



Kent and Medway

Safeguarding Children at risk of Sexual Exploitation

RISK ASSESSMENT TOOLKIT

VERSION 6:

September 2017

CHILDREN ABUSED THROUGH SEXUAL EXPLOITATION

RISK ASSESSMENT TOOLKIT

Introduction

The framework has been developed to help professionals in all agencies assess whether a child for whom they have a concern is at risk of harm through sexual exploitation. Indicators of risk of harm are grouped in the categories:

- **Category 1 (At Risk):** a vulnerable child who is at risk of being targeted and groomed for sexual exploitation;
- **Category 2 (Medium Risk):** a child who is targeted for opportunistic abuse through the exchange of sex for drugs, accommodation (over night stays) and goods, etc. The likelihood of coercion and control is significant; and
- **Category 3 (High Risk):** a child whose sexual exploitation is habitual, often self defined and where coercion / control is implicit.

The purpose of the assessment toolkit is to enable professionals to assess a child or young person's level of risk of child sexual exploitation (CSE) in a quick and consistent manner. Children and young people under the age of 18 (Children Act 1989) are considered under the scope of this guidance and toolkit. The framework needs to be used flexibly to take account of each child's individuality, the uniqueness of his / her circumstances and the changes that may occur for him / her over time.

Who is this toolkit for?

This toolkit is for **all professionals** who work with children and young people who are at risk of or being sexually exploited. Important points to remember when assessing CSE;

- Being sexually exploited, is not a 'lifestyle choice' however children and young people and others may choose to describe their actions or behaviours
- Both girls and boys can be victims of child sexual exploitation and can be equally vulnerable.
- The coercers and perpetrators are usually an adult, but can be children and young people in a position of power of either gender.
- Young people may exchange or sell sex as a result of constrained choices such as poverty, isolation and historic abuse.
- Parents/carers may be involved in the sexual exploitation of their children, or fail to prevent/protect from it.
- Groups of children and young people and multiple perpetrators may be involved (organised abuse).
- No child under 13 years can be assessed as At Risk if behaviours indicate involvement in CSE.
- Children and young people with additional needs require special consideration up to the age of 21 years.
- No child with a learning disability will be assessed as At Risk if behaviours indicate involvement in or risk of CSE.
- Be aware: disclosure of information by the young person may take time and evident risks may only emerge during ongoing assessment, support and interventions with the young person and/or their family.

Guidance on the use of the toolkit

These indicators are a guide and should assist the exercise of professional judgment.

If a child or young person presents with **one indicator**, action is required. The earlier the intervention the better the chances of success. One indicator is unlikely to require Central Duty team /Medway Children's Advice and Duty Service (CADS) or specialist services intervention unless it is a High Risk category. A record must be kept of case discussions, decision-making and interventions in the young person's file.

If a child or young person presents with **5 or more low indicators** they are to be assessed carefully and a decision made as to whether they require specialist services or a EHA. Please note the list provided within this toolkit is not exhaustive, the indicators and vulnerability factors are simply the most common indicators of CSE. If a child or young person presents with other factors they need to be included on the risk matrix below and clearly linked to the actions on the EHA or care plan.

Young people can move very quickly between the risk categories, therefore regular assessment should be undertaken using the **Risk Indicators and SERA Model** (see appendix). Any escalation of risk should be dealt with immediately through the processes outlined below and recorded in the young person's file. Where risk has escalated or reduced, a new risk assessment form should be completed and attached to individual files.

Where Medium and High Risk indicators are present a discussion must take place with your agency's Safeguarding Lead or Child Protection Advisor and a decision made whether a referral should be made to Social Services. It is natural for young people in the Medium and High Risk CSE categories to be reluctant to work with professionals, particularly if they see themselves as in love or if they fear the perpetrator/s. The level of coercion used to groom and abuse young people should never be underestimated.

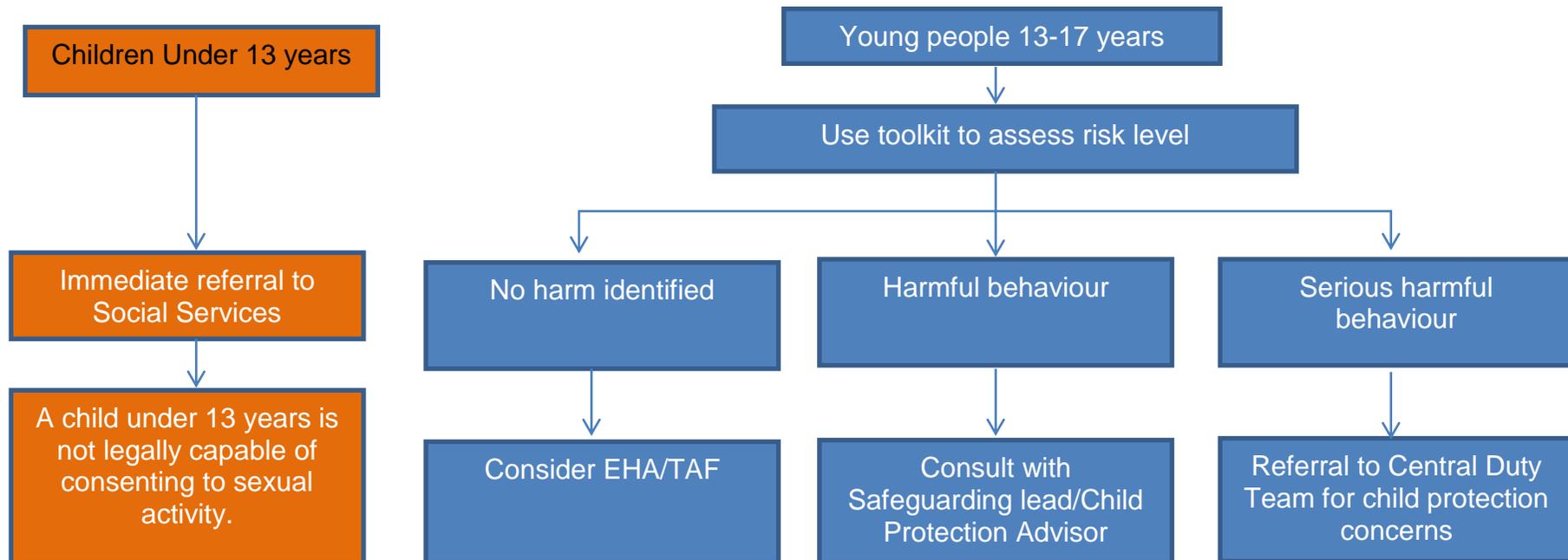
The Kent and Medway Safeguarding Children Boards, DCSF (2009) and the Sexual Offences Act (2003) recognise that sexually exploited young people are victims of abuse regardless of their reluctance to engage. To aid this understanding and reaffirm this stance, where possible, professionals should reinforce the nature of the crimes against young people with the child/ young person, their parents/carers and siblings.

The level of intervention required depends on the presenting indicators. For clarity this should be discussed and led by the decision made with the designated child protection officer.

To achieve the best outcomes, **additional vulnerability factors** need to be addressed. Each recognised factor should be included in the action plan and have specific actions to remove or reduce the risk or impact of that issue

Flowchart for working with Children and Young People under 18 who are Sexually Active and at Risk of CSE

Professionals should attempt to build rapport and trust with the child/young person
Remember to advise on limits of confidentiality.



Kent

Contact Central Duty Team

Phone: 03000 41 11 11

Fax: 03000 41 23 45

Minicom: 01233 89850

Secure email: Centraldutyteam@kent.qcsx.gov.uk

Email: central.duty@kent.gov.uk

NB: secure email can only be used by agencies following email addresses: @gsi.gov.uk @kent.pnn.police.uk, @gcsx.gov.uk @nhs.net

Medway

Children's Advice and Duty Services (CADS)

Phone: 01634 334466

Medway no longer accept referral forms. Professionals wishing to make a contact/referral need to call the Children's advice and duty service in the first instance.

Out of Hours (between 17:00 and 08:30 weekdays and 24/7 weekends and bank holidays)
Urgent referrals that cannot wait until the next working day should be referred to the Out of Hours team by phone 03000 41 91 91

Date of Assessment	
Name	
Position	
Organisation	
Email Address	
Telephone Number	
Address	
Signature	

Toolkit completed in respect of	
Name	
Date of Birth	
Address	

Date for Review	
NB: This is for guidance only - if other information or disclosures are made, review immediately	

Definition of Sexual Exploitation

"The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.

Child sexual exploitation can occur through use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources."

Paragraph 1.3 Safeguarding Children and Young People from Sexual Exploitation (2009) DCSF Kent and Medway Safeguarding Children Boards

"Children and young people who are sexually exploited are the victims of child sexual abuse, and their needs require careful assessment. They are likely to be in need of welfare services and - in many cases - protection under the Children Act 1989. This group may include children who have been sexually abused through the misuse of technology, coerced into sexual activity by criminal gangs or the victims of trafficking."

At Risk Indicators

RISK LEVEL		BEHAVIOURS	Current	Historic	Third Party Intelligence	Comments
<p>At Risk</p> <p>At risk cases do not usually meet the threshold for Social Care intervention but early intervention strategies must be considered through the EHA.</p>	<p>One or more indicators</p>	Truancing from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Regularly coming home late or going missing ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Absent without permission and returning late	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Overt sexualised dress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Unaccounted for monies or goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Recent bereavement or loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Reduced contact with family/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Sexually Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Sexually transmitted infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Experimenting with drugs/alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Poor self image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Expressions of despair – Internal (self harm) eating disorder, some self harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive, secretive use of phone, particularly late at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

¹ Missing children may return within the same day, after being gone overnight or after a longer period. Missing implies the child's whereabouts are unknown and they can not be contacted.

RISK LEVEL		BEHAVIOURS	Current	Historic	Third Party intelligence	Comments
<p>Medium risk</p> <p>These indicators are a guide to assisting the exercise of professional judgement.</p> <p>If there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm requiring investigation, you should speak to your Safeguarding/child Protection lead in the first instance.</p> <p>A decision will then be made regarding a referral to Social Services for an initial assessment and possible S47 investigation.</p>	Any Low Risk Indicators and one or more Medium Risk Indicators	Non School attender or excluded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Regularly breakdown of school placements due to behavioural problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Regular breakdown of (housing) placements due to behavioural problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Frequently staying out overnight without explanation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Episodes of running away/going missing/ whereabouts unknown.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Looking well cared for despite having no known base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Seen entering or leaving vehicles driven by unknown adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Meeting adults through the internet in an unsafe way, e.g. meeting alone, at night or in isolated places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Unaccounted for monies and/or goods especially jewellery and mobile phones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Associating with unknown adults and or other sexually exploited children/YP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Having access to premises not known to carer or parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Reports from reliable sources suggesting involvement in CSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Reduced contact with family/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Sexualised risk taking including on the internet, e.g. accessing pornography, sites that promote hate or self harming (Harmful sexual behaviour)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Taking or receiving incident images of themselves or peers ("Sexting")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Disclosure of physical/sexual assault followed by withdrawal of allegation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Physical injuries – external or internal. Maybe with frequent attendances and admissions to A&E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Gang member, being associated with gangs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Multiple STIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Pregnancy/Miscarriage/Termination (repeat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Regular use of substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Concerns for drug dependency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Chronic low esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Expressions of despair – Internal Self Harm requiring medical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Expressions of despair – External - Bullying, threatening behaviour, violent outbursts, offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RISK LEVEL		BEHAVIOURS	Current	Historic	Third Party Intelligence	Comments
<p>High Risk</p> <p>Refer to Social Services</p> <p>These indicators are a guide to assisting the exercise of professional judgement.</p> <p>However if one or more high risk indicators are present, then an immediate referral MUST be made to Social Services for assessment under Child Protection protocols.</p>	Any Low or Medium Risk indicators and one or more High Risk Indicators	Child under 13 engaging in sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Persistently running away/going missing from placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Being found a considerable distance from home, with no plausible explanation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Being bought/sold/ trafficked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Pattern of street homelessness and staying with an adult believed to be sexually exploiting them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Child under 16 meeting different adults for sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Abduction and forced imprisonment (described by YP as ‘locked in’)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Disappearing from the system with no contact with their support e.g. those in independent living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Under 16 with multiple pregnancies, miscarriages and terminations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Indicators of CSE in conjunction with chronic alcohol and drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Indicators of CSE alongside serious self harming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Clipping (offering to have sex and then running upon payment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Older boyfriend (5+ years – particularly if aged under 16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Being taken to clubs by adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Taking indecent images and sending to adults or unknown contacts online (“Sexting”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Chronic drug dependency (particularly crack/cocaine, heroin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Repeat Offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Receiving a reward for recruiting other peers to CSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Gang association where CSE is a possibility, or a known practice. (Consider risk of county lines gangs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Professional Assessment

Please provide any information that you feel is relevant e.g. association with other children where there is a concern in relation to CSE, or a relationship of concern (male or female) and previous concerns etc. A ‘child’ is any person under the age of 18, male and female, older children can be equally as vulnerable.

What do you think is working well?

What are you worried about?

Professional judgment

Please use your professional judgement to reflect upon the indicators you have ticked above and consider the health, welfare and safety of the child in question.

What do you think needs to happen next?

Within the high risk categories, and as part of the assessment by Social Services, there may be instances where young people need immediate action and intervention in order to keep them safe. Assessment of each of the indicators should be considered and scored against the following risk factors.

1. May have detrimental effect on the young person’s wellbeing.
2. Multiple risks, immediate action plan needed.
3. Urgent intervention required. Circumstances will have major impact on YP wellbeing.

Thresholds and Appropriate Intervention

<u>At Risk</u> Child or Young Person presenting with 1 to 4 indicators	<u>Medium Risk</u> Child or Young Person presenting with 1 to 4 low risk indicators and any medium risk indicator	<u>High Risk</u> Child or young person presenting with several indicators from all categories and 1 or more high-risk indicator.
This child or young person requires intervention by any professional, parent or carer who has a good relationship with them to carry out healthy relationships and rights work. Depending on the indicators they present with, they will also require some basic awareness raising work on CSE, sexual health, risk taking behaviours and consequences. If there is a person/s posing a risk to them, ensure they are disrupted and information about them recorded and passed to the appropriate persons.	This child or young person requires intervention. Speak to your agency’s Safeguarding Lead or Child Protection Advisor to assess whether Threshold Criteria has been met for a referral to Social Services.	IMMEDIATE referral to Social Services for initial assessment and coordinated intensive support of child/young person and family through the normal child protection procedures.

<p>Procedure</p> <ul style="list-style-type: none"> • Ensure that this child or young person is listed on file as 'At risk of CSE'. • Carry out basic intervention work as noted above, over a 4-6 week period. • Consider TAF and EHA. • The child or young person is to be assessed for changes to risk status every 4-6 weeks until the child or young person is safe or the risk is removed. • If risk is escalating refer to Social Services and follow procedures below for Medium or High Risk cases. • Consider need for contact with sexual health services • Share intelligence with the Child Sexual Exploitation Team using the intelligence form 	<p>Procedure</p> <ul style="list-style-type: none"> • Refer to Central Duty Team /Children’s advice and duty service (Medway) for assessment. • Report CSE intel to the Child Exploitation Investigation Unit (CSET). • Police discussion regarding investigation needs/MISPER • Strategy meetings under Safeguarding Procedures where appropriate. • Seek guidance/advice and refer to CSE Specialist Voluntary Sector Services. • Collate and share information on any perpetrators, hotspots and associations involved with the young person. • Regular review meetings until child/young person is protected or desists from risk taking behaviours. • Consider need for contact with sexual health services 	<p>Procedure</p> <ul style="list-style-type: none"> • Immediate referral to Central Duty Team/Children’s advice and duty service(Medway). • Take whatever steps are required to protect the child or young person, i.e. Emergency Protection Order, Police Protection Order or staying with a family member in another city. • Referral to Child Exploitation Investigation Unit (CSET). • Initial Child Protection Conference or CSE meeting depending on factors surrounding the child or young person. • Police discussion re investigation/resourcing and disruption of perpetrators. • Immediate S47 Joint Investigation Enquiry. • Regular review under Child Protection or Children in Need (CSE) until child is protected from abuse. <ul style="list-style-type: none"> • Police to liaise with Crown Prosecution Service for evidential thresholds for prosecution.
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NOTE:

Ensure that any disclosures are recorded and dated. Professionals who do not have Achieving Best Evidence (ABE) training should not discuss disclosures but call in Social Services and the Police to interview. This is to ensure that any future prosecutions are not hampered or prejudiced by questioning.

When young people have suffered abuse they often want to focus on practical things rather than the abuse. This is long-term work, with no quick fixes and the intensive work should be carried out alongside positive activities to build self-esteem. The engagement of the young person is crucial to achieving the best outcome.

The effectiveness of current interventions should be assessed to determine whether they are sufficient to;

- Prevent the young person from going missing
- Protect the young person from being exposed to any further risk
- Prevent the sexual exploitation
- Change risk-taking behaviour.

APPENDIX 1

Intervention Strategies *Common strategies are outlined below:*

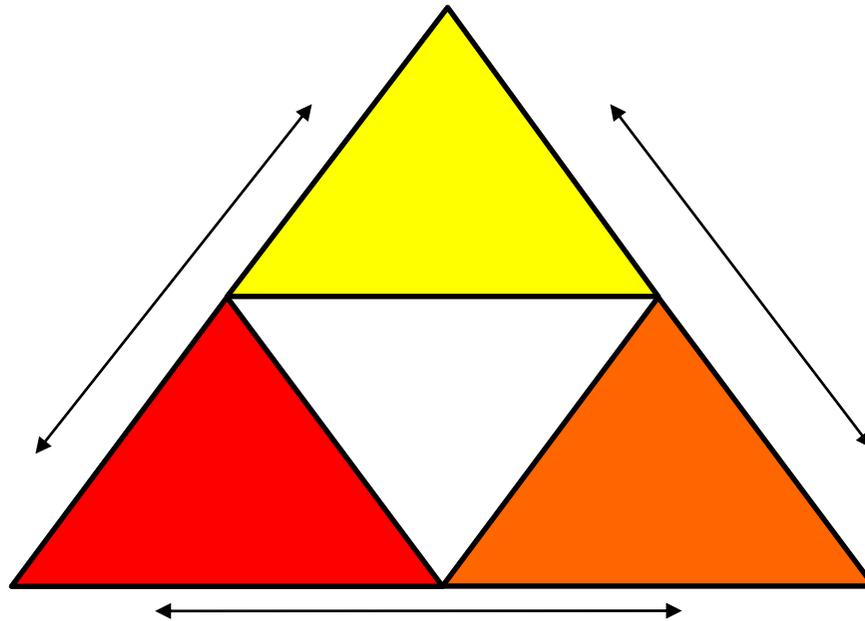
Disrupting the young person's relationship with other young people suspected of introducing them to adults involved in violence, gang activity, drugs and sexual exploitation.	Physically protect the young person. Emergency Protection Order or Police Protection Order if required and at the discretion of the relevant authority.
Disrupting the young person's contact with adults suspected of being involved in violence, drugs and sexual exploitation.	Maintain contact whilst absent; 'compassion banking'.
Gather and record information to assist prosecution and disruption of adults or other young people suspected of being involved in violence, gang activity, drugs and sexual exploitation. Corroboration of evidence is very important to prevent reliance on the young person's statement.	Enhance the return procedure to ensure it is a positive experience.
Promote positive relationships with family, friends and carers.	Set clear boundaries to acceptable behaviour and motivate positive behaviour through reward.
Empower the parent/carer/ foster carer, remember they are a key partner in protecting the child or young person and gathering information to disrupt perpetrators.	Where a young person is refusing or reluctant to engage, and is involved in soliciting or grooming peers discuss with the Police. If they are a persistent offender the case should be referred to a Police Gold Group Meeting (see ACPO Guidance).
Build the young person's self-esteem.	Work with families to promote positive experiences at home.
Raise the young person's awareness of CSE and the dangers of risk taking behaviours.	Promote age-appropriate peer activities and relationships, social support networks and relationships with trusted adults.
Consider health needs of young person.	Promote positive engagement in education and learning.
Involve the young person in diversionary activities.	Provide specialist support through other agencies.
Plan on positive change for the future and set small targets to achieve monthly.	Use of education and awareness materials with young person and their support network e.g. family/education e.g. www.thinkuknow.co.uk

Appendix 2:

Sexual Exploitation Risk Assessment (SERA) Model

Description of young person with risk indicators in level 1

Smaller number of risk factors identified or movement from levels 2 or 3. For example: sexualised risk taking behaviours, beginning to truant from school, occasionally going missing, going to known places of concern, early signs of problem drugs or alcohol use.



Description of young person with risk factors identified in level 3

Multiple risk factors. For example: entrenched in one or more abusive relationships, contact with known perpetrators, going missing and running away from home regularly, problem alcohol and/or drug use, experience of violence, intimidation and fear.

Description of young person with risk factors in level 2

Fewer risk factors or signals (or reduction from level 3). For example: regularly going missing, swapping sex for goods, monies. Truantly regularly from school. Going to places of concern 'HOT SPOTS', involved with vulnerable peers, experiencing violence, intimidation and fear. Developing drug and alcohol use.

DCSF Guidance 2009 (J. Pearce)