion/control is implicit	<ul style="list-style-type: none"> Refer to ACPC Regional Policy and Procedures and Co-operating to Safeguard Children May 2003 Convene a multi-agency meeting to share information and formulate a protection plan, with agreed actions for all relevant partners Schedule regular review meetings and review risk following any significant change in circumstances The protection plan should include measures to protect the child from both immediate and longer term risk and should involve long-term intensive work with the child/person An effective response to concerns around sexual exploitation must also prioritise the identification, disruption and prosecution of suspected perpetrators

CSE Assessment Score

Risk Level:

No

Low

Moderate

Significant

Is Sexual Exploitation identified as a CURRENT issue for this child?

Yes – Confirmed
 Yes – Suspected
 Not of concern

Chronology of missing / unauthorised absence episodes

Date	Details of Incident – to include outcome of return to home interview	Length of Time Missing

Risk Management

<p>1. Details of Risk Management Strategy in place.</p>
<p>2. Risk Management Arrangements: List of meetings, dates and agencies attending.</p>

Name / Designation of People Contributing to the Protection / Support Plan:

Name (Please Print)	Designation/Role
1.	Parent / Carer / Keyworker
2.	Social Worker
3.	PSNI Officer / PPU
<ul style="list-style-type: none"> Please add / delete rows as required 	

Signed:

1. _____

Date: _____

2. _____

Date: _____

3. _____

Date: _____

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