



BIRMINGHAM
CHILDREN'S TRUST



Child Sexual Exploitation (CSE)

Practice Guidance for Children's Services

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Introduction

This guidance aims to support frontline practitioners and their managers who are working with children or young people who may be suffering significant harm, or at risk of suffering harm, through Child Sexual Exploitation (CSE). The aim is to help practitioners identify those children and young people vulnerable to the risks associated with sexual exploitation.

This is a practice tool: it includes guidance to assess and support children, young people and their families. It can be used to aid awareness raising and planning in relation to preventative education for children and young people and practitioners.

This practice guidance should be read in conjunction with the [Birmingham child protection procedures](#), [BSCB Multi-Agency Child Sexual Exploitation Framework and Strategy 2015-17](#), the West Midlands CSE regional framework which is available in the regional procedures and other relevant [practice guidance](#).

Definition

Working together 2015 provides a definition of Child Sexual Exploitation which can be found in the Online Procedures. The DfE have produced a non-statutory Child Sexual Exploitation: Definition and Guide for Practitioners (DfE 2017).

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology. (Page 5).

Department for Education:

Child sexual exploitation: new definition and practice guidance launched to support those working with children and families.

The government recently published a new definition of child sexual exploitation and non-statutory practice guidance for those working with children and families. The [Child sexual exploitation: definition and guide for practitioners publication](#) seeks to raise awareness of child sexual exploitation, ensure all areas are working to a similar understanding, and spread best practice in how to deliver effective services for children who have been exploited and in combatting the crime.

This non-statutory guidance is aimed at managers of local services, strategic decision makers and frontline practitioners.



Good Practice

Whilst we continue to keep the risk associated with CSE in mind throughout our practice, it is essential that we do not focus exclusively on CSE at the expense of identifying other risk factors. Practitioners must consider CSE as a hypothesis and test this out alongside alternative explanations for behaviour. Remember that being sexually active in teenage years may not be exploitative – it is the context that surrounds this that you need to understand.

Identifying and assessing Child Sexual Exploitation (CSE)

This extract from The Office of the Commissioner for Children (OCC) Inquiry into CSE in Gangs and Groups (Nov 2012) helps to consider issues around consent.

"The law not only sets down 16 as the age of consent, it also applies to whether a person has given their consent to sexual activity, or was able to give their consent, or whether sexual violence and rape in particular took place. In the context of child sexual exploitation, the term 'consent' refers to whether or not a child understands how one gives consent, withdraws consent and what situations (such as intoxication, duress, violence) can compromise the child or young person's ability to consent freely to sexual activity."

Practitioners must also consider other factors that might influence the ability of the person to give consent, for example learning disability or mental ill health. It is important to form strong professional relationships in which young people feel safe and supported in order that they feel able to talk about what is going on.

[This link](#) is to the BSCB Child Sexual Exploitation Screening Tool. It is designed to be used with the young person and their family.



Good Practice

Remember that identifying and responding to CSE is the responsibility of all professional agencies so consider who has the best relationship with the child / young person and may be best placed to gather relevant information.

This section supports practitioners to think about questions they may have when considering or working with possible CSE.

CSE happens in a number of contexts, and these include:

- Peer on peer;
- Adult on child;
- Gang association or membership;
- Party scene / youth culture;
- Boyfriend / girlfriend or boyfriend / boyfriend model;
- Constrained choices model (grooming);
- Trafficking, Domestic and International; and
- Internet / online based CSE – contact and non-contact offences, including sexting.



Good Practice

Bear in mind that it isn't just girls that are sexually exploited: boys can be victims too. Research evidence suggests as many as 1 in 3 victims of CSE are male. Look for power imbalance; this may indicate that someone is being exploited.

What are we worried about?

It may be difficult for parents, carers and practitioners to differentiate between ordinary teenage behaviour and the risk of, or involvement in, sexual exploitation. Some signs which may signify that a child is being groomed for sexual exploitation, or is actually being sexually exploited are listed below.

Anyone who has regular contact with children and young people is in a good position to notice subtle changes in behaviour or physical signs that indicate they may be involved in a sexually exploitative situation. However parents and carers, teachers, social workers, youth offending service staff, school nurses, looked after children's nurses, sexual health practitioners and youth workers are particularly well placed to identify this risk.

There may be a grooming process in place, which could include initially giving gifts to entice young people before moving on to the process of taking control and isolating the young person from other networks, for example controlling the use of phones or supplying phones in order to keep a check on the young person. The use of substances - alcohol and drugs - is a common feature of grooming. Substance use not only creates a level of dependence but can also enmesh the young person in illegal activities which they may fear being in trouble over, thus increasing their reluctance to tell others what is happening to them.

In the early stages of sexual exploitation young people often believe that they are making free choices. Some may reject offers of support and then, as the abuse increases in severity, they may feel unable or unwilling to talk about what is

happening. This can lead to young people being perceived as rebellious or “streetwise”. Such perceptions hinder workers’ ability to properly assess the meaning of this distressed behaviour. A level of resistance or indeed resilience may be perceived which in fact leaves young people very vulnerable.

It is important to be aware of the danger of parents / carers and professionals, as well as family members, being ‘groomed’, not for the same sexual reasons but groomed into not asking questions, into acquiescence or compliance.



Good Practice

CSE may not just be happening to the child / young person you are working with, so we must consider other children and young people who could be at risk. Sharing information assists in identifying key locations, significant people, and associations (MASE meetings are the place to do this, where there is more than one child involved, several locations and adults of interest or concern; the chair of MASE will consider and request a complex strategy meeting where appropriate.

Risk indicators and vulnerability factors that may contribute to CSE

Use of these indicators will help practitioners to clarify their concerns and decide whether to complete the CSE Screening Tool found on the BSCB website. [Click Here](#)

1) Within family/home/relationships

- Change in behaviour - being more secretive/withdrawn/isolated from peers or not mixing with their usual friends.
- Increasingly disruptive, hostile or physically aggressive at home or school, including the use of sexualised language.
- Associating/relationship with significantly older men or women who encourage emotional dependence, loyalty and isolation from safe relationships (record details of adults, for example occupation, description).
- Physical or emotional abuse by a boyfriend/girlfriend or controlling adult including use of manipulation, violence and/or threats.
- Associating with other sexually exploited children/young people.
- Multiple callers (unknown adults or older young people - record description, names etc.)

- Estranged from their family.
- Regularly coming home late or going missing from home, care or education for any period of time (whether reported or not).
- Returning home after long intervals appearing well cared for, or with new clothes, gifts.

Going missing is often linked to sexual exploitation. This can be during the day, at night and overnight. When a child goes missing there should be an individual profile also known as Appendix B which will help formulate a plan and take you through the missing process. This is found in the separate practice guidance 'Runaway and Missing from Home or Care Guidance'.

Click here for link [Runaway and Missing from Home or Care Guidance](#)

2) Health and wellbeing

- Change in physical appearance (more/less make-up, weight gain/loss).
- Overtly sexualised dress.
- Increased problems related to health/sexual health.
- Marks, scars or physical injuries on the body or face which they try to cover.
- Expressions of despair, for example depression, mental ill health, self-harm, suicidal thoughts, suicide attempts, overdose, eating disorder.
- Branding of gang LOGOs.
- Unplanned pregnancy (which may end in termination or miscarriage).
- Sexually transmitted infections or repeat tests with negative results.

3) Behaviour and experiences

- Concealed or concerning use of the internet including web-cam, online gaming (via X-box, PlayStation), chat rooms etc.
- Exclusion from school or unexplained absences from, or not engaged in school/college/training/work.
- Failing to respond to attempts to keep in touch with carer/workers, or recent disengagement.

- Reports of being taken to hotels, nightclubs, takeaways or out of area by unknown adults.
- Talking about hanging around one particular shop.
- Sexualised risk-taking, including on internet or mobile phone, such as sexting (sending explicit messages or photos to adults or peers).
- Young gay/bisexual exploring sexuality in an unsupported way.
- Increasing use of drugs or alcohol or misuse of drugs or alcohol.
- Association with gangs or constrained by 'rules of a gang'.
- Fearing gang leaders.
- Fear of victimisation from other gangs due to gang affiliation or rivalry.
- Inability to negotiate exit from a gang due to fear/dependency.
- Displaying signs of harassment/unwanted attention.
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites.
- Involvement in criminal offending activity (for example anti-social behaviour, criminal damage, theft).
- Unusual association with groups of adults.
- Having multiple mobile phones, sim cards or use of a phone that causes concern – multiple callers or more texts/pings than usual.
- Possession of hotel keys/cards or keys to unknown premises.

4) Incidents or events in the young person's life

- Entering/leaving vehicles with unknown adults.
- Child meeting different adults and exchanging or 'selling' sexual activity.
- Frequenting areas known for on/off street sex work.
- Receiving rewards of money or goods for introducing peers to CSE adults.

- Disclosure of sexual/physical assault followed by withdrawal of allegation.
- Knowledge of towns or cities they have no previous connection with.
- Being taken to clubs or hotels and engaging in sexual activity.
- Abduction or forced imprisonment.
- Association with taxi firms/takeaway owners (night-time economy).
- Being taken to brothels/massage parlours.
- Seen in CSE hotspots (certain flats, recruiting areas, cars or houses).



Good Practice

- Are there any possible explanations of observed behaviours other than CSE?
- Are there significant power imbalances within relationships the young person may be involved in such as significant age differences? Or having photos/videos?
- Does the young person have any understanding of the risk: do they have any insight into what Child Sexual Exploitation is?

Other vulnerability factors to consider

There is a range of factors which may make children and young people more vulnerable to being sexually exploited. These include:

- The child/young person is a migrant, refugee or asylum seeker, and/or has been trafficked.
- The child/young person is known to Children's Social Care – currently or previously the subject of a child protection plan, a child in care, known to the Youth Offending Service.
- The child/young person has physical or learning disabilities, or communication difficulties.
- Sexual exploitation has previously been identified as a specific issue for the child/young person.
- Physical, emotional or sexual abuse by parent, carer or family member.

- Current or previous substance misuse in the family.
- Family and honour based violence.
- Unsuitable or inappropriate accommodation (including street homelessness, staying with inappropriate adults, living in a hostel or B&B).
- Low self-esteem.
- A history of being bullied, or of bullying.
- Living in a chaotic or dysfunctional household.
- The young person is unsure about their sexual orientation or unable to disclose their sexual orientation to their families/friends.
- Gang association either through relatives, peers or intimate relationships.



Good Practice

Recent research found that 70% of children who experience CSE go missing, with children who go missing from care being particularly vulnerable. Previous inquiries have identified that negative attitudes from professionals who view children who run away from care as being “troublemakers” hampered support for these vulnerable children – see link. [Click Here](#)

What are the grey areas – What further information do we need?

- What are the gaps in our current information?
- What do we need to know to enable us to reduce the risk, or to be less worried about the risk to the child or young person?
- Do we understand the push/pull factors that encourage young people to continue with these risky behaviours?
- Who else has information that could assist?
- Do we need to contact other agencies, including agencies in neighbouring authorities?

- Have we considered who else may be at risk, such as siblings, or extended family members?

Making things safer

- Consider disruption/intervention strategies – how to prevent further incidents occurring or risky behaviours escalating; try to make it more difficult for them to occur.
- Do parents/carers understand the risks; do they have adequate strategies in place for them to be confident enough to monitor, gather information and take appropriate action to safeguard the child/young person?
- Have the child/young person and the parents/carers, received information about resources that will enable them to make informed choices?
- Does the child have a good relationship with at least one positive adult role model? Ask the young person who they feel safest with.
- Family meetings or family group conferences bring together the people who can provide more safety. Talk openly about the risks with the people who can offer care and support. Involve the young person throughout – ask them to help you plan for more safety (this shows them that you care about what happens to them).
- Build a relationship in which the young person feels able to open up and talk.
- Use the Child in Need, Child Protection or Child in Care process to bring together the key people who can help and be part of case planning. A CiN, CP or Placement plan needs to address child sexual exploitation as well as any other issues that may be going on in the family. Have one plan, written in family friendly language.



Good Practice

If you believe a child is at risk of CSE you must share this information as early as possible with your line manager. Consult with a CSE Champion or co-ordinator.

When a referral is made

This is when a professional makes a referral that raises concerns about possible CSE. If closed or an unknown child CASS will ask the referrer to complete the MARF referral form and where appropriate the CSE Screening Tool. CASS will discuss the referral and pass the completed screening tool to a CSE co-ordinator with a view to Multi-agency discussion via MASH. If a child is allocated, the referral,

if not made directly to the allocated worker will be forwarded to the relevant team for discussion with the CSE Co-ordinator with a view to open a multi-agency discussion.

What practitioners need to do

Please do not delay, if there are significant concerns – implement Child protection processes as deemed necessary. Child sexual exploitation is a crime.

The process for a MASE meeting is the same whether on an Open or Previously closed or unknown child. The point of referral is from a Strategy meeting which must be held on all children where there is a risk of CSE. Only children considered at Medium or Significant risk of CSE will go on to have a MASE meeting. These children should have a Social Worker allocated to them.

There is a CSE Co-ordinator Duty system in place based at Lancaster Circus 0121 464 7967 advice can be sought during working hours. Any MASE referrals received into the MASE central inbox will be managed on duty with discussion with the referrer as to the need for processes to be followed as determined by the presenting risk.

Strategy discussion

Where there is a concern that there is significant harm or a risk of significant harm this will be the trigger for Multi- Agency strategy discussion.

If not already completed by the referrer the Strategy discussion will include the completion and consideration of the CSE screening tool .Where it assessed that a child is at Medium risk a MASE meeting will be held within 10 working days, where a child is assessed at Significant risk the MASE will be held within 5 working days. The allocated Social worker will be asked to complete the NWG risk assessment for discussion at the MASE meeting.

The Screening tool and Risk assessment should be uploaded on to the child/young person's CareFirst record. This is in the e-forms section - please remember to name it clearly National Working Group risk assessment as this will enable early identification and assist with audit purposes.

Initial MASE meeting

The MASE meeting is a multi- agency meeting involving Children's Services, Police, Health and other agency involved with the child it considers CSE risks, the agenda provides:-

- 1) A focus on the victim;
- 2) A focus on people of interest or the alleged perpetrator(s);

- 3) A focus on wider intelligence in relation to locations (for example places where young people are meeting; businesses that might be encouraging young people to hang out; names of other people alleged to be involved as victims or perpetrators).

The participation of parents, carers and children needs to be considered and discussion should be held with a CSE co-ordinator if you need clarification or support.

Where a MASE meeting identifies cross area concerns, emerging concerns in respect of 3 or more young people linked to the same person of interest or perpetrator or where there are more than 3 perpetrators identified, that the MASE meeting will close, and a Complex Strategy meeting will be requested and chaired by a principal officer from the Child protection and Review Service.

Assessment

When a new referral includes risk of CSE, you should start a family assessment that engages the young person, their parents and other key family members, so that their different perspectives and the underlying family dynamics are understood. Where this is already an open child and risk of CSE emerges, you may wish to update your assessment and current plan.

Consult with your team manager about what worries you have, and what risk indicators you have seen or have had reported to you. Be open to challenge about your initial hypothesis.

Consult with your area CSE coordinator who will support with identifying the push/pull factors and whether the child has vulnerabilities that can be indicators of CSE. They can help identify resources to support the child and direct work tools to support you in working with the child.

Your assessment will determine the type of plan needed to help keep the child/young person safe.

Providing ongoing intelligence/information

The [Force Intelligence Bureau \(FIB\) form](#) should be used to share CSE information or intelligence relating to children, persons of interest, perpetrators, activities of concern, vehicles or locations. It is not a referral to the Police or Social care, if you are concerned about a child you should report using 999 or 901 or make a referral to Birmingham Children's Trust.

Review MASE - evaluate progress

Children in the MASE process should be supported and reviewed through Child in Need, Child Protection, or Child in Care review processes. It is not anticipated there be multiple MASE reviews except where there are significant new concerns or a complex situation involving more than three young people and there may be

Complex Strategy discussion in place to manage these concerns and consider further MASE meetings.

Using the above planning and review processes, keep asking yourself - is the situation improving or becoming more worrying for this child/ young person? Re assess/and update plans where and when needed. Include the child/young person and their family in updating the CSE Screening tool and NWG assessment for reviews so that your ongoing planning is child and family focused.

To request earlier date for a MASE meeting there should be an updated screening tool and NWG assessment completed reflecting changes that are supported by discussions in CIN meeting, Core Group or a Team around the Child meeting for a child in care. The Co-ordinators will review the information, undertake checks and respond within 5 working days to agree a way forward.

If a child has been subject to discussions as part of the MASE arrangements for more than 9 months, a peer review will be undertaken. Each agency will undertake a review to establish if the actions relating to the wider intelligence of locations, disruption of perpetrators and support to victims and identification of any others to determine if the risks and needs have been responded to appropriately in a timely way and then jointly discuss outcomes.



Required Response

You must ensure that Child protection processes are followed when concerns arise that indicate that a child may be suffering significant harm in any situation. The MASE meeting does not replace child protection processes as defined in legislation and Working together 2015. Where concerns indicate medium to high risk of CSE a Strategy discussion must take.



Good Practice

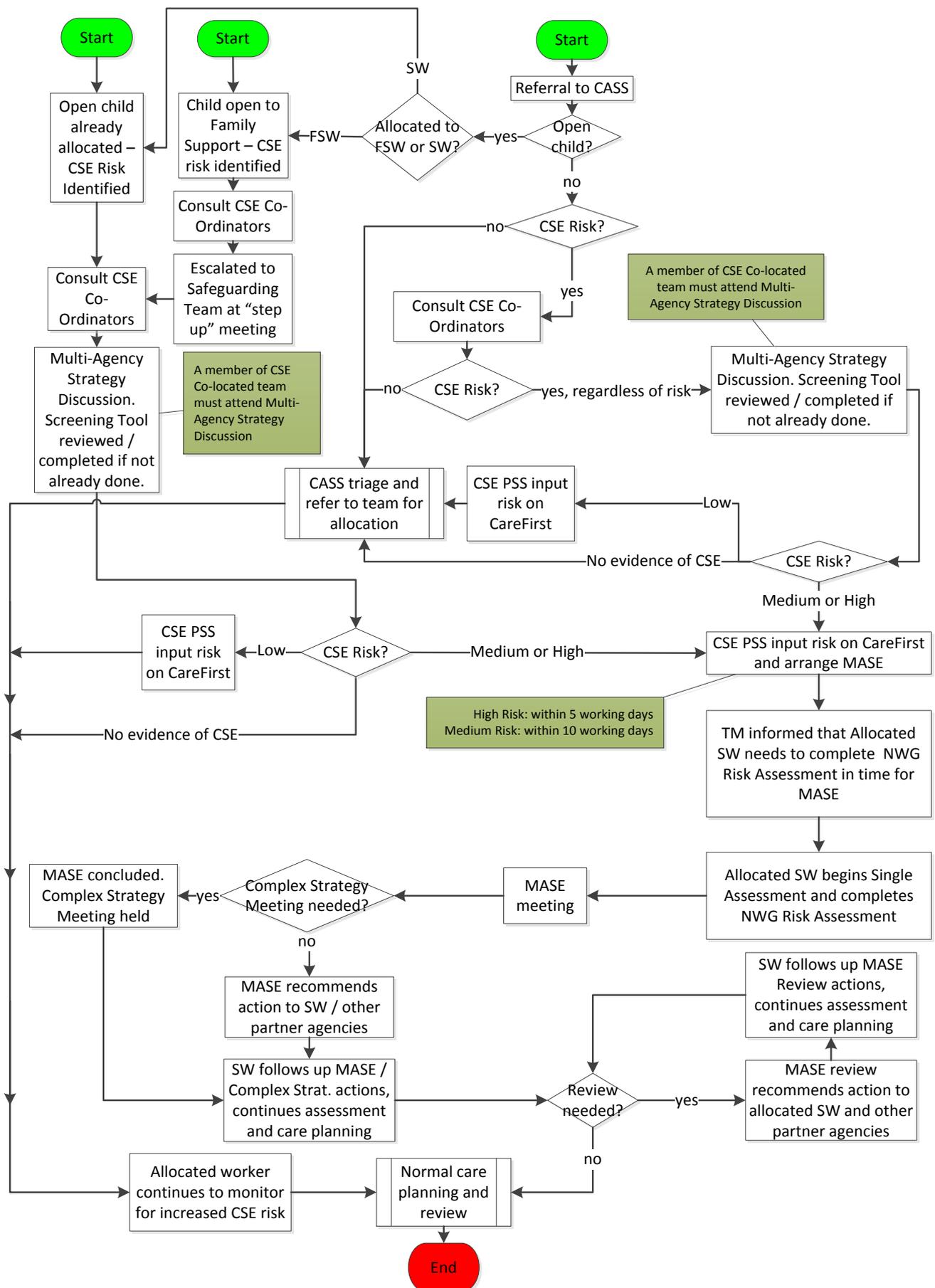
Think about language in your recording. Young people should not be referred to as 'promiscuous', streetwise, or 'prostituting themselves'. Neither do they 'choose to be' in a position that makes them vulnerable to CSE. They have vulnerabilities that make them more susceptible to being targeted by those people who abuse children. Please help change culture, values and views by challenging this language if and when you hear it.

Talk to your manager, your CSE Champion or a CSE co-ordinator about the child in need, child protection or child in care plans you develop – how will the plan help to keep the child/ young person safer from CSE?

Useful contacts

Name	Organisation	Phone Number	Email/Website
CSE Co-Ordinators	Multi-Agency	0121 464 7967	
	MASH	0121 303 1888	cass@birminghamchildrenstrust.co.uk Secure Email: secure.CASS@birmingham.gcsx.gov.uk

CSE practice flowchart



Documents to be used

Name
MASE Attendance/Confidentiality Statement
MASE Agenda
Initial MASE Template
MASE Review Template
MASE Threshold
Issues Resolution Template
National Referral Mechanism Referrals

****The above documents can be accessed in the "Meetings" section of the online procedures database.*